

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

5/13/21 (1) 0119-1

Date Stamp
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2021 MAY 17 PM 2:25
CAMPAIGN FINANCE

CALIFORNIA FORM 470
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010324-1

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
David Siegrist

STREET ADDRESS

CITY El Monte STATE CA ZIP CODE 91732

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX/ E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
El Monte City School Board

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

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 the amount of contributions reported above and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the

nd that I have

Executed on 5-11-21 DATE

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