

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

|  |                            |
|--|----------------------------|
| Date Stamp   | <b>CALIFORNIA FORM 460</b> |
| CITY CLERK OFFICE<br>2024 AUG -7 P 12: 15<br>CITY OF MONTEREY PARK |                            |
| Page <u>1</u> of <u>8</u>  | For Official Use Only      |

|  |  |
|--|--|
| Statement covers period<br>from <u>02/18/2024</u><br>through <u>06/30/2024</u> | Date of election if applicable:<br>(Month, Day, Year)<br>_____ |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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

- 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)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER  
1419742

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Yvonne Yiu For City Council 2020

STREET ADDRESS (NO P.O. BOX)

| CITY   | STATE | ZIP CODE | AREA CODE/PHONE |
|--------|-------|----------|-----------------|
| Covina | CA    | 91722    | (626)247-4388   |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| N/A  |       |          |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

yolimiranda@hotmail.com

### Treasurer(s)

NAME OF TREASURER  
Yolanda Miranda

MAILING ADDRESS

| CITY   | STATE | ZIP CODE | AREA CODE/PHONE |
|--------|-------|----------|-----------------|
| Covina | CA    | 91722    | (626)915-7635   |

NAME OF ASSISTANT TREASURER, IF ANY

Claudia Gonzalez-Miranda

MAILING ADDRESS

| CITY   | STATE | ZIP CODE | AREA CODE/PHONE |
|--------|-------|----------|-----------------|
| Covina | CA    | 91722    | (323)270-4456   |

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.

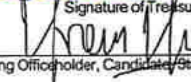
Executed on 07/30/2024  
Date

Executed on 07/30/2024  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By   
Signature of Treasurer or Assistant Treasurer

By   
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Yvonne Yiu

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council Member Monterey Park District 2

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<br>Yvonne Yiu for State Senate 2024 | I.D. NUMBER<br>1459472 |
|--|------------------------|

|                                      |  |
|--------------------------------------|--|
| NAME OF TREASURER<br>Yolanda Miranda | CONTROLLED COMMITTEE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|--------------------------------------|--|

|                   |                              |          |                 |
|-------------------|------------------------------|----------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |          |                 |
| [REDACTED]        | [REDACTED]                   |          |                 |
| CITY              | STATE                        | ZIP CODE | AREA CODE/PHONE |
| Covina            | CA                           | 91722    | (626) 915-7635  |

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

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

Amounts may be rounded  
to whole dollars.

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from <u>02/18/2024</u><br>through <u>06/30/2024</u> | <b>CALIFORNIA<br/>FORM</b> <b>460</b> |
|  | Page <u>3</u> of <u>8</u>             |
|  | I.D. NUMBER<br>1419742                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yvonne Yiu For City Council 2020

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>106,000.00</u>                                       | \$ <u>106,000.00</u>                       |
| 2. Loans Received ..... Schedule B, Line 3            | \$ <u>-106,000.00</u>                                      | \$ <u>0.00</u>                             |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>0.00</u>   | \$ <u>106,000.00</u>                       |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>0.00</u>   | \$ <u>106,000.00</u>                       |

**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      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A           | Column B           |
|---|--------------------|--------------------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>1,686.45</u> | \$ <u>1,739.45</u> |
| 7. Loans Made ..... Schedule H, Line 3                      | \$ <u>0.00</u>     | \$ <u>0.00</u>     |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>1,686.45</u> | \$ <u>1,739.45</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | \$ <u>-309.27</u>  | \$ <u>0.00</u>     |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | \$ <u>0.00</u>     | \$ <u>0.00</u>     |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>1,377.18</u> | \$ <u>1,739.45</u> |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                    |
|---|--------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>1,686.45</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | \$ <u>0.00</u>     |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | \$ <u>0.00</u>     |
| 15. Cash Payments ..... Column A, Line 8 above                              | \$ <u>1,686.45</u> |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>0.00</u>     |

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

|   |                |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>0.00</u> |
|---|----------------|

**Cash Equivalents and Outstanding Debts**

|   |                |
|---|----------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0.00</u> |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>0.00</u> |

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).

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

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>02/18/2024</u><br>through <u>06/30/2024</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>8</u>  |

SEE INSTRUCTIONS ON REVERSE

|   |                            |
|---|----------------------------|
| NAME OF FILER<br><br>Yvonne Yiu For City Council 2020 | I.D. NUMBER<br><br>1419742 |
|---|----------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 06/30/2024         | Yvonne Yiu<br>[REDACTED]<br>Monterey Park, CA 91754-2663  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Finance Executive<br>Key West Financial Services, Inc.  | 8,000.00                    | 106,000.00   | P2020 \$106,000.00                    |
| 06/30/2024         | Yvonne Yiu<br>[REDACTED]<br>Monterey Park, CA 91754-2663  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Finance Executive<br>Key West Financial Services, Inc.  | 10,000.00                   | 106,000.00   | P2020 \$106,000.00                    |
| 06/30/2024         | Yvonne Yiu<br>[REDACTED]<br>Monterey Park, CA 91754-2663  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Finance Executive<br>Key West Financial Services, Inc.  | 88,000.00                   | 106,000.00   | P2020 \$106,000.00                    |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 106,000.00                  |  |                                       |

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 106,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 106,000.00

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

# Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>02/18/2024</u><br>through <u>06/30/2024</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>5</u> of <u>8</u>  |

SEE INSTRUCTIONS ON REVERSE

|   |                            |
|---|----------------------------|
| NAME OF FILER<br><br>Yvonne Yiu For City Council 2020 | I.D. NUMBER<br><br>1419742 |
|---|----------------------------|

