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Recipient Committee
Campaign Statement
Cover Page

Date Stamp
APR 24 2023
CALIFORNIA FORM 460

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OFFICE OF SIERRA MADRE CITY CLERKS OFFICE

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from March 28, 2023
through April 22, 2023

Date of election (If applicable)
(Month, Day, Year)
May 8, 2023

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 5)
- General Purpose Committee
- Sponsored Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled Sponsored
- Sponsored
- (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

2. Type of Statement:

- Pre-election 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)
Protect Sierra Madre - Stop the Housing Project

I.D. NUMBER
1446705

Treasurer(s)

NAME OF TREASURER
Sherry Wheacock

CITY
Sierra Madre

STATE
CA

ZIP CODE
91024

AREA CODE/PHONE
626/859733

STREET ADDRESS (NO P.O. BOX)
436 Grove St

CITY
Sierra Madre

STATE
CA

ZIP CODE
91024

AREA CODE/PHONE
626/859733

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Lynne Collman

CITY
200 W. Carter Ave

STATE
CA

ZIP CODE
91024

AREA CODE/PHONE
213/4934728

OPTIONAL: FAX/E-MAIL ADDRESS

whaeacock.sherry@gmail.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 4/22/23 Date

Executed on 4/22/23 Date

Executed on _____ Date

Executed on _____ Date

By Sherry Wheacock Signature of Treasurer of Recipient Committee

By Lynne Collman Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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**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	ID NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		
CITY	STATE ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	ID NUMBER	
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		
CITY	STATE ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE _____
For a Referendum against Ordinance No. 1461 passed by the Sierra Madre City Council

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	<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
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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Sherry Wheelock

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Statement covers period
from March 28, 2023
through April 22, 2023

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I.D. NUMBER
1446705

SUMMARY PAGE
CALIFORNIA
FORM
460

Contributions Received

1. Monetary Contributions	Schedule A, Line 3	\$ 5299	\$ 32637.89
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 5299	\$ 32637.89
4. Nonmonetary Contributions	Schedule C, Line 3	422	422
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 5721	\$ 33259.89

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 8/30	7/1 to Date
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 16506.75	\$ 25091.63
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 16506.75	\$ 25091.63
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule G, Line 3	422	422
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 16928.75	\$ 25513.63

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Days of Election (mm/dd/yy)	Total to Date
/ /	/ /	\$ _____
/ /	/ /	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 27538.68
13. Cash Receipts	Column A, Line 3 above	5299
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	16506.75
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	\$ 16931.13

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule E, Part 2	\$ _____
18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 8 in Column B above	\$ _____

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).

*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 March 26, 2023
through April 22, 2023

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Sherry Wheelock

I.D. NUMBER
1446706

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/11/23	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	2400	
4/19/23	Wendy Thomas	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staff Writer LA Times	100	100	
4/18/23	Kan Huynh	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed REMAX	500	500	
4/20/23	Danisa Pearson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Dynaflux Products	2000	2000	
SUBTOTAL \$ 2900						

Schedule A Summary

- Amount received this period - itemized monetary contributions. (include all Schedule A subtotals.) \$ 4870.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 429.00
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 5299.00**

*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.

Statement covers period
from March 26, 2023
through April 22, 2023

SCHEDULE A (CONT)
CALIFORNIA
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NAME OF FILER
Sherry Wheelock

I.D. NUMBER
1446705

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/23	Marta Karafis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor CalState University	350	350	
3/29/23	BethAnn Attwood	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed TV comedy writer	100	100	
3/27/23	Mary Steinberg	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100	100	
3/28/23	Darlene Beyer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	150	150	
3/29/23	Raja Anand	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100	100	
SUBTOTAL \$ 800						

Contributor Codes
IND - Individual
COM - Resipient 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.

