

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

7/21/22 (1)

Date Stamp

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

Amendment (explain below)

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LOS ANGELES COUNTY  
2022 JUL 25 PM 3:39  
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Esthela Torres de Siegrist

STREET ADDRESS

CITY

El Monte

AREA CODE/DAYTIME PHONE NUMBER

626-622-1794

STATE

CA

ZIP CODE

91732

OPTIONAL: FAX / E-MAIL ADDRESS

hetorresds@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

*Director*

Board Member El Monte Union High School

JURISDICTION (LOCATION)

EMUHSD Various Locations

**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 you

COMMITTEE NAME AND LD. NUMBER	COMMITTEE ADDRESS
No Committee	

**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 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 July 20, 2022 DATE

By *X*

OFFICEHOLDER

FP  
FPPC Ac