Candidate Intention Statement	CITY CLERK'S OFFICE
Check One: Amendment (Explain)	AUG 0 8 2022 CALIFORNIA FORM FORM FOR Only
	CITY OF LOS ALTOS
1. Candidate Information:	
NAME OF CANDIDATE (Last, First Middle Initial)  Anita Evander	FAX NUMBER (optional) EMAIL (optional)
517 Panchita Way OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME	STATE ZIP CODE Los Altos (A 94022
Council Member City of Los Altos	DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE  PARTY PREFERENCE:
OFFICE JURISDICTION  State (Complete Part 2.)	(Check one box, if applicable.)
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
2. State Candidate Expenditure Limit Statement:  (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.,  (Check one box)  I accept the voluntary expenditure ceiling for the election stated above.	
do not accept the voluntary expenditure ceiling for the election stated above.  Amendment:	
O I did not exceed the expenditure ceiling in the primary or special election ceiling for the general or special run-off election.	held on/ and I accept the voluntary expenditure
(Mark if applicable)	
On,I contributed personal funds in excess of the expenditure	e ceiling for the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of California that the fine secuted on 8/8/22 Signature (Candidate (C	
Candidate	FDDC F FOA 1A101

Statement of C		1				CITY CLE	RK'S	DESCRIPTION OF THE RESERVE	FORNIA 410
	☐ Initial  ○ Not yet qualif		Amendment  Date qualification threshold		Termination – See Part 5  Date of termination		2 9 20		
	,	1	08 / 19 / 20	22		CITY OF	LU5	ALIU	5
1 Committe	e Information	I.D. Numb			2. Treasurer and	Other Principal	Officers		
	e imormation	(if applicable)	1430545		NAME OF TREASURER				
NAME OF COMMITTEE	C. I. I Alte	City Council ?	022		Anita Enander				
Re-elect Anita I	Enander Los Alto	is City Council 2	N Santa						
					STREET ADDRESS (NO P.O. BOX)				
					517 Panchita Way		STATE	ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.	O. BOX)				Los Altos		CA	94022	
517 Panchita W		2000	CODE AREA CODE	/PHONE	NAME OF ASSISTANT TREASURE STREET ADDRESS (NO P.O. BOX)				
POLE MAILING ADDITION					CITY		STATE	ZIP CODE	AREA CODE/PHONE
e-mail address (requanita@anita@lo	UIRED) / FAX (OPTIONAL)				CITY				
COUNTY OF DOMICILE		JURISDICTION WHERE C	OMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S	5)			
Santa Clara		City of Los Alto	OS		Anita Enander				
Sairta Citata					STREET ADDRESS (NO P.O. BOX) 517 Panchita Way	)			
					CITY		STATE	ZIP CODE	AREA CODE/PHONE
Attach addition	nal information	on appropriately	labeled continuation si	neets.	Los Altos		CA	94022	
3. Verification I have used all penalty of per	111 1111	ence in preparir	ng this statement and to	the best	of my knowledge the inform true and correct.	nation contained he	rein is tru	e and com	plete. I certify under
0	08/26/22	By				CHRER			
Executed on	DATE			6161	IATURE OF TREASURER OR ASSISTANT TREA	Sonen			
Executed on	08/26/22 DATE	Ву	SIGNAT	URE OF CONTRO	OLLING OFFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROPONENT			
Executed on	DATE	Ву	SIGNAT	URE OF CONTRO	DLLING OFFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROPONENT			
Executed on	DATE	Ву	SIGNAT	TURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPONENT			FPPC Form 410 (August/2018

# Statement of Organization Recipient Committee

NSTRUCTIONS ON REVERSE

Page 2
I.D. NUMBER

CALIFORNIA

**FORM** 

COMMITTEE NAME

Re-elect Anita Enander Los Altos City Council 2022

1450345

· All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Well Fargo	area code/phone 650.947.1640	BANK ACCOUNT NUMBER	3
ADDRESS	CITY	STATE	ZIP CODE
100 Main Street	Los Altos	CA	94022

### 4. Type of Committee Complete the applicable sections.

#### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PART CHECK			
NAME OF CAROLOGICAL CONTROL OF CAROLOGICAL CONTROL CON			Nonpartisan	Partisan	(list political part	y below)
			Nonpartisan	Partisan	(list political part	ty below)
Primarily Formed Committee Primarily formed to support or oppositions of the committee and the committ	pose specific candidates or measures in a single					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTE	CANDIDATE(S) OFFICE SOUGHT ( (INCLUDE DISTRICT NO., C	OR HELD OR MEASU	JRE(S) JURISDICTI S APPLICABLE)	ON	CHECK	ONE
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.					SUPPORT	OPPOSE
					SUPPORT	OPPOSE

tatement of Clecipient Com			ii.	Date Stamp  The office of the Secretary of State of California	CALIFO FOR	M 410
tatement Type	☐ Initial	✓ Amendment	☐ Termination - See Part 5	of the State of California	Fo	or Official Use Only
	O Not yet qualified			AUG 31 2022		
	O Date qualification threshold	met Date qualification threshold met	Date of termination	H00 01		
		08 / 19 / 2022		-		
1. Committe	e Information I.D. Nu	mber 1450345	2. Treasurer and	Other Principal Officers		
NAME OF COMMITTEE	(if applicable	e)	NAME OF THEASURER		The second secon	
Re-elect Anita E	Enander Los Altos City Coun	cil 2022	Anita Enander			
			STREET ADDRESS (NO P.O. BOX)			
			517 Panchita Way	-		
STREET ADDRESS (NO P.O.	D. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
517 Panchita W	/ay		Los Altos	CA	94022	
Los Altos	STATE CA	ZIP CODE AREA CODE/PHONE 94022	NAME OF ASSISTANT TREASURI	ER, IF ANY		
FULL MAILING ADDRESS			STREET ADDRESS (NO P.O. BOX)			
					210 2005	AREA CODE/PHONE
	IRED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
anita@anita4los				-1		
COUNTY OF DOMICILE		ERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(	5)		
Santa Clara	City of Los	Altos	Anita Enander	1		
			517 Panchita Way			
			CHY	STATE	ZIP CODE	AREA CODE/PHONE
Attach addition	nal information on approprio	tely labeled continuation sheets.	Los Altos	CA	94022	
3. Verificati	on	MEN WEST STATE				
J. Verificati		paring this statement and to the b	est of my knowledge the inform	nation contained herein is tru	e and comple	te. I certify under
I have used all	reasonable diligence in prep jury under the laws of the St	paring this statement and to the bi	a ic true and correct.	intion contained the same	1	1 6 6
	Displaying and the second of t					
Executed on	B/26/22 By _	2 2	SIGNATURE OF TREASURER OR ASSISTANT TREA	SURER		
Survey day of	18/24/22					
Executed on	DATE	SIGNATURE OF CO	INTROLLING OFFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROPONENT		
Executed on	DATE By	SIGNATURE OF CO	ONTROLLING OFFICEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPONENT		
Executed on	By					
LACCULEG OII	DATE	SIGNATURE OF CO	ONTROLLING OFFICEHOLDER, CANDIDATE, OR ST	ATE MEASURE PROPONENT		