Statement covers period
from March 26, 2023
through April 22, 2023

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NAME OF FILER
Sherry Wheelock

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I.D. NUMBER
1446705

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/29/23	Mary Hopkins [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	120	220	
04/06/23	Lou L. Gosnell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300	1400	
04/05/23	Nancy Beckham [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
04/06/23	Clyde Staff [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Industrial Real Estate Colliere International	350	350	
04/11/23	Matthew Bryant [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed realtor Bryant Companies	300	2800	
SUBTOTAL \$ 1170						

***Contributor Codes**
 IND - Individual
 COM - Receipt Committee
 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 March 28, 23
through April 22, 23

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SCHEDULE C

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Sherry Wheelock

I.D. NUMBER
1446705

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE / YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/28/23	Bryant Companies	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Employee time for mailings	300	300	
03/28/23	Bryant Companies	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Paper and Toner	100	100	
				SUBTOTAL	\$ 400		

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals) \$ 400
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 22
- 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 \$ 422

*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

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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Sherry Wheelock

Statement covers period from March 26, 2023 through April 22, 2023	SCHEDULE E CALIFORNIA FORM 460
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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	RFN	returned contributions
CTB	contribution (except in nonmonetary)*	OCF	office expenses	SAL	campaign workers' salaries
CVC	charitable contributions	PET	petition circulating	TEL	tv, or cable airtime and production costs
FLC	candidate flight/airfare fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POS	polling and survey research	TRS	staff/pouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	PRO	posting, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRT	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PNT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SUBTOTAL \$			

* 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.) \$ 16388.31
- Unitemized payments made this period of under \$100 \$ 138.44
- 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 \$ 16506.75**

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

STATEMENT COVERS PERIOD
from March 28, 2023
through April 22, 2023

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SEE INSTRUCTIONS ON REVERSE
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign newsletters
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey/research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFID returned contributions
- SAL campaign workers salaries
- TEL tv, or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/pouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670	CNS			2000
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670	LIT			1125
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670		PDI Software Fee		250
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670		META Ads		100
Bryant Communities [REDACTED]	POS			1136.40

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4611.40

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**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from March 28, 2023
through April 22, 2023

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Sherry Wheelock

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/merch.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- File candidate filing/balot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MIR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv or radio airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSP transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670			P2P texting	219.12
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670			MailChimp software	140
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670			P2P texting	250
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670	PHO		Paid Callers	1000
Grace Lorraine Publications Mountain View News	PRT		Full Page Ad	1000

SUBTOTAL \$ 2609.12

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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**Schedule E
(Continuation Sheet)
Payments Made**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Sherry Wheelock

Statement covers period
from March 26, 2023
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SCHEDULE E (CONT.)
CALIFORNIA
FORM **460**
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I.D. NUMBER
1446705

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CYC civic donations
- FIL candidate filing/balix fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PEI petition circulating
- PHO phone banks
- POL polling and survey/research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio a/irtime and production costs
- RFD returned contributions
- SAL campaign workers salaries
- TEL tv, or cable a/irtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/expense travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670	LIT		Mail Services	541.92
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670	POS			1263.32
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs CA 90670		T-Mobile phones		117
Deb Sheridan [REDACTED]		Paid person distribute door hangers		105

* Payments that are contributions or independent expenditures must also be summarized on Schedule D

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Sherry Wheelock

Statement covers period
from March 29, 2023
through April 22, 2023

CALIFORNIA
FORM
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I.D. NUMBER
1446705

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTR contribution (explain in nonmonetary)*
- CYC civic donations
- FIL candidate filing/holder fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS package, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSP transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670	PHO			1000
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs, CA 90670				1125
Blue Icon Communications 12110 Slauson Ave, Suite 11 Santa Fe Springs CA 90670			Campaign supplies Staples	70.55
SturmWassner&Wooder LLP 1250 6th St., Suite 205 Santa Monica, CA 90401	PRO			4805
Matt Bryant [REDACTED]			Payback cost of campaign workers	120

SUBTOTAL \$ 7120.55

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