CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received MAR 2 9 2018

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City Clerk Department

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IAME OF FILER (LAST)	(FIRST)		(MIDDLE)
· · · · · · · · · · · · · · · · · · ·	Ward, Kathleen		М.
. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of San Clemente		Marin Brands	,
Division, Board, Department, District, if applicable		Your Position	
City Council	<u> </u>	City Council Member	
▶ If filing for multiple positions, list below or on an attachm	nent. (Do not use acre	onyms)	
Agency: Foothill Eastern Transportation Corrido	or	Position: Director	
. Jurisdiction of Office (Check at least one box)	·		
☐ State		☐ Judge or Court Commission	ner (Statewide Jurisdiction)
Multi-County		County of	
⊠ City of San Clemente			
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2017, throu December 31, 2017.	ıgh	Leaving Office: Date Left (Check one)	J
The period covered is	, through	The period covered is leaving office,	January 1, 2017, through the date of
Assuming Office: Date assumed/		The period covered is . the date of leaving office.	, through
Candidate: Date of Election a	and office sought, if dif	ferent than Part 1:	
	Total number of p	pages including this cov	er page:
Schedules attached			
Schedule A-1 - Investments - schedule attached	☐ Sch	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	<u>[</u> ∑ Sch	nedule E - Income - Gifts - Tra	vel Payments - schedule attached
Or-			
None - No reportable interests on any scheo	aule		
Verification	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
100 Avenida Presido	San Cleme		92672
DAYTIME TELEPHONE NUMBER	i i	IL ADDRESS	<u> </u>
		rdk@san-clemente.org	
I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete.	f acknowledge this is	s a pu	my knowledge the information contained
I certify under penalty of perjury under the laws of the	State of California th	at the	
Parts Singue March 25, 2018	A I 4		
Date Signed (month, day, year)	Signati	nie —	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES C	POISSIDMC
Name	
· 	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 692-212-16	➤ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
San Clemente, Ca 92672	GIII
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \ \$100,001 - \$1,000,000 ACQUIRED DISPOSED \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold []
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$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. None	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.
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and pass 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)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
comments:	

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

➤ NAME OF SOURCE (Not an Acronym) San Clemente Chamber of Commerce	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) Puerto Del Sol # , San Clemente, Ca 92673	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Meeting	11
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
02 16 17 55.73 Ticket/Dinner	
	/ \$
	\$
► NAME OF SOURCE (Not an Acronym) San Clemente Chamber of Commerce	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) Puerto Del Sol # , San Clemente, CA 92673	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE State of the City	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
07 07 17 28.00 Ticket/Lunch	\$
\$	
	
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
San Clemente Chamber of Commerce	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Puerto Del Sol # , San Clemente 92673 BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Tase of San Clemente	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11 03 17 190.00 Ticket/Event	\$
\$	
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

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Name

- . Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
WaterNow Alliance Thoreau Center for Sustainability	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1014 Torney Avenue	
CITY AND STATE	CITY AND STATE
San Francisco, CA 94129	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 04 / 20 / 17 - 04 / 21 / 17 AMT: \$ 300.00	DATE(S):/
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description Patricipated in Annual Summit 'Catalyzing Action'	Other - Provide Description
If Gift, Provide Travel Destination AXTALE	▶ If Gift, Provide Travel Destination
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (e)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):// AMT: \$
MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Comments:	