CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

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: 04/20/2022 05:17 AM SAN: 111400076-STH-0076

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Gilmore	Jordan				
1. Office, Agency, or Cou	rt				
Agency Name (Do not use acr	ronyms)				
City of San Clemente					
Division, Board, Department, District, if applicable		Your Positi	Your Position		
		Golf Co	ourse Manager		
▶ If filing for multiple positions	, list below or on an attachment. (aroo Managor		
3					
Agency:		Position:	Position:		
2. Jurisdiction of Office	(Check at least one hox)				
☐ State		□ ludge P	tatired ludge Pro Tem lu	dae or Court Commissioner	
		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)			
Multi-County		☐ County of	County of		
⊠ City of San Clemente		<u> </u>	Other		
3. Type of Statement (ch	eck at least one box)				
December 31, 20	red is January 1, 2021, through 021 .	Leaving	g Office: Date Left (Check one		
-or- The period cove December 31, 20	red is/, 021.		period covered is January ing office.	y 1, 2021, through the date of	
Assuming Office: Date assumed/, the date of leaving office.				/, through	
Candidate: Date of Elect	on and off	ice sought, if different than F	Part 1:		
4. Schedule Summary (r	nust complete) ▶ Total	number of pages incl	uding this cover pag	ge: 1	
Schedules attached					
Schedule A-1 - Investr	nents – schedule attached	☐ Schedule C - Ir	ncome. 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				yments - schedule attached	
-or- ⊠ None - No report	able interests on any schedu	ıle			
5. Verification					
MAILING ADDRESS ST (Business or Agency Address Recomm	REET	CITY	STATE	ZIP CODE	
910 Calle Negocio	onded I abile Desamonly	San Clemente	CA	92673	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
(949) 361-8200					
	ence in preparing this statement. I ledules is true and complete. I acl			owledge the information contained	
I certify under penalty of per	jury under the laws of the State	of California that the foreg	oing is true and correct		
Date Signed 04/20/	2022 05:17 AM	Signatura	Jordan (Gilmore	
	onth, day, year)	Signature	(File the originally signed paper stat		