

5055-69

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only
CITY OF SAN CLEMENTE

COVER PAGE

MAR 3 0 2010

A Public Document

CITY CLERK DEPARTMENT

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
REBENSPORF	DAVID	THOMAS	(949) 361-6130	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
910 CALLE NEGOCIO	SAN CLEMENTE	CA	92673	OPTIONAL: E-MAIL ADDRESS REBENSPORF@SAN-CLEMENTE.ORG

1. Office, Agency, or Court

Name of Office, Agency, or Court:
CITY OF SAN CLEMENTE

Division, Board, District, if applicable:

Your Position:
ASSISTANT CITY ENGINEER

▶ 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: 1

▶ 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)

Schedule B Yes - schedule attached
Real Property

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

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-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 3/28/10
(month, day, year)

Signature _____
(Type name of your filing official.)