

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period
 from 07/01/23
 through 12/31/23

Date of election if applicable:
 (Month, Day, Year)
11/08/22

Date Stamp
 CITY CLERK OFFICE
 2024 JAN 31 P 5:17

Page _____ of _____
 For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement: CITY OF MONTEREY PARK

Preelection Statement
 Semi-annual Statement
 Termination Statement
 (Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Amy Lee for City Treasurer

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Monterey Park CA 91754 213-399-5988

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER
1454760

Treasurer(s)

NAME OF TREASURER
Amy Lee

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Monterey Park CA 91754 2133995988

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/31/24 Date _____ By _____ Signature of Treasurer or Assistant Treasurer

Executed on 1/31/24 Date _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Amy Lee

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Treasurer - At Large

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Monterey Ca 91754

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE Amy Lee	OFFICE SOUGHT OR HELD City Treasurer	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/1/23</u>	CALIFORNIA FORM 460
through <u>12/31/23</u>	
Page _____ of _____	I.D. NUMBER 1454760

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amy Lee for City Treasurer

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 00	\$ 00
2. Loans Received..... Schedule B, Line 3	00	00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 00	\$ 00
4. Nonmonetary Contributions..... Schedule C, Line 3	00	00
5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4	\$ 00	\$ 00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 00	\$ 00
7. Loans Made..... Schedule H, Line 3	00	00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 00	\$ 00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	00	00
10. Nonmonetary Adjustment..... Schedule C, Line 3	00	00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 00	\$ 00

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 2550.00
13. Cash Receipts..... Column A, Line 3 above	00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	00
15. Cash Payments..... Column A, Line 8 above	00
16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2550.00

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 00