

**Officeholder and Candidate
Campaign Statement -
Short Form**

Date of election if applicable: (Month, Day, Year) <u>11-2018</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp City of San Clemente	CALIFORNIA FORM 470 For Official Use Only
		JUL 30 2019	

1. Statement Covers Calendar Year 20 19.

2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE <u>KATHLEEN WARD</u> STREET ADDRESS <u>910 CALLE NEGOCIO</u> CITY STATE ZIP CODE <u>SAN CLEMENTE CA 92673</u> AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS <u>949.361.8322</u>		3. Office Sought or Held OFFICE SOUGHT OR HELD <u>CITY COUNCIL MEMBER</u> JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE) <u>CITY OF SAN CLEMENTE</u>	
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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.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>NONE</u>		

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 _____ 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 this statement is true and correct.

Executed on 7-24-19 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE

[Clear Form](#) [Print Form](#)