

COVER PAGE

Filed Date: 03/03/2016 01:53 PM  
SAN: 111400076-STH-0076

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of San Clemente  
Division, Board, Department, District, if applicable  
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, 2015 through December 31, 2015.
-or- The period covered is 05 / 26 / 2015 through December 31, 2015.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1
Leaving Office: Date Left
The period covered is January 1, 2015, through the date of leaving office.
-or- The period covered is through the date of leaving office.

4. Schedule Summary (must complete) Total number of pages including this cover page: 2

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

-or- 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 ) 361-8200

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 03/03/2016 01:53 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

**SCHEDULE D**  
**Income - Gifts**

Name  
 Cecilia Daly

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

ADDRESS (Business Address Acceptable)  
 1231 Puerta Del Sol, #200, San Clemente CA 92673

BUSINESS ACTIVITY, IF ANY, OF SOURCE:  
 Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 30 / 15	\$ 190	2 tickets to Taste of San Clemente
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

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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: