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CALIFORNIA FORM 7 ()		ECONOMIC INTERESTS	Filing Official Use Only
FAIR POLITICAL PRACTICES COMMISSION	F -	VER PAGE	DECEIVE
	A PUBL	IC DOCUMENT	
Please type or print in ink.			
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WEBER	ENIC	D	
I. Office, Agency, or Court			CITY OF SAN DIMAS CHY CLERK
Agency Name (Do not use acronyms)			To 1 2 Lay () () () () () () () () () (
CITY OF SAN DIMA	S CITY COUNCIL	COUNCILMEMBER	<u>L</u> .
Division, Board, Department, District, if app		Your Position	
► If filing for multiple positions, list below	or on an attachment. (Do not use a	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at)	east one box)		
State		Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of	
City of SAN DIMAS		Other	T Burg hall for the Total Burg and with his form which in the service to a recovery to the service to the servi
3. Type of Statement (Check at leas	t one box)		
Annual: The period covered is Janua December 31, 2022.	ry 1, 2022, through	Leaving Office: Date Left (Check or	
The period covered is December 31, 2022.		The period covered is Janua leaving office.	ary 1, 2022, through the date of
Assuming Office: Date assumed		☐ The period covered is the date of leaving office.	_/, through
Candidate: Date of Election 3/5	1/2024 and office sought, if	different than Part 1:	· · · · · · · · · · · · · · · · · · ·
I. Schedule Summary (required)	➤ Total number o	f pages including this cover p	age:
Schedules attached			
Schedule A-1 - Investments - sche	dule attached	Schedule C - Income, Loans, & Busine	ss Positions schedule attached
Schedule A-2 - Investments - sche		Schedule D - Income – Gifts – schedule	e attached
Schedule B - Real Property - sche	dule attached	Schedule E - Income Gifts Travel F	Payments - schedule attached
-or- None - No reportable intere	ests on any schedule		
5. Verification	oto on any objection		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public			91773
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
		-	

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	11/20/2023	Signature Sw
•	(month, day, year)	(File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

3	CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
9	Name Encl Weber

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
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GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
PHARMACENTICAL DEVELOPMENT FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
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Comments:	

SCHEDULE D Income - Gifts



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