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee NSTRUCTIONS ON REVERSE				F	CALIFO FOR	GENERAL SERVICE A PER	0
COMMITTEE NAME  Re-elect Anita Enander Los Altos City Council 2022				1	.D. NUMBER 1450345		
All committees must list the financial institution where the car	mpaign bank						
	AREA CODE	/PHONE BANK AG	COUNT NUMBER				
NAME OF FINANCIAL INSTITUTION	650.94	7.1640					
Well Fargo	CITY	STATE	ZII	PCODE			
ADDRESS		os CA		)4022			
100 Main Street	Los Alt	os CA					
List the name of each controlling officeholder, candidate, or stall also list the elective office sought or held, and district number,     List the political party with which each officeholder or candidate.      If this committee acts jointly with another controlled committee.	te is affiliated	or check "nonpartisan." Stating "N	o party prefer	ence" is accep lled committe	e. ry		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	1	ACTORE DISTRICT NOMBER II ATTENDATE		Nonpartisan	Partisan	(list political par	ty below)
				Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee  Primarily formed to support or  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR I  IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	LETTER)	ific candidates or measures in a sing CANDIDATE(S) OFFICE SOUGH (INCLUDE DISTRICT NO.	OR HELD OR MEA	SURE(S) JURISDICT	TION	CHECI SUPPORT SUPPORT	OPPOSE
			CG.				

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

AUG 1 2 7022

A PUBLIC DOCUMENT

	AUG 1	2 202	P	SUL	PP
CITY	OF I	ns A	NT I	S	9

	CITY OF LOS ALIUS
Please type or print in ink. (FIRST)	(MIDDLE)
NAME OF FILER (LAST)	
Enander Hnita	
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	Councilmember
City of Los Altos	
Division, Board, Department, District, if applicable	Your Position CERTIFIED AS A TRUE COPY
Division, Source	Mal Dillon
▶ If filing for multiple positions, list below or on an attachment. (Do not use	acronyms) City Clerk, City of Los Altos, CA
Agency:	Position:
Agency.	
2. Jurisdiction of Office (Check at least one box)	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
State	(Statewide Jurisdiction)
State	*
Multi-County	County of
Scity of Los Altos	Other
	The state of the s
3. Type of Statement (Check at least one box)	Leaving Office: Date Left
Annual: The period covered is January 1, 2019, through	(Check one circle.)
December 31, 2019.	<ul> <li>The period covered is January 1, 2019, through the date of</li> </ul>
The period covered is, though	leaving office.
December 31, 2019.	The period covered is, through
Assuming Office: Date assumed/	the date of leaving office.
	t, if different than Part 1:
Candidate: Date of Election	
4. Schedule Summary (must complete) ► Total number	r of pages including this cover page: 2
4. Odilodalo odilina	
Schedules attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-1 - Investments - schedule attached	Schodule D . Income - Gifts - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
Schedule B - Real Property - schedule attached	
and the state on any schedule	
-or- None - No reportable interests on any schedule	
5. Verification	STATE ZIP CODE
MAILING ADDRESS STREET CITY  (Business or Agency Address Recommended - Public Document)	146 (1 94022
ORK N. San Antonio Pd.	DC ALITO?
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS arodriquez @ losaltos ca. gov.
	this statement and to the best of my knowledge the information contained
I have used all reasonable diligence in preparing this statement. I have re-	viewed this statement and to the best of my knowledge the information contained ge this is a public document.
I certify under penalty of perjury under the laws of the State of Calif	ornia that the foregoing is true and correct.
Date Signed 8/12/22	(File the originally signed paper statement with your filing official.)
/ (month, day, year)	2019/2019

## SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Anita Enander

(Ownership Interest is 10	/0 of croater)
A STATE OF THE STA	▶ 1. BUSINESS ENTITY OR TRUST
1. BUSINESS ENTITY OR TRUST	Tucker/Enander Living Trust
The Anite Trust	Name 517 Panchita Way Los Altos CA 94022
517 Panchita Way Los Altos CA 2902	Address (Business Address Acceptable)
Address (Business Address Acceptable)	Check one  Check one  Business Entity, complete the box, then go to 2
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	TAIR MARKET VALUE IF APPLICABLE, LIST DATE:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	So - \$1,999 , 119 / 119
\$0 - \$1,999	\$2,000 - \$10,000 ACQUIRED DISPOSED
\$10,001 - \$100,000	\$100,001 - \$1,000,000
\$100,001 - \$1,000,000 Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
Partnership Sole Proprietorship Other	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
COORS INCOME RECEIVED (INCLUDE YOUR PRO RATA	≥ 2. IDENTIFY THE GROSSINGOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
SHARE OF THE GROSS INCOME TO THE ENTER	SHARE OF THE GROCE \$100,000
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
∑'\$1.001 - \$10,000	\$1,001 - \$10,000  > 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR WORE (Attach a separate size)
None or Names listed below	None or Names listed below
	11
	200
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
LEASED BY THE BUSINESS ENTITY OF TROOP	Check one box:
Check one box:  REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
	Name of Business Entity, if Investment, or
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, it investment of Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property
	Description of Business Activity of
Description of Business Activity or City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE  \$2,000 - \$10,000    19   19
\$2,000 - \$10,000 \$100,000 \$100,000	\$10,001 - \$100,000 DISPOSED
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
Over \$1,000,000	NATURE OF INTEREST  NATURE OF INTEREST  Stock  Partnership
NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership	Property Ownership/Deed of Fide.
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are atteched
	¥2

