4.											ω	I	7	SE		០០៧
Verification	wheelock.sherry@gmail.com	OPTIONAL: FAX / E-MAIL ADDRESS	CITY		Sterra Madre CA 91024 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	спу	436 Grove St	STREET ADDRESS (NO P.O. BOX)	Protect Sierra Madre - Stop the Housing Project	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	Committee Information	☐ Officeholder, Cendidate Confrolled Committee State Candidate Election Committee Recall New Complete Part \$3 General Purpose Committee Sponsored Smell Confributor Committee	 Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 	SEE INSTRUCTIONS ON REVERSE		Recipient Committee Campaign Statement Cover Page
			STATE	1	ET OR P.	STATE			ing Pro	COMMIT			mmittees			
			ZIP CODE		91024 O. BOX	ZIP CODE			ject	(EE)	1.D. NUMB 1446705	Prim Prim Office	s - Compi	=	2	
			AREA CODE/PHONE		626/3659733	AREA CODE/PHONE					1.D. NUMBER 1448705	Primarily Formed Ballot Measure Committee Controlled Sponsored Abscampetered Primarily Formed Candidate/ Officeholder Committee (Alecampeter Pet 17)	ele Paris 1, 2, 3, and 4.	through March 25, 2023	Statement covers period from Jan 1, 2023	
		OPTIONAL: FAX / E-MAIL ADDRESS	CITY Made	200 W. Carter Ave	Lynna Collmann MAILING ADDRESS	NAME OF ASSISTANT TREASURER, IF ANY	Sierre Madre	CHY CHY CHY CHY	Sherry Wheelock MAILING ADDRESS	NAME OF TREASURER	Treasurer(s)	Preelection Statement Sent-ennual Statement Infernitation Statement (Also file a Form 410 Termination) Amendment (Explain below)	Type of Statement:	May 9, 2023	Date of election if applicable: (Month, Dey, Year)	
		88				R, IF ANY						iow)			CQ.	
		Ş	STATE				CA	STATE						Y OF SIERRA	MAIN	Date Stamp
		#2018					91024	ZIP CODE				Spa Spa		ERRA	AN JU	
		1	DDE				4	DÉ				Quarterly Statement Special Odd-Year Re		MA	UP.Age	CAL
		Z13/43441/20	AREA CODE/PHONE				626/3559733	AREA CODE/PHONE				Quarterly Statement Special Odd-Year Report		DRE	For Official Use Only	CALIFORNIA 460

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 330.000. Executed on ... Executed on Executed on __ 130 say, Signature of Controlling Officeholder, Candidate, State Measure Proponent repensent or Responsible Officer of Sponsor

Executed on

FPPC Form 450 (Jan/2015) FPPC Advice: advice@fppc.ca.gov (855/275-3772) www.fppc.ca.gov

Signalure of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

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CITY	NAME OF TREASURER COMMITTEE ADDRESS		COMMITTEE NAME	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	Related Committees not included in this statems contributions or make expe		RESIDENTIALIBUSINESS AL	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	Officeholder or Cand
STATE ZIP CODE	STREET ADDRESS (NO P.O. BOX)		STATE ZIP CODE	3			Related Committees Not Included in this Statement: List any commisses not included in this statement that are controlled by you or are primarily formed to reserve contributions or make expanditures on behalf of your candidacy.		RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY	OFFICE SOLIGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	OR CANDIDATE	5. Officeholder or Candidate Controlled Committee
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AREA CODE/PHONE	OMMITTEE?		AREACODEPHONE		MITTEE?		committees to redsive		TE ZIP	LICABLE)		
Att	NAME OF OFFICEHOLDER OR GANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR GANDIDATE	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		ÖFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	identify the controlling officeholder, candidate, or state measure proponent, if any	BALLOT NO. OR LETTER	NAME OF BALLOT MEASURE For a Referendum against Ordhance No. 1461 passed by the Sterra Madre dry Council	6. Primarily Formed Ballot Measure Committee
ich continuation s					lidate/Officeho			NDIDATE, OR PROP	holder, candidate,	City of Sierra Madre	ce No. 1461 passed b	t Measure Con
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	Ider Committee mittee is primarily fo		DISTRICT	OKENT	or state measure p	Madre	y the Sierra Madre city	mittee
	ELD SUPPORT	ELD SUPPORT	ELD SUPPORT	ELD SUPPORT	List names of		DISTRICT NO. IF ANY		roponent, if any.	SUPPORT CPPOSE	Council	

