

# 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

I.D. NUMBER (if applicable)  
1446705

STREET ADDRESS  
436 Grove Street

CITY  
Sierra Madre

STATE  
CA

ZIP CODE  
91024

Date of This Filing  
3/28/23

Report No.  
N-10

Amendment to Report No.  
(explain below)

No. of Pages  
1

Date Stamp  
*[Signature]*  
MAR 28 2023

**RECEIVED**

CITY OF SIERRA MADRE  
CITY CLERKS OFFICE

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
3/27/23	Gay and Charles Osborn [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	2,000 <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 _____%

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