


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Protect Sierra Madre Stop The Housing Project		DATE OF FILING 3/27/23
AREA CODE/PHONE NUMBER 626 3559733	I.D. NUMBER (if applicable) 1446705	DATE OF THIS FILING 3/27/23
STREET ADDRESS 436 Grove Street		REPORT NO. N-9
CITY Sierra Madre	STATE CA	AMENDMENT TO REPORT NO. (explain below)
	ZIP CODE 91024	NO. OF PAGES 1
1. Contribution(s) Received		DATE STAMP 

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
3/24/23	Jean Bardenheier [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician - Self Employed	1,000 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/27/23	Howard Hays [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	2,100 <input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment: _____

* 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