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www.fppc.ca.gov

Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page SEE INSTRUCTIONS ON REVERSE	and states of the states of th	\$ 3	Statement covers period from Jen 1, 2023 through Merch 25, 2023	CALIFORNIA 460 Fage 3 of 11
NAME OF FILER Sherry Wheelock				1.D. NUMBER 1446705
Contributions Received	Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES	COLUMN B CALENDAR YEAR TOTAL TO DATE		Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$ 27920.00	\$ 27525	General Elections	1/1 through 6/30 7/1 to Date
Loans Received Sahedule 8, Line 3 SUBTOTAL CASH CONTRIBUTIONS	27920.00	\$ 27525	20. Contributions	69
Schedule C, Line 3 Add Lines 3 + 4	3 27920.00	\$ 27525	21. Expenditures Made \$	69
Reyments Made Schrodule E, Linu 4	\$ 8594.88	\$ 8584.88	Expenditure Limit St Candidates	Summary for State
8. SUBTOTAL CASH PAYMENTS	\$ 8584.88	\$ 8584.88	22. Cumulative	Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)
Sahedule C, Line 3	0 8 8564,88	\$ 8584.88	(mm/dd/yy)	60
Statement Balance Previous Summary Paga, Lina 16	\$ 8203.76	To calculate Column B.		69
13. Caeh Receipts	0 8594.88	A to the corresponding amounts from Column B amounts from Column B of your last report. Some	<u> </u>	Amounts in this section may be different from amounts reported in Column B.
16. ENDING CASH BALANCE	\$ 27538.88	be negative figures that should be subtracted from previous period amounts.	at from miss. If	
17. LOAN GUARANTEES RECEIVED Sciedule B, Parl 2	\$	filed for this calendar year, only carry over the amounts	year, nounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	-ss	from Lines 2, 7, and 9 (if any).	Off.	
19. Outstanding Debts Add Line 2 + Line 9 in Column 8 above	9		FPPC Advice: ad	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fpgc.ca.gov
				action of the same

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Sherry Wheelock

Amount

			nts may be rounded
	through Mar 25,2023	Statement oovers period from Jan 1, 2023	
1.0. NUMBER 1446705	Page 4 of	CALIFORNIA 4	SCHEL

odes	"Contributor Codes				Schedule A Summary	Schedule /
		\$ 7225.00	SUBTOTAL \$ 7225.00			
				□ OTH □ SCC		
		125	Retired	COM	Carol Parker	2/25/23
				□SCC PTY		
		2500	VP Human Resources Infinite Electronics	DOM D	Alex Arrieta	2/25/23
				□scc □scc		
			Berkshire Hathaway	HON		
		2500	Realtor	ONIC	Matt Bryant	2/24/23
				DSC:		
			City of Hope	199		
		1000	Professor	ON NO	Susan Neuhausen	2/24/23
				□SCC		
		1100	Retired		Lou Losorelli	2/23/23
(IF REQUIRED)	(JAN. 1-DEC. 31)	PERIOD	(IF SELF-EXPLOYED, HAVE EN ROWE OF BUSINESS)	CODE	(# COMMITTEE, ALSO ENTER I.D. NUMBER)	RECEIVED
TO DATE	CALENDAR YEAR	RECEIVED THIS	OCCUPATION AND EMPLOYER	CONTRIBUTOR	CONTRIBUTOR	DATE
PER ELECTION	CUMULATIVE TO DATE	AMOUNT	IF AN INDIVIDUAL ENTER		FULL NAME STREET ADDRESS AND ZIP CODE OF	

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

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www.fppc.ca.gov

2. Amount received this period – unitemized monetary contributions of less than \$100

Amount received this period ~ itemized monetary contributions. (include all Schedule A subtotals.)

27525.00 395.00

IND.- Individual

COM. - Recipient Committee

COM. (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 to whole dollars.

SCHEDULEA (CONT.)