Comments: -

CITY CLERK SALIFORNIA 460

# Recipient Committee Campaign Statement Cover Page

Jover Page		Page 1	of
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 7/1/22 through 9/24/22	Date of election if applicable: (Month, Day, Year)  11/08/22  SEP 2 9 2022 For (CITY OF LOS ALT)	Official Use Only
***	David Paris 4 2 2 and 4	2. Type of Statement:	
State Candidate Election Committee  Recall  Also Complete Part 5)  General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Camplete Part 6) Primarily Formed Candidate/ Officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	
Small Contributor Committee Political Party/Central Committee	(Also Complete Part 7)		
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE  Re-elect Anita Enander Los Altos City Council 20		Treasurer(s)  NAME OF TREASURER  Anita Enander	
Re-elect Anita Enander Los Aitos City Countri 20		MAILING ADDRESS	
		517 Panchita Way STATE ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		Los Altos CA 94022	
CITY	4022 BOX	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	
	P CODE AREA CODE/PHONE	CITY STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification I have used all reasonable diligence in preparing and recertify under penalty of perjury under the laws of the State    Executed on    Place    Executed on    Date    Executed on    Date	te of California that the foregoing is the	Signature of Treasurer or Assistant Treasurer ontrolling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent	PC Form 460 (Jan/2016)
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent  FPP  FPPC Advice: advice@fppc	

### Recipient Committee Campaign Statement Cover Page — Part 2

(	COVER PA	GE - PART 2
CALI	FORNIA DRM	460
	2	9
Page_	0	f

NAME OF OFFICEHOLDER OR CANDIDATE				NAME	OF BALLOT MEASURE				
Anita Enander									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER I	IF APPLICA	BLE)	BALLO	OT NO. OR LETTER	JURISDICTIO	NC		SUPPORT
Los Altos City Council									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	STREET) CITY	STATE	ZIP						
517 Panchita Way	Los Altos	CA	94022	Identi	ify the controlling offic	eholder, candi	date, or state	measure propo	nent, if any.
51/ Pancinta way	Los ritos			NAME	OF OFFICEHOLDER, CA	ANDIDATE, OR F	PROPONENT		
Related Committees Not Included in not included in this statement that are controlled	n this Statement: List	st any com formed to r	mittees receive	OFFIC	CE SOUGHT OR HELD			DISTRICT NO. I	FANY
	so by you or are primarily.								
contributions or make expenditures on behalf of	or your candidacy.								
contributions or make expenditures on behalf o		2		-				1	
contributions or make expenditures on behalf of	I.D. NUMBER	?	secunicalnical discountries and the secunical discountries are in the secunical discountries and the secunical discountries are in the secunic	plants a constitution of				1	Carried Control of Control
contributions or make expenditures on behalf o		₹				didata/Offic	ahaldar Co	ammittae Lie	4 names of
contributions or make expenditures on behalf o			TTEE?	7. Prin	narily Formed Can	didate/Offic	eholder Co	ommittee Lis	t names of
contributions or make expenditures on behalf o	I.D. NUMBER			office	eholder(s) or candidate(s	s) for which this	committee is	primarily formed	t names of
contributions or make expenditures on behalf o	I.D. NUMBER CONTROLLE	ED COMMIT		office	narily Formed Can eholder(s) or candidate(s	s) for which this	committee is	ommittee Lis primarily formed UGHT OR HELD	1.
CONTRIBUTIONS OF MAKE EXPENDITURES ON BEHAIF OF COMMITTEE NAME	I.D. NUMBER CONTROLLE	ED COMMIT		office	eholder(s) or candidate(s	s) for which this	committee is	primarily formed	SUPPOR
CONTRIBUTIONS OF MAKE EXPENDITURES ON BEHAIF OF COMMITTEE NAME	CONTROLLE  YES  SS (NO P.O. BOX)	ED COMMIT		NAME	eholder(s) or candidate(s	s) for which this	OFFICE SO	primarily formed	SUPPOR
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	CONTROLLE  YES  SS (NO P.O. BOX)	ED COMMIT		NAME	eholder(s) or candidate(s	s) for which this	OFFICE SO	UGHT OR HELD	SUPPOR
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRES  CITY STAT	I.D. NUMBER  CONTROLLE  YES  SS (NO P.O. BOX)  TE ZIP CODE	ED COMMIT		NAME	eholder(s) or candidate(s E OF OFFICEHOLDER OF E OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPOR
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	CONTROLLE  YES  SS (NO P.O. BOX)	ED COMMIT		NAME	eholder(s) or candidate(s	R CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPOI
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRES  CITY STAT	I.D. NUMBER  CONTROLLE  YES  SS (NO P.O. BOX)  TE ZIP CODE	ED COMMIT		NAME	eholder(s) or candidate(s E OF OFFICEHOLDER OF E OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPOR  SUPPOR  SUPPOR  SUPPOR
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRES  CITY STAT	I.D. NUMBER  CONTROLLE  YES  SS (NO P.O. BOX)  TE ZIP CODE	ED COMMIT NO AREA COD	DE/PHONE	NAME NAME	eholder(s) or candidate(s E OF OFFICEHOLDER OF E OF OFFICEHOLDER OF	R CANDIDATE  R CANDIDATE  R CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRES  CITY STAT	I.D. NUMBER  CONTROLLE  YES  SS (NO P.O. BOX)  TE ZIP CODE	ED COMMIT NO AREA COD	DE/PHONE	NAME NAME	eholder(s) or candidate(s  OF OFFICEHOLDER OF  OF OFFICEHOLDER OF	R CANDIDATE  R CANDIDATE  R CANDIDATE	OFFICE SO	UGHT OR HELD UGHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR OPPOSE

### **Campaign Disclosure Statement** Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM Page 3 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1450345 Anita Enander

