497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

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NAME OF FILER Enmeier for City Council 2022			Date of This Filing	09/09/2022	Date Stamp	CALIFO	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) Pending		Report No.	ENMEIER-02			Official Use Only	
STREET ADDRESS			☐ Amendmer to Report No.				
CITY STATE ZIP CODE			(explain below) No. of Pages	4	1 of 1		
1. Contributio	n(s) Received						
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
09/09/2022	Ann Worthington			X IND COM OTH PTY SCC	Manager ViviMax LLC		1000.00 ☐ Check if Loan
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan ———————————————————————————————————
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan ———————————————————————————————————
Reason for Amend	ment:				*Contributor Codes IND Individual COM Recipient C OTH Other (e.g., PTY Political Part SCC Small Contril	ommittee (oth business ent	

