

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp
 CITY CLERK OFFICE
 2025 JAN 16 AM 11:32
 CITY OF MONTEREY PARK

CALIFORNIA FORM **460**
 Page 1 of 85
 For Official Use Only

Statement covers period
 from 07/01/2021
 through 12/31/2021

Date of election if applicable:
 (Month, Day, Year)
 06/07/2022

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)
Amending to correct contributor's information.
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1437045

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Yvonne Yiu for State Controller 2022

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
728 W. Edna Place			

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

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 01/08/2025
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on 01/08/2025
Date

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

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

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)
State Controller Statewide

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 Yvonne Yiu for City Council 2020	I.D. NUMBER 1419742
NAME OF TREASURER Yolanda Miranda	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE Covina CA 91722 (626) 915-7635	

COMMITTEE NAME Yvonne Yiu for State Treasurer 2026	I.D. NUMBER 1454216
NAME OF TREASURER Yolanda Miranda	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE Covina CA 91722 (626) 915-7635	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2021</u> through <u>12/31/2021</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>85</u>	I.D. NUMBER 1437045

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yvonne Yiu for State Controller 2022

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 1,226,915.00	\$ 1,628,165.00
2. Loans Received Schedule B, Line 3	0.00	100,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,226,915.00	\$ 1,728,165.00
4. Nonmonetary Contributions Schedule C, Line 3	1,206.00	2,006.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1,228,121.00	\$ 1,730,171.00

**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	\$ 329,642.18	\$ 360,316.15
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 329,642.18	\$ 360,316.15
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	31,691.29	38,816.36
10. Nonmonetary Adjustment Schedule C, Line 3	1,206.00	2,006.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 362,539.47	\$ 401,138.51

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 470,576.03
13. Cash Receipts Column A, Line 3 above	1,226,915.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	145.23
15. Cash Payments Column A, Line 8 above	329,642.18
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,367,994.08

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.

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 138,816.36

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2021</u> through <u>12/31/2021</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>85</u>
I.D. NUMBER 1437045	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yvonne Yiu for State Controller 2022

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2021	Advanced Medical Care Los Angeles, CA 90012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600.00	600.00	P2022 \$600.00
11/07/2021	Allied Pacific of California IPA Alhambra, CA 91801	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		8,100.00	8,100.00	P2022 \$8,100.00
08/08/2021	Alpha Plus Network, Inc. Alhambra, CA 91803	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P2022 \$1,000.00
10/24/2021	Anneta Insurance Solutions, Inc. Monterey Park, CA 91754	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	P2022 \$2,500.00
08/08/2021	Anthony C. Chen M.D., Inc. Hacienda Heights, CA 91745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P2022 \$3,000.00
SUBTOTAL \$				15,200.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,226,717.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 198.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,226,915.00

*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 A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page 5 of 85
NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/20/2021	Johnny Aung Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
12/17/2021	Bings Merchandising Inc. Monterey Park, CA 91754	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	P2022 \$2,000.00
08/06/2021	Castleton Real Estate & Development El Monte, CA 91731	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P2022 \$3,000.00
11/07/2021	Cecilia Ng Wong dba Citiland Realty San Marino, CA 91108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		376.00	376.00	P2022 \$376.00
10/30/2021	Heung Chai Las Vegas, NV 89141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None None	500.00	500.00	P2022 \$500.00
SUBTOTAL \$				5,976.00		

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 (other than PTY or SCC)
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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page <u>6</u> of <u>85</u>
NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/08/2021	Fanny Oi Chan Fong [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
11/03/2021	Alice Chan [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher /Tutor Alice Chan	200.00	200.00	P2022 \$200.00
11/07/2021	Benson Chan [REDACTED] Alhambra, CA 91801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	376.00	376.00	P2022 \$376.00
11/07/2021	Dennis Y. Chan [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Dr. Dennis Chan M.D.	2,000.00	2,000.00	P2022 \$2,000.00
11/08/2021	Pek L. Chan [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	300.00	450.00	P2022 \$450.00
SUBTOTAL \$				2,976.00		

