

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

City of San Clemente <small>Date Stamp</small> JUL 20 2020 City Clerk Department	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
CHRIS HAMM

STREET ADDRESS

CITY STATE ZIP CODE
SAN CLEMENTE CA 92672

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
949-361-8200

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SAN CLEMENTE CITY COUNCIL

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
SAN CLEMENTE

4. Committee Information

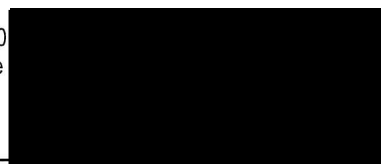
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 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 the information provided is true and correct.

Executed on 7/15/20 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE