

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

7/21/22 (1)

Date Stamp

<p>Date of election if applicable: (Month, Day, Year)</p>	<p><input type="checkbox"/> Amendment (English Only)</p> <p>RECEIVED BY LOS ANGELES COUNTY</p> <p>2022 JUL 25 PM 3:38</p> <p>CAMPAIGN FINANCE</p>
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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

David Stephen Siegrist

STREET ADDRESS

CITY

El Monte

AREA CODE/DAYTIME PHONE NUMBER

626-622-1786

STATE

CA

OPTIONAL: FAX / E-MAIL ADDRESS

davidstephen72@gmail.com

ZIP CODE

91732

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board Member El Monte City School District

JURISDICTION (LOCATION)

emcsd 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 I.D. 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 _____
OFFICE

FP
FPPC Act