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 (other than PTY or SCC)
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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page <u>7</u> of <u>85</u>
NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/08/2021	Pek L. Chan [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	150.00	450.00	P2022 \$450.00
07/31/2021	Raymond Chan [REDACTED] Irvine, CA 92602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator Montessori Schools of Irvine	500.00	500.00	P2022 \$500.00
08/05/2021	Vivian Chan [REDACTED] Alhambra, CA 91801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investors Vivian Chan	500.00	500.00	P2022 \$500.00
08/05/2021	Wing Chan [REDACTED] Alhambra, CA 91801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Wing Chan	500.00	500.00	P2022 \$500.00
10/25/2021	Keny Chang [REDACTED] Diamond Bar, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asset Manager Kingstone Capital	2,500.00	2,500.00	P2022 \$2,500.00
SUBTOTAL \$				4,150.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page 8 of 85
NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/07/2021	Chouer Chen [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager New Mark Management, Inc.	2,500.00	5,000.00	P2022 \$5,000.00
12/17/2021	Chouer Chen [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager New Mark Management, Inc.	2,500.00	5,000.00	P2022 \$5,000.00
11/02/2021	Huo Chen [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Hud Chen, M.D.	2,500.00	2,500.00	P2022 \$2,500.00
11/07/2021	Kevin J. Chen [REDACTED] Los Angeles, CA 90013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Capital KCS LLC	500.00	500.00	P2022 \$500.00
11/01/2021	Peggy Fong Chen [REDACTED] Irvine, CA 92620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant J&P Global	2,500.00	2,500.00	P2022 \$2,500.00
SUBTOTAL \$				10,500.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page 9 of 85
NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/07/2021	Sunny Zheng Chen [REDACTED] Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Sunny International Exchange	500.00	500.00	P2022 \$500.00
11/08/2021	Terry Chen [REDACTED] Lagunawoods, CA 92637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	250.00	250.00	P2022 \$250.00
11/08/2021	York Chen [REDACTED] San Diego, CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed N/A	250.00	250.00	P2022 \$250.00
10/29/2021	Alice Cheng [REDACTED] La Canada Flintridge, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hospital CEO Beverly Hospital	2,500.00	2,500.00	P2022 \$2,500.00
07/30/2021	Dunson Cheng [REDACTED] Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banking Cathay Bank	2,500.00	2,500.00	P2022 \$2,500.00
SUBTOTAL \$				6,000.00		

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 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page 10 of 85

NAME OF FILER Yvonne Yiu for State Controller 2022	I.D. NUMBER 1437045
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/07/2021	Raymond Cheng San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board of Directors Foundation for the LA Community	188.00	188.00	P2022 \$188.00
10/20/2021	Takashi Cheng Pasadena, CA 91107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Sue Yang	250.00	250.00	P2022 \$250.00
11/08/2021	Ting Ning Cheung San Gabriel, CA 91776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
11/08/2021	Li Lee Chiao Cerritos, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Musical Composer Li Lee Chiao	500.00	500.00	P2022 \$500.00
11/08/2021	Selina Chong Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	200.00	200.00	P2022 \$200.00
SUBTOTAL \$				1,238.00		

*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 A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page 11 of 85
NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/18/2021	Andrew Chou [REDACTED] Diamond Bar, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wholesale Master & Master Llc	500.00	500.00	P2022 \$500.00
08/18/2021	William Y. T. Chow [REDACTED] Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00	500.00	P2022 \$500.00
11/05/2021	Gavin Cui [REDACTED] West Covina, CA 91792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Cba Media	376.00	376.00	P2022 \$376.00
11/20/2021	D & C Lee Management, LLC. (Daniel Lee) [REDACTED] Daly City, CA 94015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P2022 \$1,000.00
11/07/2021	D Shadow Productions Inc. [REDACTED] Monterey Park, CA 91754	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		376.00	376.00	P2022 \$376.00
SUBTOTAL \$				2,752.00		

