

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) 11/2012

Amendment (Explain Below)

Date Stamp City of San Clemente AUG 06 2015 City Clerk Department

CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 15.

2. Officeholder or Candidate Information: NAME OF OFFICEHOLDER OR CANDIDATE CHRIS HARMAN; STREET ADDRESS 100 AVE PRESIDIO; CITY SAN CLEMENTE; STATE CA; ZIP CODE 92672; AREA CODE/DAYTIME PHONE NUMBER 949-361-8200. 3. Office Sought or Held: OFFICE SOUGHT OR HELD MEMBER OF CITY COUNCIL; JURISDICTION (LOCATION) SAN CLEMENTE; DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information: List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy. Table with columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER. Content: NONE

5. Verification: I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct. Executed on 8/6/2015 DATE By [Redacted] OR CANDIDATE

Clear Form

Print Form