COVER PAGE

# Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Date Stamp

CALIFORNIA FORM **460**

Page 1 of 3

For Official Use Only

MPK CITY CLERK'S OFFICE
JUL 1 '26 PM1:43

**Statement covers period**
from 07/01/2025
through 12/31/2025

**Date of election if applicable:**
(Month, Day, Year)
11/08/22

## 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - [ ] State Candidate Election Committee
  - [ ] Recall
  - *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - [ ] Sponsored
  - [ ] Small Contributor Committee
  - [ ] Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored
  - *(Also Complete Part 6)*
- [x] Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

## 2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement
  - (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

## 3. Committee Information

I.D. NUMBER: 1454760

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Amy Lee for City Treasurer

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY: Monterey Park STATE: CA ZIP CODE: 91754 AREA CODE/PHONE: 213.399.5988

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER
Amy Lee

MAILING ADDRESS
[redacted]

CITY: Monterey Park STATE: CA ZIP CODE: 91754 AREA CODE/PHONE: 213.399.5988

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 06/30/2026 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 06/30/2026 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

# Recipient Committee Campaign Statement Cover Page — Part 2



CALIFORNIA FORM 460



## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Amy Lee

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Treasurer - At Large

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[redacted] Monterey Park CA. 91754

**Related Committees Not Included in this Statement:** ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| | |

NAME OF TREASURER — CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| | |

NAME OF TREASURER — CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| BALLOT NO. OR LETTER | JURISDICTION | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|
| | | |

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|---|---|
| | |

## 7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|
| Amy Lee | City Treasurer | ☒ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |

***Attach continuation sheets if necessary***

# Campaign Disclosure Statement
# Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 07/01/2025
through 12/31/2025

CALIFORNIA FORM 460

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
1454760

## Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | *Schedule A, Line 3* | $ 00 | $ 00 |
| 2. Loans Received | *Schedule B, Line 3* | 00 | 00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | *Add Lines 1 + 2* | $ 00 | $ 00 |
| 4. Nonmonetary Contributions | *Schedule C, Line 3* | 00 | 00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | *Add Lines 3 + 4* | $ 00 | $ 00 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | *Schedule E, Line 4* | $ 00 | $ 00 |
| 7. Loans Made | *Schedule H, Line 3* | 00 | 00 |
| 8. SUBTOTAL CASH PAYMENTS | *Add Lines 6 + 7* | $ 00 | $ 00 |
| 9. Accrued Expenses (Unpaid Bills) | *Schedule F, Line 3* | 00 | 00 |
| 10. Nonmonetary Adjustment | *Schedule C, Line 3* | 00 | 00 |
| 11. TOTAL EXPENDITURES MADE | *Add Lines 8 + 9 + 10* | $ 00 | $ 00 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | *Previous Summary Page, Line 16* | $ 1550.00 |
| 13. Cash Receipts | *Column A, Line 3 above* | 00 |
| 14. Miscellaneous Increases to Cash | *Schedule I, Line 4* | 00 |
| 15. Cash Payments | *Column A, Line 8 above* | 00 |
| 16. **ENDING CASH BALANCE** | *Add Lines 12 + 13 + 14, then subtract Line 15* | $ 1550.00 |

*If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ 00

## Cash Equivalents and Outstanding Debts

| | | |
|---|---|---|
| 18. Cash Equivalents | *See instructions on reverse* | $ 00 |
| 19. Outstanding Debts | *Add Line 2 + Line 9 in Column B above* | $ 00 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|---|---|---|
| 20. Contributions Received | $ | $ |
| 21. Expenditures Made | $ | $ |

## Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|---|---|
| __/__/__ | $ |
| __/__/__ | $ |

*Amounts in this section may be different from amounts reported in Column B.