*Contributor Codes
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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/07/2021	Sid Danesh [REDACTED] Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Sid Danesh, M.D.	500.00	900.00	P2022 \$900.00
10/24/2021	Sid Danesh [REDACTED] Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Sid Danesh, M.D.	400.00	900.00	P2022 \$900.00
08/10/2021	David Gu Do [REDACTED] Alhambra, CA 91801	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P2022 \$250.00
11/08/2021	Kwan Yi Dea Ng [REDACTED] Monterey Park, CA 91755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
11/07/2021	Divine Plastic Surgery, Inc. [REDACTED] Arcadia, CA 91007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		276.00	276.00	P2022 \$276.00
SUBTOTAL \$				1,526.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/07/2021	Orchid Y. Dong San Gabriel, CA 91776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agent NYLife Insurance	188.00	188.00	P2022 \$188.00
08/08/2021	Sinan Duan Newport Beach, CA 92657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Unity prosper	3,000.00	3,000.00	P2022 \$3,000.00
11/05/2021	Wing Dupont Los Angeles, CA 91326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO DSC	376.00	376.00	P2022 \$376.00
11/02/2021	EDI Media Inc West Covina, CA 91791	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	P2022 \$2,500.00
08/07/2021	Edward Z. Xu Medical Inc Monterey Park, CA 91754	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P2022 \$500.00
SUBTOTAL \$				6,564.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
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NAME OF FILER		I.D. NUMBER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2021	Emanate Health MSO Covina, CA 91723	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	P2022 \$2,500.00
08/08/2021	Peng Fan Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	150.00	150.00	P2022 \$150.00
11/07/2021	David S. W. Fang Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney David S. W. Fang Attorney at Law	500.00	500.00	P2022 \$500.00
11/07/2021	FMA Group Pasadena, CA 91101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		188.00	188.00	P2022 \$188.00
10/15/2021	Daniel Fong Pico Rivera, CA 90660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Million Dollar Baby	2,500.00	2,500.00	P2022 \$2,500.00
SUBTOTAL \$				5,838.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/08/2021	Stephen K. Fong [REDACTED] Monterey Park, CA 91755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
08/08/2021	Angela Y. Fu [REDACTED] Arcadia, CA 91006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	3,000.00	3,000.00	P2022 \$3,000.00
10/30/2021	Garfield Comprehensive Care Medical Corp [REDACTED] Alhambra, CA 91801	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,376.00	1,376.00	P2022 \$1,376.00
11/17/2021	Good Price Pharmacy [REDACTED] Los Angeles, CA 90042	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P2022 \$1,000.00
11/10/2021	H & H Drug Store, Inc. dba Western Drug [REDACTED] Glendale, CA 91204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	P2022 \$5,000.00
SUBTOTAL \$				10,476.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2021	Raffi Hamassian [REDACTED] Calabasas, CA 91302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Harutune Hamassian, CPA, APC	2,500.00	2,500.00	P2022 \$2,500.00
11/20/2021	Quan He [REDACTED] San Jose, CA 95135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor TQH New Heights	200.00	200.00	P2022 \$200.00
11/08/2021	Victoria He [REDACTED] Temple City, CA 91780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Victoria He	100.00	100.00	P2022 \$100.00
11/07/2021	Helen Huynh, D.O., Inc [REDACTED] Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	P2022 \$5,000.00
08/08/2021	Sandy Ho [REDACTED] Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Vice-President Preferred Bank	3,000.00	3,000.00	P2022 \$3,000.00
SUBTOTAL \$				10,800.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/04/2021	Hong Liang [REDACTED] Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P2022 \$1,000.00
11/08/2021	Hermann H. Hsueh [REDACTED] Monterey Park, CA 91754-2203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
08/07/2021	Hing-Tsun Hung [REDACTED] Diamond Bar, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,000.00	1,600.00	P2022 \$1,600.00
11/07/2021	Hing-Tsun Hung [REDACTED] Diamond Bar, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	600.00	1,600.00	P2022 \$1,600.00
11/08/2021	HWK and Co. Inc. [REDACTED] Los Angeles, CA 90012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P2022 \$1,000.00
SUBTOTAL \$				3,700.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
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NAME OF FILER

