STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER CRACE Comments

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)	MAR 1 7 2017 (MIDDLE)
HAMM CHYUS	CHETNE
1. Office, Agency, or Court	City Clark Department
Agency Name (Do not use acronyms)	
CITY OF SAN CLEME!	
Division, Board, Department, District, if applicable	Your Position
	COUNCILMEMBER
▶ If filing for multiple positions, list below or on an attachment. (Do	not use acronyms)
Agency COASTAL AVIMAL SERVICES AUTH	BRITY Position: BOARD MEMBER
2. Jurisdiction of Office (Check at least one box)	
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
Scity of SAN CLEMENTE	Other
- T - COL	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2016, through December 31, 2016.	Check one)
The period covered is/, throperon of the period covered is/	ough The period covered is January 1, 2016, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Election year and office sou	ght, if different than Part 1:
	mber of pages including this cover page:
Schedules attached	
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
☐ None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CI	TY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	CIENTENTE DA 97672
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
9491361-8200	HAMMCOSAN-CLEMENTE, ORG
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknow	e reviewed this statement and to the best of my knowledge the information contained eledge this is a public document.
I certify under penalty of perjury under the laws of the State of C	alifornia that the foregoing is true and correct
Date Signed 3/17/17	Signature
(month, day, year)	(File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Hamm Accounting inc	
Name	Name
Address (Ouriness Address Association)	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) 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	GENERAL DESCRIPTION OF THIS BUSINESS
Accounting	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 \$1,000 - \$10,000
2 \$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000 Over \$1,000,000	\$1,000,001 - \$1,000,000 Over \$1,000,000
-	
NATURE OF INVESTMENT Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
Other	Other Other
YOUR BUSINESS POSITION	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 TO THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$\frac{1}{2}\$	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$1,00,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	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
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	FPPC Form 700 (2016/2017) Sch. A-2
Comments:	EDDC Advise Emails advise @fnnc so gov

SCHEDULE D Income – Gifts



NAME OF SOURCE (Not an Acronym) CHAMBER OF CONNERUE	NAME OF SOURCE (Not an Acronym)
/	HUECCI
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1231 PUERTA DEL SC.CA BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
CHAMBOR OF COMMERCE	SURF COMPANY
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
02, 18, 15, 54.43 Annual MEETIN	9,10,16,100,00 PASS
4,8,16,27,00 STATE OF	
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
FRIKURIAN MOVIE THEATRE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
MOVIE THEATRE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 9261	BUSINESS ACTIVITY, IF ANY, OF SOURCE
641 CAM DE LOS MARES 1001	2
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01,04,66 , 120.06 MOVIEPASS	\$
	\$
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)
	s
	\$