

**Statement of Organization  
Recipient Committee**

1452947

Monterey Park

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Amendment</b>  Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Termination - See Part 5</b>  Date of termination <u>Aug 22, 2022</u>
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Date Stamp

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

**AUG 24 2022**

**CALIFORNIA FORM 410**  
For Official Use Only  
SANTA CLAY COUNTY  
2022 SEP 23 PM 3:59  
CAMPAIGN FINANCE

1. Committee Information	2. Treasurer and Other Principal Officers																																				
<p><b>I.D. Number</b> <small>(if applicable)</small></p> <p>NAME OF COMMITTEE <b>Maychelle Yee for City Clerk 2022</b></p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td>Monterey Park</td> <td>CA</td> <td>91755</td> <td>818.802.3952</td> </tr> </table> <p>FULL MAILING ADDRESS (IF DIFFERENT) Same</p> <p>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) voteformaychellee@gmail.com</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>COUNTY OF DOMICILE</td> <td>JURISDICTION WHERE COMMITTEE IS ACTIVE</td> </tr> <tr> <td>Los Angeles</td> <td>Monterey Park</td> </tr> </table>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Monterey Park	CA	91755	818.802.3952	COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	Los Angeles	Monterey Park	<p>NAME OF TREASURER <b>Maychelle Yee</b></p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td>Monterey Park</td> <td>CA</td> <td>91755</td> <td>818.802.3952</td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY N/A</p> <p>STREET ADDRESS (NO P.O. BOX)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>NAME OF PRINCIPAL OFFICER(S)</p> <p>STREET ADDRESS (NO P.O. BOX)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Monterey Park	CA	91755	818.802.3952	CITY	STATE	ZIP CODE	AREA CODE/PHONE					CITY	STATE	ZIP CODE	AREA CODE/PHONE				
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<b>3. Verification</b>																																					

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	<u>8/22/22</u> <small>DATE</small>	By	 <small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>	
Executed on	<u>8/22/22</u> <small>DATE</small>	By	 <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>	
Executed on	_____ <small>DATE</small>	By	_____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>	
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CITY CLERK OFFICE  
 2022 NOV 21 P 5:25  
 CITY OF MONTEREY PARK

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Maychelle Yee for City Clerk 2022	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

**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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Maychelle Yee	City Clerk	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

MAYCHELLE YEE FOR CITY CLERK 2022

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.