



# FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B81 Cannon Building • Washington, DC 20515

## FILER INFORMATION

**Name:** Dr. Vanessa L Dr Enoch  
**Status:** Congressional Candidate  
**State/District:** OH08

## FILING INFORMATION

**Filing Type:** Amendment Report  
**Filing Year:** 2024  
**Filing Date:** 05/15/2026  
**Period Covered:** 01/01/2023– 09/06/2024

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Cultural Impact LLC, 100% Interest [OL]		\$250,001 - \$500,000	Profit and owners equity.	\$15,001 - \$50,000	\$5,001 - \$15,000
LOCATION: West Chester, OH, US DESCRIPTION: This is a business I own and receive income from.					

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Vision Works Inc.	Salary	\$15,350.00	\$1.00

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	DEPTEDNELNET	May 2011-2024	Parent Plus Loan	\$250,001 - \$500,000
	US Bank	2020-2024	Revolving Credit	\$15,001 - \$50,000

## SCHEDULE E: POSITIONS

Position	Name of Organization
President & CEO	Vision Works, Inc.

## SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
2024	I have no agreements	I have no applicable agreements

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
African American Chamber of Commerce (West Chester, OH, US)	Consulting/ Bookkeeping Contract
Temple Bible College (West Chester, OH, US)	Web Design Contract
State of Ohio (Columbus, OH, US)	Workforce Development Contract

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes  No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

Yes  No

## CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Dr. Vanessa L Dr Enoch , 05/15/2026