

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

City Clerk Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ward, Kathleen M.

1. Office, Agency, or Court

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

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

Agency: Foothill Eastern Transportation Corridor Position: Director

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, 2017, through December 31, 2017. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4

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 Presido San Clemente CA 92672
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
wardk@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 information provided is true and correct.

Date Signed March 25, 2018
(month, day, year)

Signature _____

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*
 San Clemente Chamber of Commerce

ADDRESS *(Business Address Acceptable)*
 Puerto Del Sol # , San Clemente, Ca 92673

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Annual Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 16 / 17	\$ 55.73	Ticket/Dinner
/ /	\$	
/ /	\$	

▶ 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)*
 San Clemente Chamber of Commerce

ADDRESS *(Business Address Acceptable)*
 Puerto Del Sol # , San Clemente, CA 92673

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 State of the City

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 07 / 17	\$ 28.00	Ticket/Lunch
/ /	\$	
/ /	\$	

▶ 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)*
 San Clemente Chamber of Commerce

ADDRESS *(Business Address Acceptable)*
 Puerto Del Sol # , San Clemente 92673

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Tase of San Clemente

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 03 / 17	\$ 190.00	Ticket/Event
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

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

- 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)
WaterNow Alliance Thoreau Center for Sustainability
 ADDRESS (Business Address Acceptable)
1014 Torney Avenue
 CITY AND STATE
San Francisco, CA 94129
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): 04 / 20 / 17 - 04 / 21 / 17 AMT: \$ 300.00
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Participated in Annual Summit 'Catalyzing Action'
 ▶ If Gift, Provide Travel Destination AIRFARE

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

Comments: _____