

Statement of Organization Recipient Committee

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only


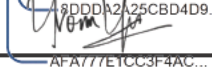
Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	Date qualification threshold met _____/_____/_____	Date of termination 06 / 30 / 2024

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE		1419742		NAME OF TREASURER					
Yvonne Yiu For City Council 2020				Yolanda Miranda					
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	
[REDACTED]				[REDACTED]		Covina	CA	91722	
STREET ADDRESS (NO P.O. BOX)				EMAIL ADDRESS OF TREASURER (REQUIRED)					
[REDACTED]				yolimiranda@hotmail.com					
CITY		STATE		CITY		STATE		ZIP CODE	
Covina		CA		Covina		CA		91722	
FULL MAILING ADDRESS (IF DIFFERENT)		AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF ANY					
N/A		(626) 247-4388		Claudia Gonzalez-Miranda					
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP CODE
yolimiranda@hotmail.com				[REDACTED]		Covina		CA	91722
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)					
Los Angeles				miranda.associates.inc@gmail.com					
				NAME OF PRINCIPAL OFFICER(S)					
				STREET ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP CODE
				[REDACTED]		Covina		CA	91722
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)					

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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	07/24/2024	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	07/24/2024	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME Yvonne Yiu For City Council 2020	I.D. NUMBER 1419742
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS California Bank & Trust Claudia Gonzalez-Miranda, Yolanda Miranda	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Los Angeles	STATE CA	ZIP CODE 90071

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Yvonne Yiu	City Council Member Monterey Park District 2	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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COMMITTEE NAME
Yvonne Yiu For City Council 2020

I.D. NUMBER
1419742

4. Type of Committee *(Continued)*

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE

Small Contributor Committee _____ / _____ / _____
 Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

From: [Yolanda Miranda](#)
To: [Trang, Cindy](#)
Subject: Re: Monterey Park Semi – Annual Campaign Disclosure Statement - CC
Date: Thursday, August 8, 2024 3:30:36 PM
Attachments: [image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image002.png](#)
[FORM410T Yvonne Yiu For City Council 2020 ID.pdf](#)

[EXTERNAL EMAIL]

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Cindy,

Here is the Termination for Yonne Yiu.

Thank You!

Yolanda Miranda

Yolanda Miranda and Assoc, Inc.

 *Covina, CA 91722*

Office: 626-915-7635 - Cell: 626-488-9191

PAYPAL

*****for after hours messaging or immediate response, please text (626)488-9194 or (323)270-4456*****

From: Trang, Cindy <CTrang@MontereyPark.ca.gov>
Sent: Wednesday, August 7, 2024 5:55 PM
To: Yolanda Miranda <yolimiranda@hotmail.com>
Subject: RE: Monterey Park Semi – Annual Campaign Disclosure Statement - CC

Hi Yolanda,

Yvonne's Form 460 was received today. I noticed that this is her termination statement. Please forward a copy of her Form 410 Statement of Organization- Termination.

Thanks.

CINDY H. TRANG, CMC • **DEPUTY CITY CLERK**
City of Monterey Park, City Clerk's Office
Office (626) 307-1360