CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

City of Saate Ancewed

MAR 1 1 2014

Ple	ease type or print in ink.				
NA	ME OF FILER (LAST) (FIRST) City Clerks) September (LAST)				
	HAMM CHRIS CHEYNE				
1.	1. Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	CITY OF SAN CLEMENTE				
	Division, Board, Department, District, if applicable Your Position				
	CITY COUNCIL COUNCILMEMBER				
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)				
	Agency: COASTAR ANIMOR SERVICES ANTHORIN Position: BUARD MEMBER				
2.	Jurisdiction of Office (Check at least one box)				
	☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)				
	Multi-County County of				
	City of SA CLEMENTE Other				
4					
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2013, through				
_	December 31, 2013. (Check one)				
	The period covered is / / The period covered is January 1, 2013, through the date of				
	December 31, 2013. The period covered is 12 13 12 connocit (Check one) The period covered is 12 13 12 through December 31, 2013. One of through December 31, 2013. One of through December 31, 2013.				
	Assuming Office: Date assumed/, through the date of leaving office.				
	Candidate: Election year and office sought, if different than Part 1:				
	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) 10 2 AVC PUES IDIA SAN (I FINE DATE DA 92672				
	DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)				
	(949) 36/-832)				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the					
	herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct				
	(att el. lu				
	Date Signed				
	(month, day, year) / (File the originally signed statement with your taing official.)				

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
OUT/	CITY
CITY	
FAIR MARKET VALUE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$0 - \$499
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
You are not required to report loans from commercial le business on terms available to members of the public w loans received not in a lender's regular course of busine	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ess must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

SCHEDULE D Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
CHAMBEL OF COMMERCE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1231 PLERTA OCL SOL STE 200 SC	
BUSINESS ACTIVITY IF ANY OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
* **	
CHAMBER SF COMMERCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
DATE (HIRADAYY) VALUE DESCRIPTION OF GIL 1(3)	BAIL (Innibudy), Prese Beastin visit of the visit
11,1,13 s 150 TASIE OF SCX2	
4,12,13 , 18 STATE OF CITY	\$
5,1,13 , 10 BOOR OF SC	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
KIRKORIAN MOVIE THEATER	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
641 CAM. DE LOS MARES	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY. OF SOURCE
KIKKORIAN	-
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1,1,13 \$ 120 MOVIE PASSES	\$
	\$
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	
	/ / \$
\$	
Comments:	