

COVER PAGE *City of San Clemente*

Please type or print in ink.

NAME OF FILER (LAST) Hamm (FIRST) CHRIS (MIDDLE) CHEVNE  
MAR 17 2017

1. Office, Agency, or Court

City Clerk Department

Agency Name (Do not use acronyms)

CITY OF SAN CLEMENTE

Division, Board, Department, District, if applicable

Your Position

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, 2016, through December 31, 2016.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.
- 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, 2016, through the date of leaving office.  
-or-  
○ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

4. Schedule Summary (must complete)

▶ Total number of pages including this cover page: 3

Schedules attached

- 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  
(949) 361-8200 HAMMC@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 3/17/17  
(month, day, year)

Signature   
(File the originally signed statement with your filing official.)



**SCHEDULE D**  
**Income – Gifts**

Name  
Chris Hamm

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/18/15</u>	<u>\$ 54.43</u>	<u>ANNUAL MEETING</u>
<u>4/8/16</u>	<u>\$ 27.00</u>	<u>STATE OF CITY</u>
<u>   </u>	<u>   </u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
HURLEY  
 ADDRESS (Business Address Acceptable)  
1945 PLACENTIA AVE. COSTA MESA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
SURF COMPANY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/10/16</u>	<u>\$ 100.00</u>	<u>PASS</u>
<u>   </u>	<u>   </u>	<u>   </u>
<u>   </u>	<u>   </u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
KRIKORIAN MOVIE THEATRE  
 ADDRESS (Business Address Acceptable)  
MOVIE THEATRE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
641 CAM DE LOS MARES 92673

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/01/16</u>	<u>\$ 120.00</u>	<u>MOVIE PASS</u>
<u>   </u>	<u>   </u>	<u>   </u>
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▶ NAME OF SOURCE (Not an Acronym)  
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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Comments: \_\_\_\_\_