



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hamm Chris Cheyne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of San Clemente
Division, Board, Department, District, if applicable
Your Position
Councilmember

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Coastal Animal Services Authority Position: Board Member

2. Jurisdiction of Office (Check at least one box)

- State
Multi-County
City of San Clemente
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2015, through December 31, 2015.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
100 Avenida Presidio San Clemente CA 92672
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(949) 361-8322

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

Date Signed 03/14/2016 Signature

(File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Chris Hamm

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
NATURE OF INTEREST
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
SOURCES OF RENTAL INCOME:

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
NATURE OF INTEREST
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
SOURCES OF RENTAL INCOME:

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD
Guarantor, if applicable

NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD
Guarantor, if applicable

Comments:

SCHEDULE D
Income – Gifts

Name
 Chris Hamm

▶ NAME OF SOURCE *(Not an Acronym)*
 Chamber of Commerce

ADDRESS *(Business Address Acceptable)*
 1231 Puerta Del Sol, Ste. 200, San Clemente, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 15	\$ 54.43	Annual Meeting Dinner
04 / 10 / 15	\$ 25.00	State of the City Lunch
10 / 30 / 15	\$ 190.00	Taste of San Clemente

▶ NAME OF SOURCE *(Not an Acronym)*
 Hurley

ADDRESS *(Business Address Acceptable)*
 1945 Placentia Ave., Costa Mesa, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Surf/Clothing Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 10 / 15	\$ 200.00	Clothing
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
 Krikorian Movie Theatre

ADDRESS *(Business Address Acceptable)*
 641 Camino de los Mares, San Clemente, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Movie Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 15	120.00	Movie Pass
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
 Living Art Gallery

ADDRESS *(Business Address Acceptable)*
 3107 S. El Camino Real, San Clemente, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Art Gallery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 15	\$ 280.00	Painting
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____