Officeholder and Candidate Campaign Statement – Short Form	Date of election if applicable: (Month, Day, Year) Mov 5, 2024	Amendment (Explain Selow)	Date Stamp RECEIVED JUL 1 8 2024 Kings County Elections	CALIFORNIA 470 FOR Official Use Only
1. Statement Covers Calendar Year 20	·	•	The second secon	
2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Ceil W Howe, STREET ADDRESS CITY Straffamod AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE CH 93 266 OPTIONAL: FAX/E-MAIL ADDRESS	3. Office Sought or He office sought or Held	Kings Rwer Cons	OVUCTION DISTVICE DISTRICT NUMBER (IF APPLICABLE)
Committee Information List all committees of which you have known	ledge that are primarily formed to rece	eive contributions or to make expend	itures on behalf of your candidac	у.
COMMITTEE NAME AND I.D. NUMI	DER	COMMITTEE ADDRESS	NAME OF TREASURER	
5. Verification I declare under penalty of perjury that to the bealt reasonable diligence in preparing this stater Executed on	st of my knowledge I anticipate that I will nent. I certify under penalty of perjury und	receive less than \$2,000 and that I will specified the laws of the State of California that	pend less than \$2,000 during the call the foregoing is true and correct.	