Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11/03/2026		MPK CITY CLERK'S OFFICE OCT 7 '26 PM1:34	For Official Use Only

1. Statement Covers Calendar Year 20 2026 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Amy Lee

STREET ADDRESS

[redacted]

CITY	STATE	ZIP CODE
Monterey Park	CA	91754

AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS
213-399-5988	626-768-3296

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Monterey Park City Treasurer

JURISDICTION (LOCATION)	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 the State of California that the foregoing is true and correct.

Executed on 10/05/2026
DATE

By
SIGNATURE OF OFFICEHOLDER OR CANDIDATE