

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable (Month Day Year)  
 11/04/2014

Amendment (Explain Below)

Date Stamp  
 City of San Clemente  
 AUG 01 2016  
 City Clerk Department

**CALIFORNIA FORM 470**  
 For Official Use Only

1 Statement Covers Calendar Year 20 2016

**2 Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Kathy Ward

STREET ADDRESS  
 100 Avenida Presidio

CITY STATE ZIP CODE  
 San Clemente CA 92672

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL FAX / E MAIL ADDRESS

**3 Office Sought or Held**

OFFICE SOUGHT OR HELD  
 City Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
 San Clemente CA

**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

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A		

**5 Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 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 foregoing is true and correct.

Executed on 7-23-16 DATE

By [Redacted Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

