

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

aw (4)

5723

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

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
David Siegnist
STREET ADDRESS

AREA CODE/DAYTIME PHONE NUMBER
El Monte,

CODE
CA 91732

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
El Monte City School District
JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE)
At Large

Board Member
El Monte City School District

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 \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used 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 17, 2023
DATE

CANDIDATE tm