

Candidate Intention Statement

Date Stamp Monterey Park City Clerk's Office	CALIFORNIA FORM 501
AUG 22 2022	For Official Use Only
Time: 12:21 pm	Initial: <i>[Signature]</i>

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Yee, Maychelle D	DAYTIME TELEPHONE NUMBER (818) 802-3952	FAX NUMBER (optional) ()	EMAIL (optional) voteformaychellee@gmail.com
STREET ADDRESS	CITY Monterey Park	STATE CA	ZIP CODE 91755
OFFICE SOUGHT (POSITION TITLE) City Clerk	AGENCY NAME City of Monterey Park	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2022 (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, ___/___/___ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 22, 2022
(month, day, year)

Signature *[Signature]*
(Candidate)