

**Officeholder and Candidate
Campaign Statement –
Short Form**

| | | | |
|---|---|---|---|
| <p>Date of election if applicable: (Month, Day, Year)</p> <p>8/8/24</p> | <p><input type="checkbox"/> Amendment (Explain Below)</p> | <p>Register Date Stamp of Voters</p> <p>AUG 08 2024</p> <p>Imperial County</p> | <p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p> |
|---|---|---|---|

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Keahna Owl

STREET ADDRESS
501 Ko Ah Drive Apt B

CITY
Winklerhaven, CA STATE
CA ZIP CODE
92283

AREA CODE/ANTHONY PHONE NUMBER
(928) 446-0583 OPTIONAL: FAX / E-MAIL ADDRESS
byahnl3k@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
San Pasqual Valley Unified School District

JURISDICTION (LOCATION)
Imperial Valley

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 8/8/24 DATE

By Keahna Owl SIGNATURE OF OFFICEHOLDER OR CANDIDATE