

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 03/28/2024 08:01 PM  
SAN: 111400076-STH-0076

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Enmeier Mark

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of San Clemente  
Division, Board, Department, District, if applicable Your Position  
Councilmember  
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
Multi-County County of  
City of San Clemente Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2023, through December 31, 2023.  
-or- The period covered is 12 / 07 / 2022, through December 31, 2023.  
Assuming Office: Date assumed  
Candidate: Date of Election and office sought, if different than Part 1:  
Leaving Office: Date Left (Check one circle.)  
The period covered is January 1, 2023, through the date of leaving office.  
-or- The period covered is through the date of leaving office.

4. Schedule Summary (required)

Total number of pages including this cover page: 3

Schedules attached

Schedule A-1 - Investments - schedule attached  
Schedule A-2 - Investments - schedule attached  
Schedule B - Real Property - schedule attached  
Schedule C - Income, Loans, & Business Positions - schedule attached  
Schedule D - Income - Gifts - schedule attached  
Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
910 Calle Negocio San Clemente CA 92673  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 949 ) 361-8200

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/28/2024 08:01 PM Signature Mark Enmeier  
(month, day, year) (File the originally signed paper statement with your filing official.)



## SCHEDULE D Income – Gifts

Name  
Mark Enmeier

▶ NAME OF SOURCE *(Not an Acronym)*  
Chamber of Commerce  
 ADDRESS *(Business Address Acceptable)*  
1231 Puerta Del Sol #200, San Clemente, CA 92673  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 03 / 23</u>	<u>\$ 165</u>	<u>Taste of San Clemente</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Pier Pride  
 ADDRESS *(Business Address Acceptable)*  
900 Calle Negocio  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 04 / 23</u>	<u>\$ 195</u>	<u>Ticket to Fundraiser</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
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 ADDRESS *(Business Address Acceptable)*  
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 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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Comments: \_\_\_\_\_