

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Sherry Whgelock		Date of This Filing 04/20/23	Date Stamp <b>RECEIVED</b> FOR OFFICIAL USE ONLY APR 20 2023 CITY OF SIERRA MADRE
AREA CODE/PHONE NUMBER 626/3559733	I.D. NUMBER (if applicable) 1448704	Report No. N-14	
STREET ADDRESS 436 GROVE ST Sierra Madre		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 (if committee, also enter ID number)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (if self-employed, enter name of business)	AMOUNT RECEIVED
04/20/23	Denise Petrusson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	President Dynamflex Products	2000 <input type="checkbox"/> Check if Loan Provide interest rate: _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		<input type="checkbox"/> Check if Loan Provide interest rate: _____%

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SOC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SOC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

\_\_\_\_\_  
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