

**Officeholder and Candidate
Campaign Statement –
Short Form**

5123

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

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
③ 7/12/23
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CAMPAIGN FINANCE
DISCLOSURE SECTION

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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Shirley Yee

STREET ADDRESS

CITY

Arcadia

STATE

CA

ZIP CODE

91006

AREA CODE/DAYTIME PHONE NUMBER

626-999-6352

OPTIONAL: FAX / E-MAIL ADDRESS

reachtheyees@gmail.com

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.

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 th

Executed on

7/8/23

DATE

By.