

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Inval F2 2020 ved Filing Official Use Only

City Clerk Department

TORM

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Kush	Laron		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)	A		V 2 0
City Of San	clemente	candaite f	for member of city
Division, Board, Department, District, if applicable	le	Your Position	
▶ If filing for multiple positions, list below or on	an attachment. (Do not use ac	cronyms)	
Agency: City of San	clemento	Can'da	4 Cox Menter of
Agency: CITY 05 Sun1	Cicharte	Position:	AC 401 LICHIAN OF
2. Jurisdiction of Office (Check at least			
☐ State		☐ Judge, Retired Judge, Pro T (Statewide Jurisdiction)	Tem Judge, or Court Commissioner
Multi-County		County of	
Dity of San Clemente		[7] a	
3. Type of Statement (Check at least one			
Annual: The period covered is January 1,	•	Leaving Office: Date Left	:
December 31, 2019.	2010, unough		ck one circle.)
The period covered is/ December 31, 2019.		O The period covered is a leaving office.	January 1, 2019, through the date of
Assuming Office: Date assumed/_		**	ce. , through
Candidate: Date of Election Nov/3/	20 and office sought, if o	lifferent than Part 1:	
4. Schedule Summary (must comple			
Schedules attached	te) ▶ lotal number of	pages including this cove	er page:
	-ubd 🗆 S	chadula C - Incomo I cons & Ru	usiness Positions – schedule attached
<ul><li>Schedule A-1 - Investments − schedule</li><li>Schedule A-2 - Investments − schedule</li></ul>		chedule D - Income - Gifts - sch	
Schedule B - Real Property – schedule			vel Payments - schedule attached
-or- None - No reportable interests	on any schedule		
5. Verification	San	Temente CA	92673
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	ent)	STATE	ZIP CODE
DAYTIME TEI EPHONE NUMBER	Teo	ALL ADDDESS	
DAY LIME TELEPHONE NUMBER	EM	ALRIGRESS	-man . cam
I have used all reasonable diligence in preparing herein and in any attached schedules is true and		this statement and to the best of	
I certify under penalty of perjury under the la			orrect.
7/2//-	7.0		
Date Signed	Signa	(File the originally signed p	aper statement with your filing official.)
(month, day, jour)		i no ano originally digited p	Jour ming omordi.)