CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

505-5-99 City of San Clemente

Date Received MAR 7s-2014

City Clerk Department

Please type or print in ink.				Only Clerk Department	
NAME OF FILER (LAST)		(FIRST)		(MIDDLE)	
Monsen	La	chary		John	
1. Office, Agency, or Court		- 1			
Agency Name (Do not use acronyms)	mente				
Division, Board, Department, District, if applicable	MENTE	Your Position			
Public Work Department -	Englingering		S	entor Civil Engl	
▶ If filing for multiple positions, list below or on an attachmen				<i>y</i>	
Agency:		Position:			
2. Jurisdiction of Office (Check at least one box)					
State		Judge or Court	Commissioner (Sta	tewide Jurisdiction)	
- BENERAL CONTROL (1985) - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 -		Judge or Court Commissioner (Statewide Jurisdiction) County of			
Multi-County		Other			
Decity of	L				
3. Type of Statement (Check at least one box)					
Annual: The period covered is January 1, 2013, through December 31, 2013.					
The period covered is/	, through	rough O The period covered is January 1, 2013, through the date of leaving office.			
Assuming Office: Date assumed/			covered is/ leaving office.	, through	
Candidate: Election year and of	ffice sought, if differen	t than Part 1:			
4. Schedule Summary			The second	1	
Check applicable schedules or "None."	► Total numl	ber of pages i	including this o	over page:	
Schedule A-1 - Investments – schedule attached	☐ Scl	Schedule C - Income, Loans, & Business Positions - schedule attached			
Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached			
☐ Schedule B - Real Property – schedule attached	Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached				
	-or-				
X None - No re	portable interests on	any schedule			
5. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
9/0 Calle Negocio, suite 100,	San Cle	mente	CA	92673.	
DAYTIME TELEPHONE NUMBER	E-MAIL	ADDRESS (OPTIONA	L)		
1 have used all reasonable diligence in preparing this statement	t I have reviewed this	s statement and to	the hest of my kno	welledge the information contained	
herein and in any attached schedules is true and complete. I	acknowledge this is	a public documen	t.	modge the information contained	
I certify under penalty of perjury under the laws of the Sta	ate of California that	the foregoing is	true and correct.		
ala dul		1 (5) 3 (4)			
Date Signed 3/24/14 (month, day, year)	Signatur	re)	
(monut, day, year)		/	THE RESERVE STATE OF		