

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER NEW URBAN WEST, INC. AREA CODE/PHONE NUMBER (415) 389-6800	Date of This Filing <u>04/05/2023</u> Report No. <u>25</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u>	Date Stamp RECEIVED APR 06 2023 CITY OF SIERRA MADRE
I.D. NUMBER (if applicable) 481185		
STREET ADDRESS C/O 2350 KERNER BLVD., SUITE 250		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
04/06/2023	YES ON MEASURE M, SIERRA MADRE NEIGHBORS FOR FAIRNESS, A COALITION OF LOCAL RESIDENTS, TAXPAYERS, AND MATER DOLOROSA PASSIONI (ID# 1448017) 2350 KERNER BLVD., SUITE 250 San Rafael, CA 94901	MEASURE M CITY OF SIERRA MADRE	50,000.00	

Reason for Amendment: _____