Contributions Received  1. Monetary Contributions	\$ 8977 <del>0</del>	* S 977  \$ 9777  \$ 9777  \$ 9777	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made  6. Payments Made	\$ 25 32.50 <del>Q</del>	\$ 2532,50 \$ 2532,50 \$ 2532,50 \$ 2532,50	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance	\$ 977 	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.  FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

### Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 7/1/22	CALIFORNIA 460
through 9/24/22	Page
	I.D. NUMBER 1450345

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anita Enander					14303	
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/4/22	Michael Tucker	MND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President D2 5	200	210	
8/17/22	Wallace Palmer Los Altos 94022	☑IND □COM □OTH □PTY □SCC	retived	5 00	500	
8/17/22	Roberta Phillips Los Altus 94022	DIND COM OTH SCC	vitired	5'06	500	
8/19/22	Monica waldman Palo Altor CA 94301	□ IND □ COM □ OTH □ PTY □ SCC	vedired	900	900	
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	\$ 2100		

Schedu	e A	Summ	ary
--------	-----	------	-----

1.	. Amount received this period – itemized monetary contributions.	8	1.	19
	(Include all Schedule A subtotals.)\$ _	0	Q	
		0	~	

2000 \$ 299 2. Amount received this period – unitemized monetary contributions of less than \$100 .....

Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.)	8	971	
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)TOTAL \$	1	1	

\*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

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

### Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

from 7/1/22	FORM 460
through 9/24/22	Page _ 5 of _ 9
	1.D. NUMBER 1450345

Anita Enander					145034	5
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/22	Cos A Hos 94022	DIND COM OTH PTY SCC	retired	500	500	
9/1/22	Carey Lai	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Founder conductive ventures	990	990	
2/1/22	John Fennell Los Altos 94024	☑ IND □ COM □ OTH □ PTY □ SCC	retired	950	950	
9/1/22	Lus Altos 9402	MIND □ COM □ OTH □ PTY □ SCC	retired	250	250	
9/11/22	Los Altos	₩IND □COM □OTH □PTY □SCC	retired	990	990	
			SUBTOTAL	\$3,680		

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

### Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER
Anita Fnander

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/22	CALIFORNIA 460
through 9/24/22	Page 6 of 9
	I.D. NUMBER 1450345

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 THIS PERIOD	CUMULATIVE TO DATE  CALENDAR YEAR  (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/22	Joanne Estill Los Altos 94022	DIND COM OTH PTY SCC	retived	98	98	
9/17/22	Los Altos 94022	DIND COM	attorney	450	450	
9/17/22	Los Altos 94022	⊠ND □ COM □ OTH □ PTY □ SCC	attorney Independent Legal Services	450	450	
9/18/h2	Roland Dow Los Altos 94022	ØIND □COM □OTH □PTY □SCC	retired	300	300	
9/23/22	Jane Osborn , 1.	DIND COM OTH PTY SCC	retired	50	50	
			SUBTOTAL	\$ 1,348		

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

# Schedule A (Continuation Sheet)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 400

Monetary Contributions Received		to whole dollars.		Statement covers period from 7/1/22		FORM 460		60
				through 9/2	4/22	Page	7_ of_9	
IAME OF FILER Anita Enander						1.D. NUME 1450345		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO		PER ELECTION TO DATE	

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/22	Eleanor Tung Los Altos 740-4	☑IND □COM □OTH □PTY □SCC	retired	50	50	
9/14/2	Marji Karlgand	DIND COM OTH SCC	vetired	(00	100	
9/15/22	Bill Dailey Los A HDS 9404	MND □ COM □ OTH □ PTY □ SCC	retired	50	50	
9/16/22	Brien Cilker Los Altos 94012	'⊠IND □COM □OTH □PTY □SCC	Manager Pinecone Lumber	(00)	100	
9/19/22	LOSAINS 940-2	MIND COM OTH PTY	retired	100	100	
			SUBTOTAL	\$ 400		

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

### Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER
Anita Enander

Amounts may be rounded to whole dollars. SCHEDULE A (CONT.)

Statement covers period from 7/1/22	CALIFORNIA 460
through 9/24/22	Page 8 of 9
	1.D. NUMBER 1450345

CUMULATIVE TO DATE AMOUNT PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CONTRIBUTOR RECEIVED CODE (IF SELF-EMPLOYED, ENTER NAME) (JAN. 1 - DEC. 31) (IF REQUIRED) PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) William Brown THND retired 100 100 ПСОМ 9/20/22 OTH Los Altos □ PTY SCC James Allen VIND. 9/23/22 retired COM 100 (00) ПОТН □ PTY Los A 1 tos 94024 SCC Pat Mauriott retired MIND 9/23/22 450 9.50 □сом OTH LOS + 1 tos 94024 □ PTY □ SCC Dorothy Price MIND 9/23/22 retived Сом 500 500 □ OTH □ PTY SCC DIND □сом OTH □ PTY SCC 1,150 SUBTOTAL \$

\*Contributor Codes IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

### Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/22 CALIFORNIA 460 FORM 460

through 9/24/22 Page 9 of 9

I.D. NUMBER

	through $\frac{9/24/2^2}{}$	Page of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER
Anita Enander		1450345
A Land Land Land Land Land Land Land Land	wise describe the navment	

CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND legal defense  LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same of voter registration WEB information technology costs (internet, e-m	
NAME AND ADDRESS OF PAYEE		DECODIDATION OF DAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	0000	99.000.0000.000.000.000.000.000.000.000		
Vinyl Tech Signs  Prattville, AL 34061	CMP	Lawn signs	1655,80	
Palo Alto, CA 94307	LIT	Cards	775,20	
Efundraising Connections Sacramento, CA 95816	OFC	Fees for on-line donations	101,50	

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

\* SUBTOTAL \$ 2532.50

5	chequie E Summary		2531 50
1.	Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2532.50
	Unitemized payments made this period of under \$100	\$_	-
3.	. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	7537 50
4	Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$	2004.00

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

497	Contribution	Report
401	COLLELINGRICA	

Amounts may be rounded to whole dollars.

