

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

501-30-6

Date of election if applicable:  
(Month, Day, Year)  
11/ / 2016

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
**City of San Clemente**  
  
AUG 20 2019  
  
**City Clerk Department**

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 19

2. **Officeholder or Candidate Information**  
 NAME OF OFFICEHOLDER OR CANDIDATE  
CHRIS HAMM  
 STREET ADDRESS  
910 CALLE NEGOCIO  
 CITY STATE ZIP CODE  
SAN CLEMENTE CA 92672  
 AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held**  
 OFFICE SOUGHT OR HELD  
MEMBER CITY COUNCIL  
 JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
CITY OF SAN CLEMENTE

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

5. **Verification**  
 I declare under penalty of perjury that the information provided is true and correct 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 efforts to ensure the accuracy of this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.  
 Executed on 8/20/19 DATE By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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