Monetary	Monetary Contributions Received	to whole dollars.	oflars.	Statement covers period		CALIFOR	CALIFORNIA 460
				from Jan 01,2023		FORM	
				through March 25, 2023		Page 5	of []
NAME OF FILER Sherry Wheelock	elock					1.D. NUMBER 1446705	д
DATE	PULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (OF SELF-DAPLOYED, ENTER KAME) 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	OTH OTH SCC	relired	1000			
03/04/23	Deb Sheridan	DOTH SCC	retired	4000			
02/26/23	Lynne Collemann	OCC SCC	rettred	2500			
02/27/23	Scott Hood	DOTH SCC	Portfolio Manager First Wishire Securities Management INC	6000			
03/06/23	Corinna Baer	DSCC DPTY	VP Gailagher Entertainment	100			
			\$ SUBTOTAL	\$ 13600			

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Contributor Codes
IND - Individual
COM - Recipiert Committee
(other than PTY or SCC)
CTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Amounts may be rounded to whole dollars.

	from Ja	Sta	
	from Jan 1, 2023	stement covers period	
,	FORM	CALIFORNIA	SCHEDULEA

Sherry Wheelock through Mar 25, 2023 Page 6 of 11 1446705 I.D. NUMBER PER ELECTION (CONT.)

	DATE CONTRIBUTOR CONTRIBUTOR OF THE INTERNAL PROPERTY OF THE OF THE IN	PPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-37)	FPP			MO - Houvedard COM - Recipient Committee (Other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee	COM - Rediplent Committee COM - Rediplent Committee (other than PTY or St. OTH - Other (e.g., business : PTY - Political Party SOC - Small Contributor Cor
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Patricia Barron Patric		000000000000000000000000000000000000000		TAN INDIVIDUAL DIVIDA	CONTRIBUTOR		DATE

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Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER Sherry Wheelock

Amounts may be rounded to whole dollars.

from Jan 01, 2023 Statement covers period

through March 25, 2023

07 1

1446705 I.D. NUMBER

CALIFORNIA 460 Page 7

	03/21/23	08/21/23	03/21/23	03/17/23	03/16/23	DATE
	Jean Bardenheler	Howard Hays	Phil Yao	David Beach	Karen Rowinsky	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF CONNITIES: ALSO ENTER LD. NUMBER)
	DSCC DSIND	DOTH SCC	SOC DELA COW WOOD	D PTY D SCC	SCC SCOM	CONTRIBUTOR
SUBTOTAL	self-employed physician Dr Bardenheier, MD 914 E. Giadstone St Azusa CA 91702	retired	retired	relired	retired	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-BAPLOYED, ENTER NAME) OF BUSINESS)
SUBTOTAL \$ 3450	1000	2100	500	250	100	AMOUNT RECEIVED THIS PERIOD
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE (IF REQUIRED)

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*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
CTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Contributor Codes IND – Individual COM – Recipient Committee COM (~ Recipient Committee COM (~ Cother (tag., business entity) PTY – Political Party SCC – Small Contributor Committee Schedule A (Continuation Sheet) Monetary Contributions Received NAME OF FILER 03/24/23 Sherry Wheelock RECEIVED DATE Gay Osborne FULL NAME, STREET ADDRESS AND ZIP CODE OF (IF COMMITTEE, ALSO ENTER 1D. NUMBER) CONTRIBUTOR CONTRIBUTOR Amounts may be rounded to whole dollars. SCC COM DOTH TO CO SEPORE SE DD DTH DOTH B retired IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) SUBTOTAL\$ 2000 2000 through March 25, 2023 from Jan 01, 2023 RECEIVED THIS Statement covers period AMOUNT PERIOD CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) Page 8 CALIFORNIA 460 1446705 I.D. NUMBER SCHEDULE A (CONT.) (IF REQUIRED) PER ELECTION

TO DATE

of [

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			SCHEDU
chedule E	amounts may be rounded to whole dollars.	Statement covers period CALIFORNIA	CALIFORNIA AR
ayments Made		from Jan 1,2023	FORM
IE INSTRUCTIONS ON REVERSE		through Mar 25,2023	Page 8 of 11
ME OF FILER			I.D. NUMBER
Sherry Wheelock			1446705

