

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/23
through 3/25/23

Date of election if applicable:
(Month, Day, Year)
5/9/23

Date Stamp
RECEIVED
APR 04 2023
CITY OF SIERRA MADRE
CITY CLERK'S OFFICE

CALIFORNIA FORM 460
Page 1 of 7
For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

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

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Yes on M Sierra Madre

I.D. NUMBER

Treasurer(s)

NAME OF TREASURER
Sue Spears
MAILING ADDRESS
80 W. Grandview Ave.
CITY
Sierra Madre
STATE
CA
ZIP CODE
91024
AREA CODE/PHONE
626-355-0948

STREET ADDRESS (NO P.O. BOX)
741 E. Grandview Ave.
CITY
Sierra Madre
STATE
CA
ZIP CODE
91024
AREA CODE/PHONE
626-355-4793
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
80 W. Sierra Madre Blvd. Unit 438
CITY
Sierra Madre
STATE
CA
ZIP CODE
91024
AREA CODE/PHONE
626-355-4793

OPTIONAL: FAX/E-MAIL ADDRESS
suespears@earthlink.net

OPTIONAL: FAX/E-MAIL ADDRESS
lacabriole@aol.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 3/30/23 Date
By Sue Spears Signature of Treasurer or Assistant Treasurer
Executed on 3/30/2023 Date
By Roberto Osuna Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officer, Candidate, State Measure Proponent
Executed on _____ Date
By _____ Signature of Controlling Officer, Candidate, State Measure Proponent

**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 Measure M _____

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 | SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/> |
|-----------------------------------|-----------------------|--|
| 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 1/1/23 through 3/25/23 | CALIFORNIA FORM 460 |
| Page 3 of 7 | I.D. NUMBER Pending |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Yes on M Sierra Madre

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--|--|
| 1. Monetary Contributions..... | Schedule A, Line 3 \$ 2,399.00 | \$ 2,399.00 |
| 2. Loans Received..... | Schedule B, Line 3 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 \$ 2,399.00 | \$ 2,399.00 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 318.86 | 318.86 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 \$ 2,717.86 | \$ 2,717.86 |

Expenditures Made

| | | |
|---|-------------------------------------|-------------|
| 6. Payments Made..... | Schedule E, Line 4 \$ 2,015.68 | \$ 2,015.68 |
| 7. Loans Made..... | Schedule H, Line 3 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 \$ 2,015.68 | \$ 2,015.68 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 0 | 0 |
| 10. Nonmonetary Adjustment..... | Schedule G, Line 3 0 | 0 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 \$ 2,015.68 | \$ 2,015.68 |

Current Cash Statement

| | | |
|--|--|---|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 \$ 0 | 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). |
| 13. Cash Receipts..... | Column A, Line 3 above 2,399.00 | |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 2,015.68 | |
| 15. Cash Payments..... | Column A, Line 8 above 383.32 | |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 383.32 | |

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

| | |
|----------------------------|---|
| 18. Cash Equivalents..... | See instructions on reverse \$ 0 |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above \$ 0 |

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 | \$ _____ | \$ _____ |

Expenditure Limit Summary for State Candidates

| | | |
|--|--------------------------------|---------------|
| 22. Cumulative Expenditures Made* (if subject to Voluntary Expenditure Limit) | Date of Election (mm/dd/yy) | Total to Date |
| _____ | ____/____/____ | \$ _____ |
| _____ | ____/____/____ | \$ _____ |

*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 1/1/23
through 3/25/23

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NAME OF FILER
Yes on M Sierra Madre

I.D. NUMBER
Pending

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE * | 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> |
|--------------------------|--|---|--|-----------------------------|--|--|
| 3/17/23 | Edward Garcia [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Forensic Economist Sierra Economic Consulting LLC | 200 | 200 | 200 |
| 3/17/23 | Robert Parkhurst [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President - Sierra View Solutions | 200 | 200 | 200 |
| 3/17/23 | John Capoccia [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 200 | 200 | 200 |
| 3/20/23 | Dan Bell [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Communications & Community Relations Dir. City of Ontario | 500 | 500 | 500 |
| 3/20/23 | James Kelly [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 200 | 200 | 200 |
| SUBTOTAL \$ 1,300 | | | | | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,250

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 149

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2,399**

*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
to whole dollars.

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NAME OF FILER
Yes on M Sierra Madre

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR * CODE | 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> |
|------------------------|--|---|--|-----------------------------|--|---|
| 3/23/23 | Rachelle Arizmerdi [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Govt. Industry Advisor Avenu Insights & Analytics | 200 | 200 | 200 |
| 3/25/23 | Robert Parkhurst [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President - Sierra View Solutions | 200 | 400 | 400 |
| 3/25/23 | Janice Nelson [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Pathologist Ellaine Stevely Hoffman Medical Research Center | 250 | 250 | 250 |
| 3/25/23 | Kathleen Makarewicz [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Science Librarian Occidental College | 100 | 100 | 100 |
| 3/25/23 | Pat Simcock [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Engineer Starr Companies | 200 | 200 | 200 |
| SUBTOTAL \$ 950 | | | | | | |

*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 C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/23
through 3/25/23

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Yes on M Sierra Madre

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|----------------------------------|--------------------------|---|------------------------------------|
| 3/18/23 | Jim Walsworth [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Doorhangers | 318.86 | 318.86 | 318.86 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| SUBTOTAL \$ | | | | | 318.86 | | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 318.86
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 318.86

***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 E Payments Made

Amounts may be rounded
to whole dollars.

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/23</u> through <u>3/25/23</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Yes on M Sierra Madre

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 | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|--|-------------|
| CA Secretary of State 1500 11th St. - Room 495 Sacramento, CA 95814 | FIL | Required filing fee | 50.00 |
| Bob Spears [REDACTED] | CMP | Reimbursement for payment of the yard signs by Mitchell Publishing & Mailers - 127 S. Anderson, LA 90033 | 1,921.73 |
| Go Fund Me POBox 1329 Redwood City, CA 94063 | WEB | Processing fee | 43.85 |
| SUBTOTAL \$ 2,015.58 | | | |

* 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.) \$ 2,015.58
- Unitemized payments made this period of under \$100 \$ 0
- 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 \$ 2,015.68**