

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

APR 02 2015  
Date of Filing  
Received  
Official Use Only  
City Clerk Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hamm CHRIS CHEVNE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CITY OF SAN CLEMENTE

Division, Board, Department, District, if applicable  
CITY COUNCIL

Your Position  
MAYOR/COUNCIL MEMBER

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

Agency: COASTAL ANIMAL SERVICES 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, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2014.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- 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
- or-
- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 100 AVE. PRESIDIO SAN CLEMENTE CA 92672

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 949 361-9522

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 foregoing is true and correct.

Date Signed 4/2/15 (month, day, year) Signature [Redacted] (File the originally signed statement with your filing official)

SCHEDULE B  
Interests in Real Property  
(Including Rental Income)

Name

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

754 CALLE LOS OLIVOS

CITY

San Clemente CA 92673

FAIR MARKET VALUE

- \$2,000 - \$10,000
- \$10,001 - \$100,000
- \$100,001 - \$1,000,000
- Over \$1,000,000

IF APPLICABLE, LIST DATE:

1/14 4/18/14  
ACQUIRED DISPOSED

NATURE OF INTEREST

- Ownership/Deed of Trust  Easement
- Leasehold \_\_\_\_\_  Other \_\_\_\_\_  
Yrs remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000
- \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

[REDACTED]

CITY

[REDACTED]

FAIR MARKET VALUE

- \$2,000 - \$10,000
- \$10,001 - \$100,000
- \$100,001 - \$1,000,000
- Over \$1,000,000

IF APPLICABLE, LIST DATE:

1/14 1/11/14  
ACQUIRED DISPOSED

NATURE OF INTEREST

- Ownership/Deed of Trust  Easement
- Leasehold \_\_\_\_\_  Other \_\_\_\_\_  
Yrs remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000
- \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

\* 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)

\_\_\_\_\_%  None \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

- \$500 - \$1,000  \$1,001 - \$10,000
- \$10,001 - \$100,000  OVER \$100,000

Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

\_\_\_\_\_%  None \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

- \$500 - \$1,000  \$1,001 - \$10,000
- \$10,001 - \$100,000  OVER \$100,000

Guarantor, if applicable

Comments:

**SCHEDULE D**  
**Income – Gifts**

Name

▶ NAME OF SOURCE (Not an Acronym)  
CHAMBER OF COMMERCE  
 ADDRESS (Business Address Acceptable)  
1231 PUERTA DEL SOL STE 200 SC  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CHAMBER OF COMMERCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/20/14</u>	<u>\$ 190</u>	<u>TASTE OF SC x 2</u>
<u>4/11/14</u>	<u>\$ 18.25</u>	<u>STATE OF CALIF</u>
<u>1/1/14</u>	<u>\$ 50<sup>m</sup></u>	<u>ASSOCIATION DIVISION</u>

▶ 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)  
KIRKORIAN MOVIE THEATER  
 ADDRESS (Business Address Acceptable)  
641 CAM. DE LOS MARES  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
KIRKORIAN

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/1/14</u>	<u>\$ 120</u>	<u>MOVIE PASSED</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)  
 \_\_\_\_\_  
 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)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

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

Comments: \_\_\_\_\_