

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

0119-1

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

5/18/21
RECEIVED
LOS ANGELES COUNTY
2021 MAY 20 PM 3:17
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only
010324-1

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
David Siegrist

STREET ADDRESS

CITY STATE ZIP CODE
El Monte CA 91732

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS
626-622-1786

3. Office Sought or Held

OFFICE SOUGHT OR HELD
El Monte City School District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
El Monte/South El Monte/Temple City

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 \$ _____ used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of California that I have

at I have

Executed on 5/17/21 DATE

By _____

tm

Clear Form **Print Form**

