

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

Date Stamp	CALIFORNIA FORM 470
City of San Clemente	
JUL 31 2020	For Official Use Only
City Clerk Department	

Date of election if applicable: (Month, Day, Year) <u>11-2018</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
KATHY WARD

STREET ADDRESS
910 CALLE NEGOCIO, SC, CA 92672

CITY STATE ZIP CODE
[REDACTED] STATE ZIP CODE

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
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
<u>— NONE —</u>	<u>N/A</u>	<u>N/A</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 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 7-29-20
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE