

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) City of State of Department  
Hamm CHRIS CHEVNE

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 COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency COASTAL ANIMAL SERVICES AUTHORITY Position: BOARD MEMBER

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

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

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or- The period covered is 12/5/12 through 12/31/13
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - 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 AVE. PRESIDIO SAN CLEMENTE CA 92672

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
(949) 361-8322

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 3/11/14 3/11/14 Signature \_\_\_\_\_  
(month, day, year) (File the originally signed statement with your filing official.)



**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
CHAMBER OF COMMERCE  
 ADDRESS (Business Address Acceptable)  
1231 PUERTA DEL SOL STE 200 SC  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CHAMBER OF COMMERCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/1/13</u>	<u>\$ 150</u>	<u>TASTE OF SC X 2</u>
<u>4/12/13</u>	<u>\$ 18</u>	<u>STATE OF CA</u>
<u>5/1/13</u>	<u>\$ 10</u>	<u>BOOK OF SC</u>

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
KIRKORIAN MOVIE THEATER  
 ADDRESS (Business Address Acceptable)  
641 CAM. DE LOS MARES  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
KIRKORIAN

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/1/13</u>	<u>\$ 120</u>	<u>MOVIE PASSES</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_