

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year)  11/5/2024	<input type="checkbox"/> Amendment (Explain Below)  	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 AUG -5 AM 10: 9 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 021788
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Eddie Howard

STREET ADDRESS

CITY

Duarte

STATE

CA

ZIP CODE

91010

AREA CODE/DAYTIME PHONE NUMBER

626-549-7808

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Duarte Unified School District Governing Board Member, Trustee Area 3

JURISDICTION (LOCATION)

Duarte Unified School District

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 4, 2024  
DATE

By \_\_\_\_\_

SIGNATURE OF OFFICEHOLDER OR CANDIDATE