

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/01/2022 09:26 AM SAN: 111400076-STH-0076

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Koger	Kiel				
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)			5		
City of San Clemente					
Division, Board, Department, District, if applicable		Your Position			
		Public Works D	irector/Cit	v Engineer	
▶ If filing for multiple positions, list below or on an	attachment. (Do not use			,g	
Agency:		Position:		*	
2. Jurisdiction of Office (Check at least on	box)				
State	,	Judge, Retired Judg	ne Pro Tem .	Judge, or Court Commis	ssioner
		(Statewide Jurisdicti		oudgo, or court commis	00101101
Multi-County		County of			
□ City of San Clemente		Othor			
3. Type of Statement (Check at least one bo					
 Type of Statement (check at least one both) Annual: The period covered is January 1, 20 		Lacying Office: 5	Ooto Loft		
December 31, 2021 .	i, tillough	Leaving Office: L		/ ne circle.)	_
The period covered is	2021 through	The period cov	rered is Janua	ary 1, 2021 , through the	e date of
December 31, 2021 .	,g	leaving office.			
Assuming Office: Date assumed/					, through
Candidate: Date of Floation	and office county	the date of lear			
Candidate: Date of Election	and oπice sought,	IT different than Part 1:			
4. Schedule Summary (must complete)	► Total number of	of pages including thi	is cover p	age: 1	
Schedules attached					
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					attached
Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached					
Schedule B - Real Property - schedule atta	ched	Schedule E - Income - Gi	fts – Travel F	Payments – schedule at	tached
an El Maria M					
-or- None - No reportable interests on	any schedule				
5. Verification MAILING ADDRESS STREET	OUTY				-
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
910 Calle Negocio	San Cle		CA	92673	
DAYTIME TELEPHONE NUMBER (949) 361-8200		EMAIL ADDRESS			
I have used all reasonable diligence in preparing this	statement. I have review	red this statement and to the	best of my k	cnowledge the information	on contained
herein and in any attached schedules is true and co	mplete. I acknowledge th	nis is a public document.	boot of fing f	anomodgo ano miormatic	on contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
03/04/2000 00:00 454			121-13	IZ	
Date Signed 03/01/2022 09:26 AM (month, day, year)	Sig	gnature(File the original		Koger tatement with your filing official.)	