

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Date qualification threshold met	Date qualification threshold met
____/____/____	____/____/____

Date of termination  
9/3/2024

Date Stamp  
**RECEIVED BY  
LOS ANGELES COUNTY  
2024 SEP -3 PM 12:47  
CAMPAIGN FINANCE**

**CALIFORNIA  
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number <u>1471192</u> <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <u>David Siegrist Belmonte City Schools</u>		NAME OF TREASURER <u>David Siegrist</u>		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE			
<u>Nov. 5, 2024</u>		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		<u>davidstephen72@gmail.com</u>			
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE		
<u>El Monte, CA 91732</u>			STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE		
FULL MAILING ADDRESS (IF DIFFERENT)	NAME OF PRINCIPAL OFFICER(S)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE		
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE		
<u>davidstephen72@gmail.com</u>	NAME OF PRINCIPAL OFFICER(S)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE		
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE		
<u>Los Angeles El Monte City Schools Dist.</u>	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE		
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE	

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/3/2024 By \_\_\_\_\_  
DATE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/3/2024 By \_\_\_\_\_  
DATE OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <i>David Siegrist + 4 El Monte City School District NOV. 5, 2024</i>	I.D. NUMBER <i>147193</i>
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS <i>Wells Fargo Bank</i>	AREA CODE/PHONE <i>626-258-2840</i> <i>626-258-2840</i>	BANK ACCOUNT NUMBER
ADDRESS OF FINANCIAL INSTITUTION	CITY <i>El Monte</i>	STATE <i>CA</i>
		ZIP CODE <i>91732</i>

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
<i>David Siegrist</i>	<i>El Monte City School</i>	<i>2024</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE