Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp: RECEIVED OCT 14 2022	CALIFORNIA FORM 470
		By	For Official Use Only

1. Statement Covers Calendar Year 20 _____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Daniel Yee

STREET ADDRESS

[redacted]

CITY | STATE | ZIP CODE

[redacted]

AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS

[redacted]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Imperial Unified School Board Trustee

JURISDICTION (LOCATION)

Imperial, CA

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000 and that I will spend less than $2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/14/2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate Campaign Statement Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

☐ **Amendment** (Explain Below)

Date Stamp

CALIFORNIA FORM 470 SUPPLEMENT

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling $2,000 or more or has made expenditures of $2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Daniel Yee

STREET ADDRESS

[redacted]

CITY | STATE | ZIP CODE

[redacted]

AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS

[redacted]

2. Office Sought

OFFICE SOUGHT

Imperial Unified School Board Trustee

DISTRICT NUMBER (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

11/08/2022

3. Date Contributions Totaling $2,000 or More Were Received or Date Expenditures of $2,000 or More Were Made

(MONTH, DAY, YEAR)