505-569

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only
CITY OF SAN CLEMENTE

APR 1 1 2011

CITY CLERK DEPARTMENT

Please type or print in ink.   REBENSDORF   DAVID   THOMAS
NAME OF FILER   (LAST)   (FIRST)   (MIDDLE)

1. Office, Agency, or Court

Agency Name

CITY OF SAN CLEMENTE

Division, Board, Department, District, if applicable   Your Position

PUBLIC WORKS   ASSISTANT CITY ENGINEER

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

Agency: _____   Position: _____

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

☐ State   ☐ Judge (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, 2010, through December 31, 2010.
   -or-
   The period covered is ___/___/___, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Candidate:** Election Year _____

☐ **Leaving Office:** Date Left ___/___/___
   (Check one)
   ○ The period covered is January 1, 2010, through the date of leaving office.
   ○ The period covered is ___/___/___, through the date of leaving office.

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."   ▶ Total number of pages including this cover page: _____

☐ **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)

910 CALLE NEGOCIO STE. 100, SAN CLEMENTE   CA   92673

DAYTIME TELEPHONE NUMBER   E-MAIL ADDRESS

(949) 361-6130   REBENSDORFD@SAN-CLEMENTE-ORG

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   3/30/11   Signature _____
              (month, day, year)   *(cial.)*