

**Statement of Organization
Recipient Committee**

Statement Type



<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination 09 / 19 / 2023

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
CITY CLERK OFFICE 2024 FEB -5 P 12:54	

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1452947 <small>(if applicable)</small>				MAYCHELLE YEE			
NAME OF COMMITTEE Maychelle Yee for City Clerk 2022				NAME OF TREASURER Maychelle Yee			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY STATE ZIP CODE AREA CODE/PHONE Monterey Park CA 91755 818.802.3952				CITY STATE ZIP CODE AREA CODE/PHONE Monterey Park CA 91755 818.802.3952			
NAME OF ASSISTANT TREASURER, IF ANY N/A				NAME OF ASSISTANT TREASURER, IF ANY N/A			
FULL MAILING ADDRESS (IF DIFFERENT) Same				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) www.voteformaychelleyee.com				CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Monterey Park		NAME OF PRINCIPAL OFFICER(S) N/A			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY STATE ZIP CODE AREA CODE/PHONE				CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.							

3. Verification

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	02/05/2024	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	02/05/2024	By	
	DATE		SIGNATURE OF CONTROLLING OFFICER HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICER HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICER HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT