

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

Date of election if applicable:  
(Month, Day, Year)  
11-2018

Amendment (Explain Below)

Date Stamp  
City of San Clemente  
JUL 27 2021  
City Clerk Department

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 21.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
KATHY WARD

STREET ADDRESS  
910 900 CALLE NEGOCIO SAN CLEMENTE CA

STATE ZIP CODE  
CA 92672

AREA CODE/DAYTIME PHONE NUMBER  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
CITY COUNCIL MEMBER

JURISDICTION (LOCATION)  
SAN CLEMENTE

DISTRICT NUMBER (IF APPLICABLE)

**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	COMMITTEE ADDRESS	NAME OF TREASURER
<u>N/A</u>	<u>/</u>	<u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>

**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 in contributions 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 information provided is true and correct.

Executed on July 16, 2021  
DATE

By [REDACTED]  
DATE