CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received MAR 22222021

City Clerk Department

Plea	ase type or print in ink.	any crem population					
NAM	E OF FILER (LAST) (FIRST) KA	THY (MIDDLE)					
1.	Office, Agency, or Court						
	Agency Name (Do not use acronyms) CITY OF SAN CLEMEN	NIE CITY COUNCILMEMBER!					
	Division, Board, Department, District, if applicable	Your Position MAYOR					
	CITY COURICEL						
	▶ If filing for multiple positions, list below or on an attachment. (Do not	use acronyms)					
	Agency: DRANGE COULTY FIRE AUT	HORT Position: Dicketor					
2.	2. Jurisdiction of Office (Check at least one box)						
	State	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 					
	Multi-County	County of					
	City of	Other					
	Type of Statement (Check at least one box)						
	Annual: The period covered is January 1, 2020, through December 31, 2020.	Leaving Office: Date Left//(Check one circle.)					
	The period covered is/, through December 31, 2020.	 The period covered is January 1, 2020, through the date of leaving office. -or- 					
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.					
	Candidate: Date of Election and office soug	ght, if different than Part 1:					
4.	Schedule Summary (must complete) ► Total number	er of pages including this cover page:					
	Schedules attached	The state of the s					
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached					
	Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached					
	Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached					
-0	r- None - No reportable interests on any schedule						
5.	/erification						
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE A STATE A STA					
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS WARDK Q SAN-CLEMENTE. ORG					
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of medical description on tained herein and in any attached schedules is true and complete. I acknowledge this is a public document.						
•	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and co						
	Date Signed	Signature					
Described to							

FPPC Form 700 - Cover Page (2020/2021) advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov

Print

Clear

STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Kathleen Ward

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Foothill Eastern Transportation Corridor Agency		Director	County of Orange	Annual	01/1/20 – 12/31/20

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
SAN CLEMENTE	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	☐ Ownership/Deed of Trust ☐ Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000 S1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	