CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

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STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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NAME OF FILER	(LAST)	{FIF	RST)	(MIDDLE)
llkhanipour		Khosrow		
1. Office, Ager	ncy, or Court			
Agency Name	(Do not use acronyms)			
City of San	Clemente			
Division, Board,	Department, District, if applicable	You	ur Position	
		Se	enior Civil Engineer	
▶ If filing for m	ultiple positions, list below or on an attach	ment. (Do not use acronyms	6)	
Agency:		Po	osition:	
2. Jurisdiction	n of Office (Check at least one box)			
State		□ 1	udge or Court Commissioner (St	atewide Jurisdiction)
			County of	
√ City of Sai	n Clemente		Other	
Type of Sta	atement (Check at least one box)			
_	he period covered is January 1, 2014, thro ecember 31, 2014.		Leaving Office: Date Left (Check one)	
	he period covered is <u>01 / 01 / 20</u> lecember 31, 2014.	14, through	 The period covered is Janual leaving office. 	ry 1, 2014, through the date of
			The period covered is the date of leaving office.	, through
Candidate:	Election year an	d office sought, if different th	an Part 1:	
4. Schedule S	Summary			1
Check appli	cable schedules or "None."	► Total number	of pages including this	cover page:
Schedule /	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached			
·	Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached			
Schedule l	B • Real Property - schedule attached	☐ Sched	lule E - Income – Gifts – Travel	Payments – schedule attached
-or- None - No reportable interests on any schedule				
5. Verification				
MAILING ADDRESS (Business or Agence	S STREET ry Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	da Presideo	San Clemente	CA	92672
DAYTIME TELEPH		E-MAIL AD	DRESS	
	61-8200		latement and to the heet of my ki	nowledge the information contained
herein and in a	reasonable diligence in preparing this state iny attached schedules is true and complet	e. I acknowledge this is a p	ublic document.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date Signed	03/31/2015 03:33 PM	Signature _		Submission
_	(month, day, year)		(File the originally signed state)	ment with your ming omcial.)