

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified  
 Amendment  
 Termination - See Part 5

Date qualification threshold met  
 or  
 Date qualification threshold met

Date of termination  
 03 / 22 / 22



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

**2. Treasurer and Other**

NAME OF COMMITTEE <b>Protect Sierra Madre - Stop the Housing Project NO on M</b>				NAME OF TREASURER <b>SHERRY WHEELLOCK</b>			
STREET ADDRESS (NO. PO. BOX) <b>436 Grove St</b>				STREET ADDRESS (NO. PO. BOX) <b>436 Grove St</b>			
CITY <b>Sierra Madre</b>	STATE <b>CA</b>	ZIP CODE <b>91024</b>	AREA CODE/PHONE <b>626/3559733</b>	CITY <b>Sierra Madre</b>	STATE <b>CA</b>	ZIP CODE <b>91024</b>	AREA CODE/PHONE <b>626/3559733</b>
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY <b>Lynne Collmann</b>			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>whheelock.sherry@gmail.com</b>				STREET ADDRESS (NO. PO. BOX) <b>200 W. Carter Ave</b>			
COUNTY OF DOMICILE <b>Los Angeles</b>				JURISDICTION WHERE COMMITTEE IS ACTIVE <b>City of Sierra Madre</b>			
NAME OF PRINCIPAL OFFICERS <b>Alexander Arrieta</b>				STREET ADDRESS (NO. PO. BOX) <b>645 Edgview Dr</b>			
CITY <b>Sierra Madre</b>				STATE <b>CA</b>			
ZIP CODE <b>91024</b>				AREA CODE/PHONE <b>424/3808074</b>			

**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 5/30/23 by Sherry Wheelock SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 5/26/23 by Alexander Arrieta SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ by \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent  
 Executed on \_\_\_\_\_ by \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

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ID NUMBER  
1446705

COMMITTEE NAME  
Protect Sierra Madre - Stop the Housing Project NO on M

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

NAME OF FINANCIAL INSTITUTION California Bank & Trust	ABA CODE/RFCHE 2132281700	BANK ACCOUNT NUMBER 5801313544
ADDRESS 580 South Hope St, Set 100	CITY Los Angeles	STATE CA
	ZIP CODE 90071	

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

**Controlled Committee**

- List the name of each controlling officeholder, 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 officeholder 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		(list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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 1461 passed by the Sierra Madre City Council	City of Sierra Madre	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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COMMITTEE NAME

Protect Sierra Madre - Stop the Housing Project NO on M

**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**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Data omitted

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, 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.