			SCHEDULEE
Schedule E Amounts may be rounded to whole dollars. Payments Made	lars.	Statement covers period from Jan 1,2023	CALIFORNIA 460
EE INSTRUCTIONS ON REVERSE		through Mar 25,2023	Page 8 of 11
AME OF FILER Sherry Wheelock			1.D. NUMBER 1446705
DES: If one of the following codes accurately describes the p	ou may ent	describe the payment.	
campeign pariaphental armisc. RBR campaign consultants contribution (explain nonmonetary)* OFC PET Chiri-forestone	munications appearances	KAL) radzo alitime and production on RFD returned contributions SAL campaign workers' salaries TFL ty or cable airtime and produc	sis sis
	peanon c⊦rculating phone banks po⊪ing and survey research	TRS staffspouse travel, lodging, and r	uon costa neals d meals
Independent expenditure supporting/opposing others (explain)* POS legal definition PRO campaign literature and mailings PRT	ery and mess ervices (legal	enger services TSF accounting) VOT WEB	the same cardidate/sponsor ternet, e-mail)
NAME AND ADDRESS OF PAYEE OF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE 0	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
bean Logan, Los Angeles Registrar/Recorder 12400 Imperial Hwy, Norwalk, CA	POL		\$93.00
ŝlue Ioon Communications ≀2110 Slauson Ave , Suite 11, Santa Fe Springs, CA 90670	CNS	Campaign Consultant Monthly (March)	\$2000.00
⊃DI Software https://politicaldata.com		Political data PDI software fee	\$800.00
Payments that are contributions or independent expenditures must also be summarized on Schedule D	dule D.	SUBT	SUBTOTAL \$ \$2893
Schedule E Summary			\$ 8564.94
2. Unitemized payments made this period of under \$100			19.94
8. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	t 1, Column	n (e).)	\$ 0
1. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	the Summa	ary Page, Column A, Line 6.)	FPPC Form 460 (Jan/2016))
		FPPC Advice: advice	FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Payments Made Schedule E (Continuation Sheet)

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period FORM

CALIFORNIA 460

CMP campaign paraphemalia/misc.
CNS campaign paraphemalia/misc.
CNS campaign consultarits
CTB contribution (explain nonmoneta
CVC clvic donations
FIL candidate filing/ballot fees
FND fundratising events
IND independent expenditure suppor
LEG legal detense
LTT campaign literature and mailings CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment NAME OF FILER SEE INSTRUCTIONS ON REVERSE Blue Icon Communications Blue Icon Communications Blue Icon Communications 12110 Stauson Ave, Suite11 Santa Fe Springs,CA 90670 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670 Blue Icon Communications 12110 Slauson Ave, Suite11 Santa Fe Springs,CA 90670 12110 Slauson Ave, Sulte11 Santa Fe Springs, CA 90670 Blue Icon Communications 12110 Slauson Ave, Suite11 Santa Fe Springs,CA 90670 Payments that are contributions or independent expenditures must also be summarized on Schedule D. Sherry contribution (explain nonmonetary)*
civic donations campaign literature and mailings Independent expenditure supporting/opposing others (explain)* Wheelock NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER (ID. NUMBER) PROS PET CAR office expenses petition circulating member communications postage, delivery and messenger services professional services (legal, accounting) phone banks polling and survey research meetings and appearances print ads 듴 P OS Ξ 듴 CODE POS 98 Malling Services Yard sign and Wire 150 units US postage 3219 pieces print mailer 5000 units Yard Signs 100 units DESCRIPTION OF PAYMENT from Jan 1, 2023 through Mar 25, 2023 candidate travel, lodging, and meets staff/spouse travel, lodging, and meets travel travel, lodging, and meets candidate/sponsor campaign workers' salaries

1v. or cable airtime and production costs voter registration information technology costs (internet, e-mail) radio airtime and production costs returned contributions SUBTOTAL \$ 41284.3 Page (0 69441 I.D. NUMBER \$942 \$500. \$1192.33 \$1125,00 \$525 AMOUNT PAID 9 1 3

FPPC Advice: advice@fppc.ca.gov [866/275-3772] FPPC Form 460 (Jan/2016)) www.fppc.ca.gov

Schedule E (Continuation Payments Ma

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

FPPC Form 460 (Jan/2016)) (ppc.ca.gov (866/275-3772) www.fppc.ca.gov	FPPC Form 460 (Jany 2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			
1387.61	SUBTOTAL \$ 1387.61		dule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
\$420.00	75 units	Yard Signs 75 units	屽	Blue Icon Communications 12110 Slauson Ave, Suite 11, Santa Fe Springs, CA 90670
\$92.61	Fee	2 Day Rush Fee		Blue Icon Communications 12110 Slauson Ave, Suite 11, Santa Fe Springs, CA 90670
\$875.00	Doar Hangers 5000 Units	Door Hange	Ш	Blue Icon Communications 12110 Slauson Ave, Suite 11, Santa Fe Springs, CA 90670
AMOUNT PAID	DESCRIPTION OF PAYMENT	OR.	CODE	NAME AND ADDRESS OF PAYEE (IF CONMITTEE, ALSO ENTER ID. NUMBER)
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