

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

COPY 0119-1

SEE INSTRUCTIONS ON REVERSE

<input checked="" type="checkbox"/> Amendment (Explain Below) <u>Finally able to loan \$\$\$\$ to Self</u> 	RECEIVED LOS ANGELES COUNTY 2021 JAN 11 PM 4:11 CAMPAIN FINANCE 1/7/21 (1)	CALIFORNIA FORM 470 SUPPLEMENT For Official Use Only 010324 C11538

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

David Siegrist

STREET ADDRESS

CITY

El Monte

STATE

CA

ZIP CODE

91732

AREA CODE/DAYTIME PHONE NUMBER

626-622-1786

OPTIONAL: FAX / E-MAIL ADDRESS

davidstephen72@gmail.com

2. Office Sought

OFFICE SOUGHT

Rio Hondo Community College Trustee Area One

DISTRICT NUMBER
(IF APPLICABLE)

Trustee Area One

DATE OF ELECTION (MONTH, DAY, YEAR)

March 2, 2021

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

January 6, 2021

(MONTH, DAY, YEAR)

