

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Protect Sierra Madre Stop The Housing Project		Date Stamp RECEIVED MAR 06 2023 CITY OF SIERRA MADRE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 6263559733	I.D. NUMBER (if applicable) 1446705	Date of This Filing 3/6/23	
STREET ADDRESS 436 Grove Street		Report No. N-8	
CITY Sierra Madre	STATE CA	<input type="checkbox"/> Amendment to Report No. (explain below)	
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 I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
3/4/2023	Deborah Sheridan [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	4,000 <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"/> SCC		<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"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____

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