REET ADDRESS 517 Panc	nita Enander Los Altos City Council 2022  BER I.D. NUMBER (# applicable) 1450345  hita Way  STATE ZIP CODE  CA 94022	Date of This Filing  Report No.  Amendment to Report No. (explain below)  No. of Pages		CITY CLERK S GIFTON  OCT 8 2022  CITY OF LOS ALT	fida <mark>U</mark> še Only
. Contribution(s)	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB  (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
(0/7/22	Anita Enander 517 Panchita Way Los Altos, CA 94022		COM COM OTH PTY SCC	Los Altos City Council City of Los A 1 tos	Check if Loan  Provide interest rate
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan
Reason for Amend	dment:			* Contributor Codes IND - Individual COM - Recipient Committee (oth OTH - Other (e.g., business enti PTY - Political Party SCC - Small Contributor Comm	ty)

NAME OF FILER Re-elect F  AREA CODE/PHONE NU  STREET ADDRESS 517 Pancl CITY Los Altos  1. Contribution(s	1450345 hita Way STATE ZIP CODE CA 94022	Date of This Filing  Report No.  Amendmento Report No. (explain below)  No. of Pages	1 t	CITY CLERK'S 69  OCT 2 4 2022  CITY OF LOS ALT	Official Use Only
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	UTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/14/22	Avita Evander 517 Panchita Way Los A I tos, CA 94022		IND COM OTH PTY SCC	Los Attos Citylouncil member City of Los Attos	Check if Loan Provide interest rate
10/22/22	David Casas Los Atos, CA 94022		IND COM OTH PTY SCC	Realtor Casas Real Estate	FmV-in-kin  #3.780 ☐ Check if Loan  Provide interest rate
			IND COM OTH PTY SCC		Check if Loan  Provide interest rate
Reason for Amendm	ent:			* Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee	

**Recipient Committee** COVER PAGE Campaign Statement Cover Page **CITY CLERK'** Statement covers period Date of election if applicable: (Month, Day, Year) SEE INSTRUCTIONS ON REVERSE 11/08/22 CITY OF LOS ALTOS 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Preelection Statement State Candidate Election Committee Committee Quarterly Statement O Recall Semi-annual Statement Special Odd-Year Report Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7)

Committee Information		1.D. NUMBI 1450345		Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER				
Re-elect Anita Enander Los A	ltos City Council	2022		Anita Enander MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)				517 Panchita Way			
517 Panchita Way				CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY	STATE	ZIP CODE	AREA CODE/PHONE	Los Altos	CA	94022	
Los Altos	CA	94022	THE TOOLE TONE	NAME OF ASSISTANT TREASURER, IF ANY			
MAILING ADDRESS (IF DIFFERENT) N	O. AND STREET OR P	P.O. BOX		MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRESS			

#### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I

Executed on 10/25/22	California that the foregoing is true and correct	
Date	By	
Executed on 10/25/22 Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sp	
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	onsor
Executed onDate	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	

# Recipient Committee Campaign Statement Cover Page — Part 2

NAME OF TAXABLE	CONTRACTOR OF THE PERSON NAMED IN COLUMN 1	AGE - PART 2
	FORNIA ORM	460
	JRIVI	
Page .	2	. 12

Officeholder or Candidate Controlled Com	mittee		6.	Primarily Formed Ballo	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Anita Enander							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF AP	PLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
Los Altos City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY ST	TATE ZIP					
517 Panchita Way	Los Altos C	CA 94022		Identify the controlling offic			roponent, it any.
				NAME OF OFFICEHOLDER, CA	ANDIDATE, OR F	PROPONENT	
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily forme	y committees ed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER						
	CONTROLLED CO	DMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)	didate/Offic	eholder Committee	List names of
NAME OF TREASURER		7 NO		omicenoider(s) or candidate(s	s) for which this	s commutee is primarily to	illieu.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C				NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HE	□ SUPPORT
							☐ OPPOSE
CITY STATE ZIF	CODE ARE	A CODE/PHONE		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HI	ELD 🖂 aussaus
							SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED C	OMMITTEE?		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
		NO					☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)						
		A CODE IDUONE					
CITY STATE ZII	P CODE ARE	A CODE/PHONE		At	tach continuat	ion sheets if necessary	

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER	to whole dollars.	from through	atement covers period 9/25/22	CALIFORNIA 460 FORM of 12
Anita Enander				I.D. NUMBER 1450345
Monetary Contributions	18,000.00	Column B CALENDAR YEAR TOTAL TO DATE  \$ 13,726.99  18,000.00  148,9 31,726.99  3780.00  \$ 35,506.99	Running in Both the General Elections  1/1 th  20. Contributions Received \$  21. Expenditures	mary for Candidates e State Primary and rough 6/30 7/1 to Date \$\$
Expenditures Made  6. Payments Made	\$ 17,252,42	\$ 19,784,92 \$ 19,784,92 3780 \$ 23,564,92	Expenditure Limit S Candidates  22. Cumulativ (If Subject to V Date of Election (mm/dd/yy)	e Expenditures Made* foluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts	22,749,99 	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	*Amounts in this section ma reported in Column B.	\$ay be different from amounts
18. Cash Equivalents	\$ \$	any).	FPPC Advice: advice	FPPC Form 460 (Jan/2016)) e@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 9/25/22	CALIFORNIA 460
through 10/22/22	Page 4 of 12
	I.D. NUMBER 1450345

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anita Enander					1450345	)
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/7/22	Catherine Nunss Los Altos 94022	IND COM OTH PTY	Self Editor/Producer	250.	250	
10/11/22	Los Altos 94024	DIND COM OTH PTY SCC	Retired	150	150	
0/8/22	Jennifer Cilker Los A 1 tos ayuzz	DIND COM OTH PTY SCC	Sels Homemaker	(00)	100	
obober	James Tringuli Los Altos 94022	DAIND COM	Research Scientist Rambus	300	300	
w/4/22	Carlos Show Los Altos 94024	DIND COM	Retired	200	200	
			SUBTOTAL	\$ 1,000		

schedule	Α	Summary	

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

\*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

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 9/25/22	CALIFORNIA 460
through 10/22/22	Page _5 of 12
	I.D. NUMBER 1450345

