

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Emeryville Neighbors Together - YES on Measure O 2022 with Mayor Bauters		Date of This Filing 10/22/2022	Date Stamp <b>RECEIVED</b>  OCT 22 2022  <b>CITY CLERK</b> <b>CITY OF EMERYVILLE</b>	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER (510) 693-7474	I.D. NUMBER (if applicable) 1455106	Report No. 1		
STREET ADDRESS 4260 Halleck St.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Emeryville	STATE CA	ZIP CODE 94608	No. of Pages 1	

## 1. Contribution(s) Received

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
10/22/2022	Wareham Property Group, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00  <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
		<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: \_\_\_\_\_

\* 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