

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Esthela Torres de Siegrist</i>		Date of This Filing <i>9/20/24</i>	Date Stamp (9)DC RECEIVED BY LOS ANGELES COUNTY 2024 SEP 20 AM 11:58 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>626-622-1786</i>	I.D. NUMBER (if applicable) <i>1471196</i>	Report No. <u>1</u>		
STREET ADDRESS 		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>El Monte, CA</i>	STATE 	ZIP CODE <i>91732</i>	No. of Pages <u>1</u>	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<i>9/19/24</i>	<i>OMLO El Monte, CA 91732</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Law Firm</i>	<i>\$2,000</i> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____