

COVER PAGE

Filed Date: 04/19/2022 02:49 PM  
SAN: 111400076-STH-0076

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Daly Cecilia

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of San Clemente

Division, Board, Department, District, if applicable

Your Position

Community Development Director

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

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State
Multi-County
City of San Clemente
Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
County of
Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2021, through December 31, 2021.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Date of Election
The period covered is January 1, 2021, through the date of leaving office.
The period covered is through the date of leaving office.

4. Schedule Summary (must complete) Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
910 Calle Negocio San Clemente CA 92673
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
( 949 ) 361-8200

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge 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 04/19/2022 02:49 PM

Signature Cecilia Daly

# SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*  
San Clemente Chamber of Commerce

ADDRESS *(Business Address Acceptable)*  
1231 Puerta Del Sol, #200, San Clemente, CA 92673

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business Networking - Taste of San Clemente

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 05 / 21</u>	<u>\$ 120</u>	<u>Food &amp; Beverage tasting event</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_

ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_

ADDRESS *(Business Address Acceptable)*  
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BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

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<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

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<u>  /  /  </u>	<u>\$</u>	<u> </u>

**Filer's Verification**

Print Name Cecilia Daly

Office, Agency or Court City of San Clemente

Statement Type  
  2021/2022 Annual  
  Assuming  
  Leaving  
 \_\_\_\_\_ Annual  
 Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Date Signed 04/19/2022 02:49 PM  
(month, day, year)

Filer's Signature Cecilia Daly

Comments: \_\_\_\_\_