



497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Sherry WheeLOCK		Date of This Filing 04/12/23	
AREA CODE/PHONE NUMBER 626/3559733	I.D. NUMBER (if applicable) 1446705	Report No. N-12	
STREET ADDRESS 436 GROVE ST		<input checked="" type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Sierra Madre	STATE CA	ZIP CODE 91024	
		No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
03/21/23	Howard Hays	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	2100 <input type="checkbox"/> Check if Loan Provide interest rate _____%
04/11/23	Howard Hays	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	300 <input type="checkbox"/> Check if Loan Provide interest rate _____%

* 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

Reason for Amendment: _____

