Officeholder and Candidate Campaign Statement – Short Form						City of San Clemente	CALIFORNIA 47	70
		Date of election if applicable: (Month, Day, Year) 11/03/2020		Amendment (Explain Below)		SEP 2 5 2020	For Official Use Only	ly
						City Clerk Department		
1.	Statement Covers Calendar Year 20 20							
2.	Officeholder or Candidate Information			3.	Office Sought or H	leld		
	NAME OF OFFICEHOLDER OR CANDIDATE			To deliver del la	OFFICE SOUGHT OR HELD			
	Joseph Kenney	efertelija in erektoriterali kolancojacanbassom		NA SECRETARIO DE LA CASA DEL CASA DE LA CASA DEL CASA DE LA CASA D	Council Member 4-Ye	ear Term		
	STREET ADDRESS				JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
	CITY	STATE	ZIP CODE	Prod tomologica comment	San Clemente			
	San Clemente	CA	92673					
	AREA CODE/DAYTIME PHONE NUMBER		FAX / E-MAIL ADDRESS					
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				E ADDRESS		OF TREASURER	
			and the second s					-
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 will spend 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 foregoing is true and correct.							
	09/25/2020							
	Executed onDATE	attiliseelija kar y alla talkin eer keel sala kahalees kan oo waxay kan oo galan ah	TO THE PARTY AND ADDRESS OF THE PARTY AND ADDR		Ву	EHOLDER OR CANDIDATE	<u> </u>	
						FPPC Form 4 FPPC Advice: advi	470/470 Supplement (Ja ce@fppc.ca.gov (866/2	an/2016) 75-3772)

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