

505-5-93

Date Received  
Official Use Only

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CITY OF SAN CLEMENTE

MAR 01 2012

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Rahn Jacob Carl  
CITY CLERK DEPARTMENT

1. Office, Agency, or Court

Agency Name  
City of San Clemente  
Division, Board, Department, District, if applicable  
Your Position  
Financial Services Manager

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

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

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of San Clemente  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2011, through December 31, 2011.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  The period covered is January 1, 2011, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  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: 2
- 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 B - Real Property - 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)  
100 Avenida Presido San Clemente CA 92672  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
( 949 ) 361-8359

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

Date Signed 3/1/2012 (month, day, year) Signature [Redacted]

