

501-30-6

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) 11/4/16

Amendment (Explain Below)

Date Stamp City of San Clemente JUL 31 2018 City Clerk Department

CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE CHRIS Hamm STREET ADDRESS CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD SAN CLEMENTE CITY COUNCIL JURISDICTION (LOCATION) SAN CLEMENTE DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

Table with 3 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/28/18 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form