

505-5-99

Date Received

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS CITY OF SAN CLEMENTE**

**COVER PAGE**

**APR 04 2012**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) CITY CLERK DEPARTMENT (MIDDLE)  
Ponsen Zachary John

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

Agency Name  
City of San Clemente

Division, Board, Department, District, if applicable Your Position  
Public Works Department - Senior Civil Engineer

► If filing for multiple positions, list below or on an attachment.

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, 2011, through December 31, 2011.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2011.
- Assuming Office:** Date assumed \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2011, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate:** Election Year \_\_\_\_\_ 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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

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 4-1-12  
(month, day, year)

Signature \_\_\_\_\_