

MAR 29 2017

Please type or print in ink.

NAME OF FILER (LAST) IKhanipour (FIRST) Khosrow (Amir) (MIDDLE) _____
 City Clerk Department

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of San Clemente Senior Civil Engineer
 Division, Board, Department, District, if applicable Your Position

► 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 or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of San Clemente Other _____

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
 -or- The period covered is 01/01/2016, 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, 2015, 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: _____

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

-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 Avenida Presideo, San Clemente, CA. 92672

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(949) 361-6140

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 4/1/2017
(month, day, year)

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