

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Elizabeth Yang for City Council 2024		Date of This Filing 04/01/2024	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626)915-7635	I.D. NUMBER (if applicable) 1465479	Report No. 2		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Monterey Park	STATE CA	ZIP CODE 91754	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
04/01/2024	McNicholas & McNicholas, Llp [REDACTED] Los Angeles, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

From: [Yolanda Miranda](#)
To: [Trang, Cindy](#)
Subject: ELIZABETH YANG 497 REPORT
Date: Monday, April 1, 2024 11:16:33 AM
Attachments: [FPPC497_LCR.pdf](#)

[EXTERNAL EMAIL]

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Hello Folks,

please find attached the 497 LCR for Elizabeth Yang for city Council 2024.

Please confirm you received this email.

*Thanks,
Yolibelle Tiscareno*

Yolanda Miranda and Assoc, Inc.



Office: 626-915-7635 - Cell: 626-488-9191

PAYPAL

*****for after hours messaging or immediate response, please text (626)488-9191
or (323)270-4456*****

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