



**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**

Date Initial Filing Received  
JUN 08 2015  
Official Use Only  
City Clerk Department

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Daly	Cecilia	Gallardo

**1. Office, Agency, or Court**

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

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**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 05 / 26 / 2015
- 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: 1
- 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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
100 Avenida Presidio		San Clemente	CA	92672
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
( 949 ) 361-6106	Gallardo-dalyc@san-clemente.org			

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 6/2/15 (month, day, year) Signature \_\_\_\_\_