Yvonne Yiu for State Controller 2022

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1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/07/2021	Michael Inn Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	376.00	376.00	P2022 \$376.00
12/09/2021	Raymond Jackson Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	150.00	150.00	P2022 \$150.00
07/27/2021	JW Consultant Group Inc San Marino, CA 91108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P2022 \$3,000.00
08/08/2021	JWDA-MS Architects Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P2022 \$500.00
08/07/2021	Alan Kims Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Ardmore Medical Group	500.00	500.00	P2022 \$500.00
SUBTOTAL \$				4,526.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/13/2021	King Young Builder, Inc. & James Chou South El Monte, CA 91733	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P2022 \$3,000.00
11/07/2021	Robert Kum On Yao Temple City, CA 91780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	188.00	188.00	P2022 \$188.00
11/07/2021	Wenpin Kuo Diamond Bar, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Media Consultant Wenpin Kuo	188.00	188.00	P2022 \$188.00
11/05/2021	Caleb Kwok Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker Kw Executive	188.00	188.00	P2022 \$188.00
11/17/2021	Heidi Kwok Walnut, CA 91789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Heidi Kwok	188.00	188.00	P2022 \$188.00
SUBTOTAL \$				3,752.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
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Yvonne Yiu for State Controller 2022
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/08/2021	Sisiria M. Kwong Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
07/31/2021	C. George Lai San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician C George LAI MD	2,000.00	2,000.00	P2022 \$2,000.00
08/08/2021	Lakhi M. Sakhrani, M.D. Alhambra, CA 91801	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		8,100.00	8,100.00	P2022 \$8,100.00
11/07/2021	Jeanette Fong Lam Glendale, CA 1206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	2,000.00	2,000.00	P2022 \$2,000.00
11/08/2021	Jimmy Lam Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate investor Jimmy Lam	100.00	100.00	P2022 \$100.00
SUBTOTAL \$				12,300.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2021	Catherine Lan [REDACTED] San Gabriel, CA 91775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
11/08/2021	Mei Wah Lau [REDACTED] Alhambra, CA 91803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
10/25/2021	Law & Mediation Offices Of Elizabeth Yang [REDACTED] Monterey Park, CA 91754	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	P2022 \$2,500.00
10/24/2021	Victor Law [REDACTED] Alhambra, CA 91803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Alpha Medical Pharmacy	376.00	376.00	P2022 \$376.00
11/20/2021	Lawrence L. Chao MD [REDACTED] San Francisco, CA 94132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P2022 \$1,000.00
SUBTOTAL \$				4,076.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/29/2021	Albert Lee [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Business Legal Partners	250.00	250.00	P2022 \$250.00
11/08/2021	Allen L. Lee [REDACTED] Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	200.00	200.00	P2022 \$200.00
11/08/2021	Ernest K. Lee [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	400.00	P2022 \$400.00
11/08/2021	Ernest K. Lee [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	300.00	400.00	P2022 \$400.00
10/30/2021	Katherine Lee [REDACTED] Alhambra, CA 91801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	188.00	188.00	P2022 \$188.00
SUBTOTAL \$				1,038.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/08/2021	Mark Lee Yorba Linda, CA 92887	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	250.00	413.00	P2022 \$413.00
11/03/2021	Mark Lee Yorba Linda, CA 92887	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	163.00	413.00	P2022 \$413.00
08/31/2021	Patrick Lee San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Pen H. Lee MD, Inc.	250.00	250.00	P2022 \$250.00
11/07/2021	Philip Lee Porter Ranch, CA 91326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Philip H. Lee M.D.	500.00	500.00	P2022 \$500.00
11/08/2021	Stephen K. Lee Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	200.00	200.00	P2022 \$200.00
SUBTOTAL \$				1,363.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page 24 of 85
NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/07/2021	Su Kin Lee San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Dr. Su Kin Lee	2,000.00	2,000.00	P2022 \$2,000.00
08/08/2021	Terry Lee Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Md Medical Center Inc	500.00	750.00	P2022 \$750.00
12/27/2021	Terry Lee Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Md Medical Center Inc	250.00	750.00	P2022 \$750.00
11/08/2021	Margaret Lew Los Angeles, CA 90011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
11/08/2021	Yuxia Liang San Gabriel, CA 91776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Vegas Pacific Express LLC	200.00	200.00	P2022 \$200.00
SUBTOTAL \$				3,050.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Yvonne Yiu for State Controller 2022	I.D. NUMBER 1437045
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/20/2021	Jennifer Liu Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Coldwell Banker Realty	200.00	200.00	P2022 \$200.00
11/07/2021	Yin Chang Liu San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Yin Chang Liu, M.D.	2,000.00	2,000.00	P2022 \$2,000.00
09/29/2021	Chantal S. Lo Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	3,000.00	3,000.00	P2022 \$3,000.00
11/01/2021	Edmond Lo San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Dr. Edmond Lo, M.D.	1,000.00	1,000.00	P2022 \$1,000.00
10/29/2021	Henry Lo Monterey Park, CA 91755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Representative California State Assembly	188.00	188.00	P2022 \$188.00
SUBTOTAL \$				6,388.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/02/2021	Kevin Lo [REDACTED] Monterey Park, CA 91755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00	600.00	P2022 \$600.00