Anita Enander AMOUNT CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME) CODE RECEIVED (JAN. 1 - DEC. 31) (IF REQUIRED) PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) DAND partner James Cuneen ☐ COM Calif. strategies 100 100 OTH and Advocay □ PTY 95125 SCC Eveddie Park Wheeler MIND ПСОМ Refund 9/25/22 500 500 □ OTH **TPTY** 605 A 1 to 5 SCC Richard Blanding DIND 9/29/22 Redined □ COM 249.99 249.99 □ OTH Los Altos 94022 PTY □ SCC Ken Girdley 10/4/22 TIND 250. 250 COM retirel □отн PTY SCC Debbie Skelton, IND 10/5/22 200. 200 COM OTH PTY SCC SUBTOTAL \$ 12 99,99

\*Contributor Codes IND – Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

Statement covers period

						TORIN
NAME OF FILER				through 10/2		Page 6 of 12
Anita Enande	FULL NAME, STREET ADDRESS AND ZIP CODE OF					I.D. NUMBER 1450345
DATE RECEIVED	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 THIS PERIOD	CUMULATIVE TO CALENDAR YEA	AR TO DATE
10/4/22	Jen Len Wena Los Altos 94022	DYIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retived	200	(JAN. 1 - DEC. 3	(IF REQUIRED)
10/14/21	Heather herkin	□IND □COM □OTH □PTY □SCC	retired	160	100	
10/14/22	Jon Baer Los Altos 94022	☐IND ☐COM ☐OTH ☐PTY ☐SCC	retired	500	500	
10/14/2	Ron Packard	□IND □COM □OTH □PTY □SCC	retired	999	999	
10/22/22	Lou Becker	□IND □COM □OTH □PTY □SCC	retired	200	200	
			SUBTOTAL \$	1999		
Contributor Code						

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule B – Part 1 Loans Received	An	mounts may be ro to whole dollar	ounded rs.		Statement cov	rers period	NAME OF TAXABLE PARTY.	NIA 460
SEE INSTRUCTIONS ON REVERSE					through 10/22/2	22	7	of_12
NAME OF FILER					till Gagii			. of
Anita Enander							I.D. NUMBER 1450345	2
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b) AMOUNT	(c)	(d)	(e)	(f)	(g)
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	PECEIVED TUIC	AMOUNT PAID OR FORGIVEN THIS PERIOD	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Anita Enander 517 Panchita Way Los Altos, CA 94022	City Council member			PAID \$	\$ 18,000	<u>~</u> %	s_18,000	s 18,000
TOSA 1703, CA 94000	City of his Altos	\$	18,000	FORGIVEN \$_	12/31/22	RATE S	oct.7 oct.14	PER ELECTION
<u> </u>				☐ PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR
				FORGIVEN		RATE	\$	PER ELECTION*
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$	\$		\$	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION*
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	SUBTOTALS \$	18,000 \$	\$ -6	\$ 18,000 \$	. 0		
Schedule B Summary						(Enter (e) on Schedul	le E, Line 3)	
Loans received this period  (Total Column (b) plus unitemized loans	S OF IBSS THAN STEIL I				8,000			
Loans paid or forgiven this period  (Total Column (c) plus loans under \$100 (Include loans paid by a third party that  Not shound this	U Daid or fordiven )			\$	<del>•</del>	IND	contributor Codes D – Individual DM – Recipient Co	

Enter the net here and on the Summary Page, Column A, Line 2.

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

(other than PTY or SCC)

(May be a negative number)

18,000

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedu Nonmor	le C netary Contributions Received	i	Amounts may be rounded to whole dollars.		froi	Statement covers			SCHEDUL FORNIA 460
NAME OF FILE	TIONS ON REVERSE R Evandor				thre	ough 10/22/2	2	I.D. NUM	8 of 12 BER 0345
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)	DESCRIPTION GOODS OR SER	VOF VICES	AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TIVE TO TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
0d22	David Casas Los Altos Gl 94022	IND COM	Real tor Casas Real Estate	Newspap Advertise	neats	3,780	3, 7		3,780
		OTH SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
	ional information on appropriately labeled	l continuation s	heets.	SUBTO	TAL\$			3,78	0
	C Summary ceived this period – itemized nonmoneta	ry contributions	S.					ibutor Cod	

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ......\$ \_ 3. Total nonmonetary contributions received this period. 

(Include all Schedule C subtotals.)......\$

IND - Individual

COM - Recipient Committee

(other than.PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

### Schedule E Payments Made

Amounts may be rounded to whole dollars

Statement covers period

CALIFORNIA **FORM** 

SCHEDULF F

I.D. NUMBER 1450345

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Anita Enander

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNS campaign consultants

CTB contribution (explain nonmonetary)\* CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research

postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  5 h el don	CODE OR DESCRIPTION OF PAYM	MENT AMOUNT PAIL
Los Altos 94022	CMP Photos	250.
California Voters Guide Torrance, CA 90505	LIT Ad mailer	217.
Election Digest lorvance, Ct 90505	LIT Admailer	635.

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1002

### Schedule E Summary

 Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100.....\$
\_\_\_\_\_

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$\_

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SCHEDULE E	(CONT.)
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### Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 9/25/22 FORM 10/22/22 Page 10 of 12 through I.D. NUMBER 1450345

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anita Fnander

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)\* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense LIT campaign literature and mailings

MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks

POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries

TEL. t.v. or cable airtime and production costs TRC . candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

VOT voter registration WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Rudget Watchdogs Ad mailer 9.48. LIT Torrance, CA 90505 Senior Advocate Admailer 506 LIT Torvance, CA 90505 LIT Lampuign Literature Pip Printing 459.25 737,36 Palo Altos CA TUSOR 475,62 Ad mailers AMS 3870. LIT 3735 Santa Claru, CA 95050 Newspapor ads Town Crier 708 PRT 784 LOS Altos, CAGYOLL 784

SUBTOTAL \$ 13,007,23

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars. Statement covers period from 9/25/22 CALIFORNIA 460 FORM through 10/22/22 Page 11 of 12

1450345

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anita Enander

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)\*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events

FND fundraising events IND independent expenditure supporting/opposing others (explain)\* LEG legal defense

LIT campaign literature and mailings

MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions

MTG meetings and appearances RFD returned contributions
OFC office expenses SAL campaign workers' salaries
PET petition circulating TEL t.v. or cable airtime and production costs

PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services

PRO professional services (legal, accounting)
PRT print ads

VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Ad mailer printing 1820 Digword Printing LIT 5 in Jose, CA 95110 small buttons / stickers 261.87 CMP Glendale, AZ 8538 Banners printing Fed Ex/Kinkos 7.28,35 CMP Mountain View. Ct Palo Alto Daily Post Newspaper Ad. 315, PRT Palo Altos CA & 94301 Fees for online donations Efundraising Connections 160,49 OFC Sacramento, CA 95816

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL\$ 2785,7/

### Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Anita Enander

Amounts may be rounded to whole dollars. SCHEDULE E (CONT.)

