

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Protect Sierra Madre - Stop the Housing Project AREA CODE/PHONE NUMBER 626/3559733 STREET ADDRESS 436 Grove St Sierra Madre	I.D. NUMBER (if applicable) 1446705 STATE CA ZIP CODE 91024	Date of This Filing 02/23/2023 Report No. N-4 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp RECEIVED FEB 23 2023 CITY OF SIERRA MADRE
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CALIFORNIA FORM 497
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1. Contribution(s) Received

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
02/22/2023	Luigi Losorelli [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1100.00 <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: _____