10/26/2021	Kevin Lo [REDACTED] Monterey Park, CA 91755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	600.00	P2022 \$600.00
10/26/2021	Mary Lo [REDACTED] Monterey Park, CA 91755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
11/17/2021	Lotus Blossom Community Service, Inc. dba Blossom Therapy Center [REDACTED] Montebello, CA 90640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600.00	600.00	P2022 \$600.00
11/19/2021	Wendy Low [REDACTED] Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Consultant TCS	250.00	250.00	P2022 \$250.00
SUBTOTAL \$				1,550.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/02/2021	Kenneth M Chan [REDACTED] Alhambra, CA 91801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Garfield Health Center	376.00	376.00	P2022 \$376.00
08/05/2021	Peter Ma [REDACTED] Diamond Bar, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor M.D Peter Yang Ma Medical Inc.	500.00	500.00	P2022 \$500.00
08/19/2021	Albert Mak [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Albert C. Mak, M.D.	2,500.00	2,500.00	P2022 \$2,500.00
11/01/2021	Tak Mau [REDACTED] Monterey Park, CA 91755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	376.00	376.00	P2022 \$376.00
11/08/2021	Ningqi Mei [REDACTED] Monterey Park, CA 91755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
SUBTOTAL \$				3,852.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page 28 of 85
NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/07/2021	Morpheus Anesthesia Medical Corporation Alhambra, CA 91803	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		188.00	188.00	P2022 \$188.00
11/03/2021	Christopher Nee Las Vegas, NV 89103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	250.00	250.00	P2022 \$250.00
11/08/2021	Hayward Ng Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
10/29/2021	Jonathan Ng San Gabriel, CA 91775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	188.00	188.00	P2022 \$188.00
11/07/2021	Peter Ng Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Chinatown Service Center	188.00	188.00	P2022 \$188.00
SUBTOTAL \$				914.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/26/2021	Richard T. Ng [REDACTED] Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA & Attorney Richard T. Ng CPA, ESQ.	100.00	100.00	P2022 \$100.00
11/08/2021	Sandy May Ng [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salesperson Caldwell Bank	100.00	100.00	P2022 \$100.00
10/29/2021	Winnie Ng [REDACTED] San Gabriel, CA 91775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	188.00	188.00	P2022 \$188.00
11/06/2021	Randy Noble Md [REDACTED] Carlsbad, CA 92009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	188.00	188.00	P2022 \$188.00
11/06/2021	Alice Noble [REDACTED] Carlsbad, CA 92009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	188.00	188.00	P2022 \$188.00
SUBTOTAL \$				764.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page <u>30</u> of <u>85</u>
NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/07/2021	Randolph Noble [REDACTED] Carlsbad, CA 92009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,000.00	1,000.00	P2022 \$1,000.00
08/08/2021	Optometric Alliance, Inc. [REDACTED] San Marino, CA 91108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,000.00	9,000.00	P2022 \$8,100.00 G2022 \$900.00
11/08/2021	Optometric Alliance, Inc. [REDACTED] San Marino, CA 91108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,100.00	9,000.00	P2022 \$8,100.00 G2022 \$900.00
11/08/2021	Optometric Alliance, Inc. [REDACTED] San Marino, CA 91108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		900.00	9,000.00	P2022 \$8,100.00 G2022 \$900.00
08/08/2021	P O Long Lew, D.O, Medical Professional Corp. [REDACTED] Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	6,188.00	P2022 \$6,188.00
SUBTOTAL \$				13,000.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/07/2021	P O Long Lew, D.O, Medical Professional Corp. Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	6,188.00	P2022 \$6,188.00
11/07/2021	P O Long Lew, D.O, Medical Professional Corp. Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		188.00	6,188.00	P2022 \$6,188.00
11/20/2021	Dan Pan Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00	500.00	P2022 \$500.00
12/11/2021	Rechanga Band of Luiseno Indians Temecula, CA 92592	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	P2022 \$2,500.00
12/13/2021	Kevin Pereau Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare TranscendIT Health	254.00	254.00	P2022 \$254.00
				Received through intermediary: Actblue California 366 Summer St. Somerville, MA 02144		
SUBTOTAL \$				6,442.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/07/2021	Polly Low for Rosemead (ID# 1273880) Rosemead, CA 91770	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P2022 \$200.00
08/08/2021	Princeton Physicians Assoc. Inc. Walnut, CA 91789	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P2022 \$3,000.00
11/01/2021	John Raffoul La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Adventist Health White Memorial	500.00	500.00	P2022 \$500.00
08/12/2021	Remax Omega Arcadia Arcadia, CA 91006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P2022 \$3,000.00
11/08/2021	Royal Business Bank San Gabriel, CA 91776	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		8,100.00	8,100.00	P2022 \$8,100.00
SUBTOTAL \$				14,800.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2021	Simon Sacheng Alhambra, CA 91801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales New Century Insurance	376.00	376.00	P2022 \$376.00
11/17/2021	San Gabriel ADHC Associates, LLC dba ABC Therapy Center (Canisa Lew) Alhambra, CA 91803	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600.00	600.00	P2022 \$600.00
11/11/2021	John Schulte Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer John Schulte	500.00	500.00	P2022 \$500.00
11/08/2021	Melinda K. Seto Glendale, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	200.00	200.00	P2022 \$200.00
11/07/2021	Gary C. Shek Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Account Executive Strategic Horizon	188.00	188.00	P2022 \$188.00
SUBTOTAL \$				1,864.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded to whole dollars.

