CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Filed Date: 01/16/2017 12:39 PM SAN: 111400076-STH-0076

NAME OF FILER (LAST)	(FIRST)			(MIDDLE)
Thomas	Sar	mantha		
1. Office, Agency, or Cou	ırt			
Agency Name (Do not use act	ronyms)			
City of San Clemente				
Division, Board, Department, D	istrict, if applicable	Your Posi	tion	
		Recrea	tion Manager	
► If filing for multiple positions	, list below or on an attachment. (Do	not use acronyms)		
Agency:		Position:		
2. Jurisdiction of Office	(Check at least one box)			
State		☐ Judge o	or Court Commissioner (Sta	atewide Jurisdiction)
Multi-County		County	of	
City of San Clemente				
A Oily of				
3. Type of Statement (ch	eck at least one box)			
Annual: The period cover December 31, 20	red is January 1, 2015, through 015.	Leavin	g Office: Date Left	
-or- The period cove December 31, 2	red is/, thr 015.		e period covered is January ving office.	y 1, 2015, through the date of
X Assuming Office: Date a	assumed 12 / 15 / 2016	○ The	e period covered isdate of leaving office.	/, through
Candidate: Election year	and office so	ught, if different than Pa	rt 1:	
4. Schedule Summary (I	must complete) ► Total nu	ımber of pages inc	luding this cover pa	ge:3
Schedules attached				
Schedule A-1 - Investr	ments - schedule attached	X Schedule C -	Income, Loans, & Business	Positions - schedule attached
X Schedule A-2 - Investi			Income - Gifts - schedule	
Schedule B - Real Pro	operty - schedule attached	Schedule E - /	Income – Gifts – Travel Pa	yments - schedule attached
-or-				
	e interests on any schedule			
5. Verification		OLTO/	STATE	ZIP CODE
MAILING ADDRESS S' (Business or Agency Address Recomm		CITY		
100 Avenida Presidio	San C	Clemente E-MAIL ADDRESS	CA	92672
DAYTIME TELEPHONE NUMBER (949) 361-8200		E-WAIL ADDRESS		
	gence in preparing this statement. I ha	ve reviewed this stateme	nt and to the best of my kn	owledge the information contained
herein and in any attached sc	hedules is true and complete. I ackno	wledge this is a public of	locument.	
I certify under penalty of pe	rjury under the laws of the State of	California that the fore	going is true and correct	
Date Signed01/16/	2017 12:39 PM	Signature		Submission
	nonth, day year)		(File the originally signed staten	nent with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Samantha Thomas

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Samantha Thomas Graphic Design	
Name	Name
1605 Via Ameno	Address (Business Address Acceptable)
Address (Business Address Acceptable)	Check one
Check one ☐ Trust, go to 2 🗵 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Contracted graphic design services	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED S100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT
NATURE OF INVESTMENT Partnership X Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$\overline{X}\$ \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 OVER \$100,000
None or Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: □ INVESTMENT □ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments: One-time contractual work project, completed	FPPC Form 700 (2015/2016) Sch. A-2 FPPC Advice Email: advice@fppc.ca.gov

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIF	ORNIA FORM	700
Name		
	Samantha Thom	nas

(Business Address Acceptable) ACTIVITY, IF ANY, OF SOURCE SINESS POSITION COME RECEIVED \$1,000
ACTIVITY, IF ANY, OF SOURCE SINESS POSITION COME RECEIVED \$1,000
COME RECEIVED \$1,000
COME RECEIVED \$1,000
\$1,000
OVER \$100,000 OVER \$100,000 ATION FOR WHICH INCOME WAS RECEIVED Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Ship (Less than 10% ownership. For 10% or greater use le A-2.) (Real property, car, boat, etc.) Expayment Ssion or Rental Income, list each source of \$10,000 or more
ATION FOR WHICH INCOME WAS RECEIVED Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) ship (Less than 10% ownership. For 10% or greater use le A-2.) (Real property, car, boat, etc.) epayment ssion or Rental Income, list each source of \$10,000 or more
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) ship (Less than 10% ownership. For 10% or greater use le A-2.) (Real property, car, boat, etc.) spayment ssion or Rental Income, list each source of \$10,000 or more
(For self-employed use Schedule A-2.) ship (Less than 10% ownership. For 10% or greater use le A-2.) (Real property, car, boat, etc.) spayment ssion or Rental Income, list each source of \$10,000 or more
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(Real property, car, boat, etc.) epayment ssion or Rental Income, list each source of \$10,000 or more
ssion or Rental Income, list each source of \$10,000 or more
(Describe)
(Describe)
tions, or any indebtedness created as part of ular course of business on terms available to al loans and loans received not in a lender's
RATE TERM (Months/Years)
06/2018
% None
FOR LOAN
Personal residence
ropertyStreet address
Street address
Street address City
Street address City
Street address