

505-5-93  
(new)

Date Received  
Official Use Only

CITY OF SAN CLEMENTE

NOV 09 2010

CITY CLERK DEPARTMENT  
DAYTIME TELEPHONE NUMBER

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Please type or print in ink.

|   |              |          |                          |
|---|--------------|----------|--------------------------|
| NAME (LAST)                                   | (FIRST)      | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
| Rahn  | Jacob        | C        | (949) 361-8359           |
| MAILING ADDRESS (Business Address Acceptable) | STREET       | CITY     | STATE                    |
| 100 Avenida Presidio                          | San Clemente | CA       | 92672                    |
| OPTIONAL: E-MAIL ADDRESS                      |              |          |                          |

1. Office, Agency, or Court

Name of Office, Agency, or Court:  
City of San Clemente

Division, Board, District, if applicable:  
Finance & Administrative Svcs.

Your Position:  
Financial Services Manager

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

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

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

2. Jurisdiction of Office (Check at least one box)

State

County of \_\_\_\_\_

City of San Clemente

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-OR-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate Election Year: \_\_\_\_\_

4. Schedule Summary

► Total number of pages including this cover page: \_\_\_\_\_

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2  Yes - schedule attached  
Investments (10% or Greater Ownership) N/A

Schedule B  Yes - schedule attached  
Real Property N/A

Schedule C  Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments) N/A

Schedule D  Yes - schedule attached  
Income - Gifts N/A

Schedule E  Yes - schedule attached  
Income - Gifts - Travel Payments N/A

-OR-

No reportable interests on any schedule

5. Verification

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 11/09/2010  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

SCHEDULE A-1  
Investments

Stocks, Bonds, and Other Interests  
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Jacob Rahn

▶ NAME OF BUSINESS ENTITY  
Berkshire Hathaway - Class B

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Conglomerate

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09      \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Conoco Phillips

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
O.T & Natural Gas

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09      \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Johnson & Johnson

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Medical/Healthcare

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09      \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
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IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09      \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_