

# Statement of Organization Recipient Committee

## Statement Type

Initial  
 Not yet qualified  
 Date qualification threshold met  
 or  
 Date qualification threshold met

Amendment  
 Termination -- See Part 5  
 Date of termination: 05 / 26 / 2023

1. Committee Information I.D. Number 1459656

NAME OF COMMITTEE  
Yes on M Sierra Madre

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
Sue Spears



For Official Use Only CALIFORNIA FORM 410

STREET ADDRESS (NO P.O. BOX)  
741 E. Grandview Ave

STREET ADDRESS (NO P.O. BOX)  
80 W. Grandview Ave.

CITY STATE ZIP CODE AREA CODE/PHONE  
Sierra Madre CA 91024 626-355-4793

CITY STATE ZIP CODE AREA CODE/PHONE  
Sierra Madre CA 91024 626-355-0948

FULL MAILING ADDRESS (IF DIFFERENT)  
80 W, Sierra Madre Blvd. Unit 438 Sierra Madre, CA 91024

STREET ADDRESS (NO P.O. BOX)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
lacabriole@aol.com

CITY STATE ZIP CODE AREA CODE/PHONE

COUNTRY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Los Angeles Sierra Madre, CA 91024

NAME OF PRINCIPAL OFFICER(S)  
Patricia Alcorn

STREET ADDRESS (NO P.O. BOX)  
741 E. Grandview Ave.

CITY STATE ZIP CODE AREA CODE/PHONE  
Sierra Madre CA 91024 626-355-4793

Attach additional information on appropriately labeled continuation sheets.

### 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 05/26/2023 By Sue Spears SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 05/26/2023 By Patricia Alcorn SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT