


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Yes on M Sierra Madre		Date of This Filing 4-10-2023	
AREA CODE/PHONE NUMBER 626-355-0948		I.D. NUMBER (if applicable) pending	
STREET ADDRESS 80 W. Sierra Madre Blvd. Unit 438		Report No. 1 <input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Sierra Madre, CA	STATE CA	ZIP CODE 91024	No. of Pages 1
1. Contribution(s) Received		Date Stamp 	

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
4-10-23	Congregation of the Passion - Provincial Office 660 Busse Highway Park Ridge, Illinois 600687	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00 <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 _____%

Reason for Amendment: Single donation totalling \$2,500

* 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