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN                  | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                                 |
|---|---|--|------------------------------------|--|--|----------------------------------|---|---|
| Yvonne Yiu<br>[REDACTED]<br>Monterey Park, CA 91754-2663  | Finance Executive<br>Key West Financial Services, Inc.  | \$ 10,000.00                                     | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input checked="" type="checkbox"/> FORGIVEN<br>\$ 10,000.00 | \$ 0.00<br><br>DATE DUE                            | 0.00%<br>RATE<br>\$ 0.00         | \$ 10,000.00<br><br>07/08/2019<br>DATE INCURRED | CALENDAR YEAR<br>\$ 106,000.00<br>PER ELECTION**<br>\$ P2020 106,000.00 |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC<br>Yvonne Yiu<br>[REDACTED]<br>Monterey Park, CA 91754-2663<br>This is a loan | Finance Executive<br>Key West Financial Services, Inc.  | \$ 88,000.00                                     | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input checked="" type="checkbox"/> FORGIVEN<br>\$ 88,000.00 | \$ 0.00<br><br>DATE DUE                            | 0.00%<br>RATE<br>\$ 0.00         | \$ 88,000.00<br><br>12/27/2019<br>DATE INCURRED | CALENDAR YEAR<br>\$ 106,000.00<br>PER ELECTION**<br>\$ P2020 106,000.00 |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC<br>Yvonne Yiu<br>[REDACTED]<br>Monterey Park, CA 91754-2663                   | Finance Executive<br>Key West Financial Services, Inc.  | \$ 8,000.00                                      | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input checked="" type="checkbox"/> FORGIVEN<br>\$ 8,000.00  | \$ 0.00<br><br>DATE DUE                            | 0.00%<br>RATE<br>\$ 0.00         | \$ 8,000.00<br><br>04/20/2020<br>DATE INCURRED  | CALENDAR YEAR<br>\$ 106,000.00<br>PER ELECTION**<br>\$ P2020 106,000.00 |
| <b>SUBTOTALS \$</b>   |   | 0.00   | \$ 106,000.00                      | \$ 0.00  | \$ 0.00  | 0.00                             |   |   |

(Enter (e) on Schedule E, Line 3)

## Schedule B Summary

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 106,000.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ -106,000.00**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†Contributor Codes

IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                                  |            |                                |
|----------------------------------|------------|--------------------------------|
| Statement covers period          |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                             | 02/18/2024 |                                |
| through                          | 06/30/2024 | Page <u>6</u> of <u>8</u>      |
| NAME OF FILER                    |            | I.D. NUMBER                    |
| Yvonne Yiu For City Council 2020 |            | 1419742                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yvonne Yiu For City Council 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Citi Cards<br>[REDACTED]<br>Phoenix, AZ 85062                       |         | Credit card payment    | 335.27      |
| Yolanda Miranda & Assoc.<br>[REDACTED]<br>Covina, CA 91722          | PRO     |                        | 300.00      |
| Yolanda Miranda & Assoc.<br>[REDACTED]<br>Covina, CA 91722          | POS     |                        | 9.27        |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 644.54

**Schedule E Summary**

|  |                 |                 |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 1,671.45        |
| 2. Unitemized payments made this period of under \$100   | \$              | 15.00           |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$              | 0.00            |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> | <b>1,686.45</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>02/18/2024</u><br>through <u>06/30/2024</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>7</u> of <u>8</u>      |
|  | I.D. NUMBER<br>1419742         |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Yvonne Yiu For City Council 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Yolanda Miranda & Assoc.<br>Covina, CA 91722                        | PRO  |    |                        | 300.00      |
| Yolanda Miranda & Assoc.<br>Covina, CA 91722                        | PRO  |    |                        | 300.00      |
| Yolanda Miranda & Assoc.<br>Covina, CA 91722                        | PRO  |    |                        | 426.91      |
|   |      |    |                        |             |
|   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 1,026.91

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>02/18/2024</u><br>through <u>06/30/2024</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>8</u> of <u>8</u>  |
| I.D. NUMBER<br>1419742   |                            |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Yvonne Yiu For City Council 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|---|--|
| Yolanda Miranda & Assoc.<br>Covina, CA 91722                           | PRO                            | 300.00  | 0.00                               | 300.00  | 0.00   |
| Yolanda Miranda & Assoc.<br>Covina, CA 91722                           | POS                            | 9.27  | 0.00                               | 9.27  | 0.00   |
| <b>SUBTOTALS \$</b>  |                                | <b>309.27\$</b>                                     | <b>0.00\$</b>                      | <b>309.27\$</b>                                   | <b>0.00</b>  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 309.27
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -309.27  
May be a negative number

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| <b>P</b>   | US POSTAGE & FEES PAID<br>PRIORITY MAIL<br>ZONE 1 FLAT-RATE ENVELOPE<br>Commercial | 062S0001443346<br>1674504<br>FROM 91722 |
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| stamps<br>endicia<br>08/01/2024  |  |   |
| <b>USPS PRIORITY MAIL ®</b>  |  |   |
| Yolanda Miranda and Associates<br>[Redacted]<br>Covina CA 91722-3222                     |  |   |
| SHIP TO: City Clerk of Monterey Park<br>320 W Newmark Ave<br>Monterey Park CA 91754-2818 |  |   |
| <b>USPS TRACKING #</b>   |  |   |
|  |  |   |
| <b>9405 5112 0620 4210 7126 79</b>   |  |   |

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