

**COVER PAGE**

**JUN 22 2020**

Please type or print in ink.

**A PUBLIC DOCUMENT**

**City of San Clemente**

NAME OF FILER (LAST) HAMM (FIRST) CHRIS (MIDDLE) CHEVNE

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

CITY OF SAN CLEMENTE

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCIL MEMBER

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

Agency: \_\_\_\_\_ 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 December 31, 2019.

The period covered is January 1, 2019, 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: 3**

**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 ALLE NEGRO SAN CLEMENTE CA 92673

DAYTIME TELEPHONE NUMBER

(949) 361-8200

EMAIL ADDRESS

HAMMC@SAN-CLEMENTE-ORG

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 6/22/20  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed paper statement with your filing official.)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

Name  
Hamm

**▶ 1. BUSINESS ENTITY OR TRUST**

Name Hamm Accounting Inc  
92672

Address (Business Address Acceptable)

Check one

- Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Accounting

FAIR MARKET VALUE

- \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

   /   /19       /   /19  
ACQUIRED                  DISPOSED

NATURE OF INVESTMENT

- Partnership     Sole Proprietorship     SPOUSES BUSINESS  
Other

YOUR BUSINESS POSITION N/A

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

- Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE

- \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

   /   /19       /   /19  
ACQUIRED                  DISPOSED

NATURE OF INVESTMENT

- Partnership     Sole Proprietorship     \_\_\_\_\_  
Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- \$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                 OVER \$100,000  
 \$1,001 - \$10,000

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- \$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                 OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

- None    or     Names listed below

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- None    or     Names listed below

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

- INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

- \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

   /   /19       /   /19  
ACQUIRED                  DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_  
Yrs. remaining

Other \_\_\_\_\_

- Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

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- INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

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 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

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ACQUIRED                  DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_  
Yrs. remaining

Other \_\_\_\_\_

- Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name Hamm

▶ NAME OF SOURCE (Not an Acronym)  
CHAMBER OF COMMERCE  
 ADDRESS (Business Address Acceptable)  
1231 PUERTA DEL SOL, 92672  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CHAMBER OF COMMERCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11.1.19</u>	<u>\$ 190</u>	<u>TICKET-TAKE <sup>OFF</sup> SC</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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 ADDRESS (Business Address Acceptable)  
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: \_\_\_\_\_