Statement covers period from 9/25/22	CALIFORNIA 460
through 10/22/22	Page 12 of 12
- I work was a supplemental to the supplementa	I.D. NUMBER
	1450345

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
OFC	Fres for on-line donations	160,49
WeB	Mailing servies (e)	69.00
WEB	e-mail list veritication	30.00
	OFC	OFC  Fres for on-line donations  Web Mailing servies (e)  e-mail list verification

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL\$ 357,48

Recipient Committee Campaign Statement Cover Page

CITY CLERK'S OFFICE CALIFORNIA 460

			J.	
	Statement covers period	Date of election if applicable: JAN 3 1	2022	Page 1 of 8
	from 10/23/22	(Month, Day, Year)	. 2023	For Official Use Only
SEE INSTRUCTIONS OF THE	New York			of Official Ose Offiy
SEE INSTRUCTIONS ON REVERSE	through 12/31/22	11/08/22 CITY OF LO	IS ALTOS	
1. Type of Recipient Committee: All Committees - Com			70 ALI OU	
Officeholder Countil to a		2. Type of Statement:		
State Candidate Election Committee	imarily Formed Ballot Measure	Preelection Statement		
O Recall	ommittee Controlled	Semi-annual Statement	Quarte	erly Statement al Odd-Year Report
(Also Complete Part 5)	Sponsored	Termination Statement (Also file a Form 410 Termination)	- Opecia	r Odd-Year Report
General Purpose Committee (Ale	to Complete Peri 6)	Amendment (Explain below)		
Sponsored Pr	imarily Formed Candidate/			
O Political Party/Control O	ficeholder Committee			
(Als	o Complete Part 7)	*		
3. Committee Information [I.D.	NUMBER			
	50345	Treasurer(s)		
Re-elect Anita Enander Los Altos City Council 2022	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3	NAME OF TREASURER		
2022		Anita Enander		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		517 Panchita Way		
517 Panchita Way		CITY	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CODE	ADDA GODDO	Los Altos	CA 94022	AREA CODE/PHONE
Los Altos	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	71022	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX				
		MAILING ADDRESS		
CITY STATE ZIP CODE	AREA CODE/PHONE	CITY		
ORTION		Citt	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
		O. HOWAL, PAX / E-MAIL ADDRESS		
4. Verification	THE RESERVE THE PROPERTY OF THE PARTY OF THE	And the state of t		
I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my kno	puledge the information and the		
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing is true and co	red the information contained herein and i	n the attached schedu	iles is true and complete.
Executed on 1/30/23		4		
- //3-/3	Ву	e of Treasurer or Assistant Treasurer		_
Executed on	Ву			<b>□7</b> ,
Executed on	Signature of Controllin	g Officeholder, Candidate, State Measure Proponent or Respo	onsible Officer of Sponsor	=
Date	By	ature of Centrolling Officeholder, Candidate, State Measure Pro		
Executed on	Bv	Candidate, State Measure Pro	oponent	=0
Date	Signa	alure of Controlling Officeholder Candidate State Manager		

FPPC Form 460 (Jan/2016))

### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2 o	f_8

(	Officeholder or Candidate Controlled Commi	ittee		6.	Primarily Formed Ballo	t Measure C	ommittee	
7	NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
	Anita Enander							
Ċ	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER I	FAPPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N (	SUPPORT
	Los Altos City Council						][	OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY	STATE ZIP					
		Los Altos	CA 94022		Identify the controlling office	eholder, candid	ate, or state measure pro	ponent, if any.
3	51/1 internet Way				NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT	
ı	Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily f	t any committees ormed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	, IF ANY
	COMMITTEE NAME	I.D. NUMBER			And the second s			
				7	. Primarily Formed Can	didate/Office	eholder Committee	ist names of
Ì	NAME OF TREASURER	CONTROLLE	D COMMITTEE?	8	officeholder(s) or candidate(s	) for which this	committee is primarily form	ed.
		YES	□ NO		NAME OF OFFICEHOLDER OR	CANDIDATE	TOFFICE SOUGHT OR HELI	5 1
30000	COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)	2-12-52-53-53-53-53-53-53-53-53-53-53-53-53-53-		NAME OF OFFICEROLDER OR	CANDIDATE	OF THE GOOD IN ONTICE	SUPPORT
200000	CITY STATE ZIP C		AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT
	NAME OF TREASURER	CONTROLLI	D COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)					1	III OPPOSE

### **Campaign Disclosure Statement** Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 160

		from(	0/23/22	FORM 400
SEE INSTRUCTIONS ON REVERSE		through	12/31/22	Page 3 of 3
NAME OF FILER				I.D. NUMBER
Anita Enander				1450345
Contributions Received	Column A	Column B	Calendar Year Su	mmary for Candidates

