

**Recipient Committee
Campaign Statement
Cover Page**

Statement covers period from Jan 1, 2023 through March 25, 2023

Date of election if applicable: (Month, Day, Year)
May 8, 2023

RECEIVED Data Stamp
MAR 30 2023 1 of 1
FORM 460
For Official Use Only
CITY OF SIERRA MADRE

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 (Also Complete Part 5)
- General Purpose Committee
- Sponsored Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Committee Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 470 Termination)
- Amendment (Explain below)
- Quarterly Statement Special Cdd. Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
Protect Sierra Madre - Stop the Housing Project

Treasurer(s)

NAME OF TREASURER:
Sherry Wheelock

STREET ADDRESS (NOT P.O. BOX)
496 Grove St

CITY STATE ZIP CODE AREA CODE/PHONE
Sierra Madre CA 91024 626/859733

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
200 W. Carter Ave

CITY STATE ZIP CODE AREA CODE/PHONE
Sierra Madre CA 91024 213/4344728

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

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 3/30/2023

Executed on 03/30/2023

Executed on _____

Executed on _____

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP _____

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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE _____
For a Referendum against Ordinance No. 1461 passed by the Sierra Madre City Council

BALLOT NO. OR LETTER M JURISDICTION City of Sierra Madre

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

OFFICE SOUGHT OR HELD _____ DISTRICT NO. IF ANY _____

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <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 Jan 1, 2023
through March 25, 2023

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I.D. NUMBER
1446705

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Sherry Wheelock

Contributions Received

	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULE(S)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 27920.00	\$ 27925
2. Loans Received	Schedule B, Line 3 0	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 27920.00	\$ 27925
4. Nonmonetary Contributions	Schedule C, Line 3 0	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 27920.00	\$ 27925

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

20. Contributions Received	\$ _____	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____		

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 8594.88	\$ 8594.88
7. Loans Made	Schedule H, Line 3 0	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 8594.88	\$ 8594.88
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	
10. Nonmonetary Adjustment	Schedule G, Line 3 0	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 8594.88	\$ 8594.88

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (if subject to Voluntary Expenditure Limit)	\$ _____	Total to Date
Date of Election (month/day)	____/____/____	

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 8203.78	
13. Cash Receipts	Column A, Line 3 above \$ 27920.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above \$ 8594.88	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 27538.88	

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ _____
18. Cash Equivalents	See instructions on reverse \$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ _____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from Jan 1, 2023
through Mar 25, 2023

**SCHEDULE A
CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Sherry Whealock

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I.D. NUMBER
1448705

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE * <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
2/23/23	Lou Losorelli	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1100		
2/24/23	Susan Neuhausen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Beckman Research City of Hope	1000		
2/24/23	Matt Bryant	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Berkshire Hathaway	2500		
2/25/23	Alex Ariola	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP Human Resources Infinite Electronics	2500		
2/25/23	Carol Parker	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125		
SUBTOTAL \$ 7225.00						

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 27525.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 395.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1) TOTAL \$ 27920.00

*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**

Amounts may be rounded
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NAME OF FILER
Sherry Wheelock

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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)
02/25/23	Sherry Wheelock	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	1000		
03/04/23	Deb Sheridan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	4000		
02/26/23	Lynne Colterman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	2500		
02/27/23	Scott Hood	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Portfolio Manager First Wiltshire Securities Management INC	6000		
03/06/23	Corinna Baer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP Gallagher Entertainment	100		
SUBTOTAL \$				13,600		

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

Amounts may be rounded
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SCHEDULE A (CONT.)
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NAME OF FILER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
03/06/23	Patricia Barron	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	200		
03/09/23	Ilona Linden	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	co-owner 20/20 Administrative Services	100		
03/09/23	Mary Hopkins	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
03/12/23	Henry Leung	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architectural Associate MARX/Okubo Associates, INC	100		
03/13/23	Teng Khoo	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250		
SUBTOTAL \$ 750.00						

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

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NAME OF FILER
Sherry Wheelock

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
03/16/23	Karen Rowinsky [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100		
03/17/23	David Beach [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	250		
03/21/23	Phil Yao [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	500		
03/21/23	Howard Hays [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	2100		
03/21/23	Jean Bardenheier [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed physician Dr Bardenheier, MD 914 E. Gladstone St Azusa CA 91702	1000		
SUBTOTAL \$				3450		

Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
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SCHEDULE A (CONT.)
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NAME OF FILER
Sherry Wheelock

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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)
03/24/23	Gay Osborne [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	2000		
				SUBTOTAL \$ 2000		

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PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Sherry Wheelock

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

CMP campaign paraphernalia/misc.
 MBR member communications
 MFG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey/research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads
 RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL tv or cable airtime and production costs
 TRG candidate travel, lodging, and meals
 TRS staff/discuss travel, lodging, and meals
 TRF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dean Logan, Los Angeles Registrar/Recorder 12400 Imperial Hwy, Norwalk, CA	POL			\$93.00
Blue Icon Communications 12110 Slauson Ave, Suite 11, Santa Fe Springs, CA 90870	CNS		Campaign Consultant Monthly (March)	\$2000.00
PDI Software https://politicaldata.com			Political data PDI software fee	\$900.00
SUBTOTAL \$				\$2893

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

Schedule E Summary

- Itemized payments made this period: (Include all Schedule E subtotals) \$ 8564.94
- Unitemized payments made this period of under \$100 \$ 19.94
- Total interest paid this period on loans: (Enter amount from Schedule B, Part 1, Column (e)) \$ 0
- Total payments made this period: (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6) **TOTAL \$ 8584.88**

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT)

Statement covers period
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Sherry Wikelock

ID NUMBER
1446705

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

CMC campaign paraphernalia/merch.
 CNS campaign consultants
 CTB contribution (explain nomination)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings
 MBR member communications
 MFG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POI polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads
 RAD radio airtime and production costs
 RED returned contributions
 SAL campaign workers' salaries
 TEL TV or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/pouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670	LIT		Yard sign and wire 150 units	\$942
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670	LIT		Yard Signs 100 units	\$525
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670	LIT		print matter 5000 units	\$1125.00
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670	POS		Mailing Services	\$500.
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670	POS		US postage 3219 pieces	\$1192.33

SUBTOTAL \$ 4284.33

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

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

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CRTS contributor (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/paid fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (ex plain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFI office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TSF staff/spouse travel, lodging, and meals
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF CONTRIBUTOR, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Icon Communications 12110 Slauson Ave, Suite 11, Santa Fe Springs, CA 90670	LIT		Door Hangers 5000 Units	\$875.00
Blue Icon Communications 12110 Slauson Ave, Suite 11, Santa Fe Springs, CA 90670			2 Day Flush Fee	\$92.61
Blue Icon Communications 12110 Slauson Ave, Suite 11, Santa Fe Springs, CA 90670	LIT		Yard Signs 75 units	\$420.00

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

SUBTOTAL \$ 1387.61

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