

**RECEIVED**  
 CALIFORNIA  
 FORM  
 410  
 MAR 06 2023  
 Official Use Only

CITY OF SIERRA MADRE

**Statement of Organization  
 Recipient Committee**

**Statement Type**

Initial  
 Not yet qualified  
 Amendment

Termination - See Part 5

Date qualification threshold met: 03 / 22 / 22  
 Date qualification threshold met or  
 Date of termination: / /

**1. Committee Information** I.D. Number 1446705

NAME OF COMMITTEE: Protect Sierra Madre - Stop the Housing Project

STREET ADDRESS (NO P.O. BOX): 436 Grove St  
 CITY: Sierra Madre  
 STATE: CA  
 ZIP CODE: 91024  
 AREA CODE/PHONE: 626/3559733

FULL MAILING ADDRESS (IF DIFFERENT):  
 CITY: Sierra Madre  
 STATE: CA  
 ZIP CODE: 91024  
 AREA CODE/PHONE: 626/3559733

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): wheelock.sherry@gmail.com

COUNTY OF DOMICILE: Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Sierra Madre

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER: Sherry Wheelock

STREET ADDRESS (NO P.O. BOX): 436 Grove St  
 CITY: Sierra Madre  
 STATE: CA  
 ZIP CODE: 91024  
 AREA CODE/PHONE: 626/3559733

NAME OF ASSISTANT TREASURER, IF ANY: Lynne Collmann

STREET ADDRESS (NO P.O. BOX): 200 W. Carter Ave.  
 CITY: Sierra Madre  
 STATE: CA  
 ZIP CODE: 91024  
 AREA CODE/PHONE: 213/4344728

NAME OF PRINCIPAL OFFICER(S): Alexander Arrieta

STREET ADDRESS (NO P.O. BOX): 645 Edgeview Dr  
 CITY: Sierra Madre  
 STATE: CA  
 ZIP CODE: 91024  
 AREA CODE/PHONE: 424/3608074

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03/05/23 By Sherry Wheelock  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03/05/23 By Alexander Arrieta  
 DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER  
1446705

COMMITTEE NAME  
Protect Sierra Madre - Stop the Housing Project

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION  
California Bank & Trust

AREA CODE/PHONE  
213/2281700

BANK ACCOUNT NUMBER  
5801313544

CITY  
Los Angeles

STATE  
CA

ZIP CODE  
90071

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

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

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE Nonpartisan	(list political party below)
			Nonpartisan	
			Nonpartisan	

**Primarily Formed Committee**

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE SUPPORT OPPOSE
For a Referendum against Ordinance No. 1461 passed by the Sierra MADRE CITY COUNCIL	City of Sierra Madre	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM  
**410**

Page 3

ID NUMBER

COMMITTEE NAME

Protect Sierra Madre - Stop the Housing Project

**4. Type of Committee**

(Continued)

*General Purpose Committee*

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

*Sponsored Committee*

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

*Small Contributor Committee*

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officialholder, or parent certify that all of the following conditions have been met.

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