

7/26/21 (3) 3121

Officeholder and Candidate Campaign Statement - Short Form

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

Amendment (Explain Below) \_\_\_\_\_

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CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Shirley Yee

STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE  
Arcadia CA 91006

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626-999-6352 syee@ausd.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Arcadia Board of Education

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Los Angeles County

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
N/A	N/A	N/A

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 July 25<sup>th</sup> 2021 DATE

By \_\_\_\_\_

dc