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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/01/2021	Francis C. Sheng Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Dr. Francis Sheng, M.D.	188.00	188.00	P2022 \$188.00
11/07/2021	Simone Sim Diamond Bar, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	2,000.00	2,000.00	P2022 \$2,000.00
10/02/2021	Dara Smith Rancho Cucamonga, CA 91739	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Assessment and Public Services LA County Assessor	1,000.00	1,000.00	P2022 \$1,000.00
11/17/2021	Star Community ADHC Inc. El Monte, CA 91732	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600.00	600.00	P2022 \$600.00
11/07/2021	Sun Clinical Laboratories El Monte, CA 91731	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	P2022 \$2,500.00
SUBTOTAL \$				6,288.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
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Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/08/2021	Frances Tsang Sun [REDACTED] San Marino, CA 91108-2035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Sun Clinical Laboratories	1,000.00	1,000.00	P2022 \$1,000.00
08/08/2021	Ann Sung [REDACTED] Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real estate developer Chateau operating Corp	3,000.00	3,000.00	P2022 \$3,000.00
11/02/2021	Jonathan Tam [REDACTED] Pasadena, CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Jonathan Tam Md ,Inc	188.00	188.00	P2022 \$188.00
11/07/2021	Kc Lay Tin Tan [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Kc Tan Md Medical Group	376.00	376.00	P2022 \$376.00
11/07/2021	Wilson Tang [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Cathway Bank	188.00	188.00	P2022 \$188.00
SUBTOTAL \$				4,752.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
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NAME OF FILER		I.D. NUMBER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/08/2021	Tam Thomas [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Obstetrics & Gynecology Thomas Tam M.D.	1,000.00	1,000.00	P2022 \$1,000.00
11/08/2021	Alice Tom [REDACTED] Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
11/05/2021	Stanley M. Jr. Toy M.D. [REDACTED] Pasadena, CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Greater El Monte Community Hospital	2,500.00	2,500.00	P2022 \$2,500.00
08/08/2021	Thomas Tseng, Do, Mph [REDACTED] Diamond Bar, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Dr. Thomas Tseng	1,000.00	9,100.00	P2022 \$8,100.00 G2022 \$1,000.00
10/27/2021	Thomas Tseng, Do, Mph [REDACTED] Diamond Bar, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Dr. Thomas Tseng	8,100.00	9,100.00	P2022 \$8,100.00 G2022 \$1,000.00
SUBTOTAL \$				12,700.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/08/2021	Eliza Tsui [REDACTED] Los Angeles, CA 90032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Consultant Eliza Tsui	100.00	100.00	P2022 \$100.00
10/22/2021	San Tsui [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	200.00	200.00	P2022 \$200.00
08/08/2021	Anthony Tsun [REDACTED] Rancho Cucamonga, CA 91737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO Advanced Oncology Radiation Treatment Centers	3,000.00	4,000.00	P2022 \$4,000.00
11/05/2021	Anthony Tsun [REDACTED] Rancho Cucamonga, CA 91737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO Advanced Oncology Radiation Treatment Centers	500.00	4,000.00	P2022 \$4,000.00
11/05/2021	Anthony Tsun [REDACTED] Rancho Cucamonga, CA 91737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO Advanced Oncology Radiation Treatment Centers	500.00	4,000.00	P2022 \$4,000.00
SUBTOTAL \$				4,300.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/08/2021	Unicare Adult Day Health Care Center [REDACTED] South El Monte, CA 91733	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,600.00	P2022 \$3,600.00
11/17/2021	Unicare Adult Day Health Care Center [REDACTED] South El Monte, CA 91733	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600.00	3,600.00	P2022 \$3,600.00
08/08/2021	Wellness Foot and Ankle Surgery Clinic, Inc. [REDACTED] Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	4,000.00	P2022 \$4,000.00
11/07/2021	Wellness Foot and Ankle Surgery Clinic, Inc. [REDACTED] Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	4,000.00	P2022 \$4,000.00
11/08/2021	Steve Shiu Wong Tung [REDACTED] Los Angeles, CA 90031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
SUBTOTAL \$				7,700.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/01/2021	Edward Wong [REDACTED] Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	188.00	188.00	P2022 \$188.00
11/05/2021	Edward Wong [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00	500.00	P2022 \$500.00
11/08/2021	Herman Wong [REDACTED] South Pasadena, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
11/08/2021	Jeanne Chun-Lai Wong [REDACTED] South Pasadena, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Programmer Lefieill Manufacturing	100.00	100.00	P2022 \$100.00
10/29/2021	Joanne Wong [REDACTED] Arcadia, CA 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Emetro Communicatons	188.00	188.00	P2022 \$188.00
SUBTOTAL \$				1,076.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

