

Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)

Amendment (Explain Below)

RECEIVED BY LOS ANGELES COUNTY 2024 JUL 22 PM 2:03 CAMPAIGN FINANCE

CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Shirley Yee

STREET ADDRESS

CITY

Arcadia

AREA CODE/DAYTIME PHONE NUMBER

626-743-2687

STATE

CA

OPTIONAL: FAX / E-MAIL ADDRESS

reachtheyees@gmail.com

ZIP CODE

91006

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Arcadia Board of Education

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

Table with 3 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/17/24 DATE