

COVER PAGE

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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 Your Position
Councilmember

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

Agency: SEE ATTACHED LIST Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge, Retired Judge, Pro Tem 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, 2019, through December 31, 2019. **Leaving Office:** Date Left ____/____/_____
(Check one circle.)
-or- The period covered is ____/____/_____, 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)
910 Calle Negocio San Clemente CA 92673
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 361-8200

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 03/27/2020 03:22 PM Signature Electronic Submission
(month, day, year) (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Kathleen Ward

EXPANDED STATEMENT LIST

| Agency Name | Division, Board, Department, District | Position or Title | Jurisdiction | Type of Statement | Period Covered |
|----------------------|------------------------------------------|----------------------------------|-------------------------|----------------------|---------------------|
| City of San Clemente | | Investment Advisory Committee | City of San Clemente | Annual | 05/21/19 - 12/31/19 |

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Kathleen Ward

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
692-212-16

CITY
San Clemente, CA 92672

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/19 _____/_____/19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/19 _____/_____/19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name
Kathleen Ward

▶ NAME OF SOURCE *(Not an Acronym)*
Kathleen Ward
 ADDRESS *(Business Address Acceptable)*
 [REDACTED]
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Membership/Installation of Officers

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------------|-----------------|------------------------|
| <u>02 / 21 / 19</u> | <u>\$ 85.00</u> | <u>Dinner</u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |

▶ 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) |
|-----------------------|---------------|------------------------|
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |

▶ NAME OF SOURCE *(Not an Acronym)*
San Clemente Chamber of Commerce
 ADDRESS *(Business Address Acceptable)*
1231 Puerto del Sol, SC CA 92673
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
State of the City

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------------|-----------------|------------------------|
| <u>03 / 29 / 19</u> | <u>\$ 59.00</u> | <u>Lunch</u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |

▶ 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) |
|-----------------------|---------------|------------------------|
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |

▶ 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) |
|-----------------------|---------------|------------------------|
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |

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 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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|-----------------------|---------------|------------------------|
| <u> / / </u> | <u>\$ </u> | <u> </u> |
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Comments: _____