2 Loans Received Supposed Forg IV.8% Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ 1 (4,857,81   \$ 3,0,579,80   \$ 3,0,579,80   \$ 3,780	Contributions Received  1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  9 8 1 4 .66	Column B CALENDAR YEAR TOTAL TO DATE  2 3, 540, 99	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
8. Payments Made Schedule E, Line 4 Schedule F, Line 3 Subtrotal CASH PAYMENTS Add Lines 6+7 Schedule F, Line 3 Schedule C, Line 4 Schedule C, Line 3 Schedule C, Line 4 Schedule C, Line 3 Schedule C, Lin	2. Loans Received Forgiven Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3	\$ 16,852,81	\$ <u>30,579.80</u> <u>3780</u>	20. Contributions Received \$\$
12. Beginning Cash Balance	6. Payments Made Schedule E, Line 4 7. Loans Made Tepold total to date balance Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3	10,961,19 s 21,756,07	30,579.80 ————————————————————————————————————	Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date
18. Cash Equivalents See instructions on reverse \$	12. Beginning Cash Balance	9814.00 - <del>0</del> 21,756.07 s	add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
FROM A Auto- 11 Cd Incellant at	18. Cash Equivalents	\$	апу).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule	A	
Monetary	Contributions	Received

	cnedule A lonetary Contributions Received		to whole dollars.		ers period	SCHEDULE		
Monetary	Contributions Received			from _ 10 / 23 /	CALIFORNIA		ornia 460	
	ONS ON REVERSE			through _12/3/	/22	Page .		
NAME OF FILER Anita Enande	т					1.D. NUI 145034		
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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/24/22	Alison Ludvik Palo Altor, cA 94303	IMIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100			
10/24/22	Robert Fennell Los A 1405, CA 94022	DIND COM OTH SCC	Retired	lo o	100			
10/24/22	Nancy Martin Los Altos, CA 94024	S∕IND □COM □OTH □PTY □SCC	Retired	150	150			
12/28	Teresa Morris. Los Altos, (A 94024	□ MND □ COM □ OTH □ PTY □ SCC	Retired	150	150			
11/22	Los Altos, CA 94022	MIND COM OTH PTY SCC	Retired	1500	2,490			
			SUBTOTAL	\$ 2,000				
Amount red     (Include all     Amount red	A Summary  ceived this period – itemized monetary contribution I Schedule A subtotals.)  ceived this period – unitemized monetary contributed arrangement of the contributions received this period.				IND - COM OTH PTY	other) Other ( Politica	al ent Committee than PTY or SCC) e.g., business entity)	
(Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, (	Column A, Line 1	.)TOTAL \$	9814		FPP	C Form 460 (Jan/2016))	

## Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER
Anita Enander

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/23/22	CALIFORNIA 460
through 12/31/22	Page _5 of _8
	I.D. NUMBER
	1450345

THIT ZAIGHT GO					2.000				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN: 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)			
10/25/22	Pavan Nigam Los Altos, (A 94024	⊠IND □COM □OTH □PTY □SCC	retired	250	250				
11/1/22	Chinchung Won Los Altos, CA 94024	MIND □ COM □ OTH □ PTY □ SCC	retired	300	300				
10/29/22	Los Altos, Ct 94022	DAIND COM	Producer Gamechangers 5: licon valley	100	001				
12/28	Richard Govman	DAIND COM OTH PTY scc	retired	7,000	7,000				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
	SUBTOTAL\$ 7650								

\*Contributor Codes IND – Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

	Am	Amounts may be rounded					SCHEDULE B - PART 1			
Schedule B – Part 1 Loans Received	Alli	to whole dollars			from 10/23/	california 46				
SEE INSTRUCTIONS ON REVERSE					through 12/3	3/22	Page 6	of		
NAME OF FILER							I.D. NUMBER			
Anita Enander							145030	15		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	THIS PERIO	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE		
Anita Enander 517 Panchita Way Los Allos, CA 94022	retired			\$ 10,941.		RATE	19,000	1		
Los A165, CA 94022		18,000	-0	FORGIVEN		, -0	10/22	PER ELECTION**		
TISTIND COM OTH PTY SCC				☐ PAID	DATE DUE		DATE INCURRED	GALENDAR YEAR		
**				LI PAID						
				FORGIVEN	-   •	RATE	•	PER ELECTION**		
				L PORGIVEN				PER ELECTION		
†   IND		\$	1	3	DATE DUE	*	DATE INCURRED	5		
IND COM OTH PTY SCC				☐ PAID				CALENDAR YEAR		
				\$	_   3	%	3			
				FORGIVEN		RATE		PER ELECTION*		
		s	\$	s		3				
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED			
	1	SUBTOTALS	\$	\$ 18,000	\$	\$				
Schedule B Summary					-0-	(Enter (e) on Sched	Jule E, Line 3)			
1. Loans received this period				\$ =		-				
(Total Column (b) plus uniternized loa	ns of less than \$100.)			\$	181,000.00		Contributor Code	8		
Loans paid or forgiven this period  (Total Column (c) plus loans under \$1	00 paid or forgiven.)			Ψ ==	*		ND – Individual OM – Recipient (	Committee		
(Include Icone poid by a third party the	at are also itemized on Scho	edule A.)		NET ¢	18,000.00			PTY or SCC)		
Net change this period. (Subtract Lir Enter the net here and on the Summa	re z from Line 1.) rv Page, Column A, Line 2.	•••••	***************************************	NE1 9 =		l P	TY - Political Par CC - Small Cont	rty		
milital still transfer and and are not been positive.						1 9	OO - GINEII OOIIL			

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

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(May be a negative number)

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA FORM I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Anita Enander 1450345

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE O	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
AMS Santa Clara, CA 95050	UT	Mailing serves	3735
Diamond Quality Printing San Jose, CA 95 110	LIT	Printing Markers	3990
DKH Studios., San Jose, CA 9512	217	Graphic Design - printeds & mailers	2075

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

### Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$_10,739
Unitemized payments made this period of under \$100	\$ 35,88
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column a	

FPPC Form 460 (Jan/2016))

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www.fppc.ca.gov

Schedule	Ē	
(Continua	tion	Sheet)
<b>Payments</b>	Mad	de

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA FORM 0 Q.

SEE INSTRUCTIONS ON REVERSE			through _12/3//2 2	Page	of _8
NAME OF FILER Anita Enander				I.D. NUMBE 1450345	ER
CODES: If one of the following codes accurately describes the payment, y  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  campaign literature and mailings  MBR member cor  meetings ar  office expen  petition circ  phone bank  polling and s  postage, de  professional  print ads	nmunications d appearances ses ulating s survey researc ivery and mes	s h senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and TSF transfer between committees VOT voter registration WEB information technology costs	uction costs d meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
CSS Direct c/o Engle communications Omaha, NE 48116	web	email 119t b	enification		175
Los A Hos, CA 94022	PRT	nembers by	nt ad		784
				-	
* Payments that are contributions or independent expenditures must also be summarized on Sch	edule D.		SL	BTOTAL \$	9.59

959