

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

City of San Clemente
Date Initial Filing Received
MAR 22 2021
City Clerk Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
WARD KATHY

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF SAN CLEMENTE CITY COUNCILMEMBER /
Division, Board, Department, District, if applicable CITY COUNCIL Your Position MAYOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: ORANGE COUNTY FIRE AUTHORITY Position: DIRECTOR

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 _____

3. 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 January 1, 2020, through the date of leaving office.
 - The period covered is ____/____/____, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- 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

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
910 CALLE NEGOCIO, SAN CLEMENTE, CA. 92672

DAYTIME TELEPHONE NUMBER _____ EMAIL ADDRESS WARDK@SAN-CLEMENTE.ORG

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge and belief the information contained 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 correct.

Date Signed 3-15-21 (month, day, year) Signature _____

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1 OF 2*

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

