

Please type or print in ink.

NAME OF FILER (LAST) CRANDELL (FIRST) BARTON (MIDDLE) KENT

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF SAN CLEMENTE

Division, Board, Department, District, if applicable

Your Position

PLANNING COMMISSIONER

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

Agency: CITY OF SAN CLEMENTE

Position: CHAIR- DESIGN REVIEW BOARD

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.

-or-

Assuming Office: Date assumed / /

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: 1

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

SAN CLEMENTE CA 92672

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

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 4.8.18

Signature

(month, day, year)

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

Clear Page

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