CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date JANa 6 ilin 202 beived

A PUBLIC DOCUMENT

City Clark Department

| Please type or print in ink. | (FIRS) | , | | (MIDDLE) | |
|------------------------------|---|-------------------|---|-------------------------------------|----------------------------------|
| Kno 5/0 | ck Ste | ren | | Craig | |
| 1. Office, Agency, or | Court | | | | |
| Agency Name (Do not to | | đ | art | Council M | 10 - 1 |
| City of | - San Clemen | te | Cely | Council VI | lenker |
| Division, Board, Departm | ent, District, if applicable | | | . i | p _ |
| Questa | d) Orange | | | strative Hear | mg Hice |
| ▶ If filing for multiple po | sitions, list below or on an attacl | | | , 5.1 | d . a0 |
| Agency: | hy of Craws | <u> </u> | Position: 🖰 | d wint rufi | us Hearing UK |
| 2 Juriediction of O | ffice (Check at least one box) | | | | V |
| State | MGG (Olieck at least one box) | | Lludge Retir | red Judge Pro Tem Jud | lae or Court Commissioner |
| Claic | Otale | | Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) | | |
| Multi-County | | | County of _ | Orange | |
| Micity of San | Clemente | | Other | <u> </u> | |
| | Nt (Check at least one box) | | | | |
| •• | d covered is January 1, 2020, the | ouah | Leaving O | ffice: Date Left | <i></i> |
| mty 7 -or- December | | a., | | (Check one | |
| The period December | • | | O The pe leaving -or- | | 1, 2020, through the date of |
| | Date assumed 12 1 | 2020 | · · · · · · · · · · · · · · · · · · · | | , through |
| City of San Clem | ₹ | | | e of leaving office. | |
| Candidate: Date o | f Election | and office soug | nt, it different than Part | T: | |
| 4. Schedule Summa | | Total number | er of pages includ | ing this cover pag | re: |
| Schedules attac | hed | | | | 1 |
| Schedule A-1 - | investments - schedule attached | | land. | | Positions - schedule attache |
| - | nvestments - schedule attached | | ll | me – Gifts – schedule a | |
| ☐ Schedule B - Re | eal Property - schedule attached | | Scriedule E - Incol | ne – Giils – Travei Pay | ments - schedule attached |
| -or- N None - No | reportable interests on any | schedule | | | |
| 5. Verification | | | | | |
| MAILING ADDRESS | STREET | CITY | A | STATE | ZIP CODE |
| (Dusmess or Agency Addréss I | Recommended - Public Document) | San (| Oenente. | CA | 92671 |
| DAYTIME TELEPHONE NUME | ER | | EMAIL ADDRESS | | |
| | | | | | |
| herein and in any attach | le diligence in preparing this state ed schedules is true and comple | te. I acknowledg | e this is a public docur | ment. | wledge the information contain |
| I certify under penalty | of perjury under the laws of th | e State of Califo | ornia that the foregoin | g is true and correct. | |
| Data Sirend | -6-21 | | Cimpature | | |
| Date Signed | (month. day. year) | | Signature (File | o the originally signed paper state | ment with your filing official) |