

Candidate Intention Statement

Check One:

Initial

☒ Amendment

(Explain) _____

Date Stamp
Monterey Park
City Clerk's Office

AUG 22 2022

Time: 12:21 Initial: [Signature]

CALIFORNIA
FORM

501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Yee, Maychelle D

DAYTIME TELEPHONE NUMBER

(818) 802-3952

FAX NUMBER (optional)

()

EMAIL (optional)

voteformaychelleyee@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.

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2022

(Year of Election)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ 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)