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NAME OF FILER		I.D. NUMBER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/08/2021	Kelly Wong [REDACTED] Arcadia, CA 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor Kelly Wong MD	250.00	250.00	P2022 \$250.00
11/08/2021	Sue How Wong [REDACTED] Carson, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
11/08/2021	Tsui Wong [REDACTED] Los Angeles, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2022 \$100.00
10/27/2021	Charles C. Woo [REDACTED] Commerce, CA 90040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Megatoys	500.00	500.00	P2022 \$500.00
08/08/2021	Tai-Hing Wu [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Tai-Hing Wu, M.D. Pharm. D.	3,000.00	3,000.00	P2022 \$3,000.00
SUBTOTAL \$				3,950.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

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11/07/2021	Ting Xie San Gabriel, CA 91776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supply Chain Director Orbit Industries	100.00	100.00	P2022 \$100.00
11/07/2021	Freddy Yang Vernon, CA 90058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Kazuko Restaurant	500.00	500.00	P2022 \$500.00
08/08/2021	Winnie Xu Yao Arcadia, CA 91006-2454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Dr. Yu Yao	3,000.00	3,000.00	P2022 \$3,000.00
11/06/2021	Hung-Chuen Yeung Fullerton, CA 92833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Hung-Chuen Yeung, M.D.	300.00	300.00	P2022 \$300.00
11/08/2021	William Ying Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	376.00	376.00	P2022 \$376.00
SUBTOTAL \$				4,276.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
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08/07/2021	Felix Yip [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Felix Yip, M.D.	1,000.00	1,000.00	P2022 \$1,000.00
07/31/2021	Ingrid Yiu [REDACTED] Irvine, CA 92602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator Montessori Schools of Irvine	500.00	750.00	P2022 \$750.00
11/02/2021	Mabel Yiu [REDACTED] Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Therapist Mabel Yiu	1,000.00	1,000.00	P2022 \$1,000.00
12/17/2021	Yvonne Yiu [REDACTED] Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance Executive Key West Financial Services, Inc.	1,000,000.00	1,500,000.00	P2022 \$1,500,000.00
08/06/2021	YK America Group, Inc [REDACTED] El Monte, CA 91731	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P2022 \$3,000.00
SUBTOTAL \$				1,005,500.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page 43 of 85
NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/20/2021	Melina Young [REDACTED] San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	100.00	100.00	P2022 \$100.00
08/08/2021	Hagop Youredgian [REDACTED] Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Hagop Youredgian	5,000.00	5,000.00	P2022 \$5,000.00
11/07/2021	Li Yu [REDACTED] Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Preferred Bank	2,000.00	2,000.00	P2022 \$2,000.00
07/30/2021	Raymond Yu [REDACTED] Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,000.00	1,500.00	P2022 \$1,500.00
11/01/2021	Raymond Yu [REDACTED] Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00	1,500.00	P2022 \$1,500.00
SUBTOTAL \$				8,600.00		

*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 A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Yvonne Yiu for State Controller 2022		1437045

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/20/2021	Young Zhao [REDACTED] San Jose, CA 95129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor MaxReal	200.00	200.00	P2022 \$200.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				200.00		

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