

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<p>NAME OF FILER YES ON MEASURE M, SIERRA MADRE NEIGHBORS FOR FAIRNESS, A COALITION OF LOCAL RESIDENTS, TAXPAYERS, AND WATER DOLOROSA PASSIONIST RETREAT</p> <p>CITY AND COUNTY SAN RAFAEL, CA</p> <p>AREA CODE/PHONE NUMBER (415) 389-6800</p> <p>STREET ADDRESS 2350 KERNER BLVD., STE 250</p> <p>CITY SAN RAFAEL</p> <p>STATE CA</p> <p>ZIP CODE 94901</p>	<p>Date Stamp RECEIVED APR 06 2023 CITY OF SIERRA MADRE</p>	<p>DATE OF THIS FILING 04/06/2023</p> <p>REPORT NO. 25</p> <p><input type="checkbox"/> AMENDMENT TO REPORT NO. (explain below)</p> <p>NO. OF PAGES 1</p>
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CALIFORNIA **497**
FORM
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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
04/06/2023	NEW URBAN WEST, INC 2001 WILSHIRE BLVD, SUITE 401 Santa Monica, CA 90403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50,000.00
		<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: _____