

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 02/21/2023 03:25 PM  
SAN: 111400076-STH-0076

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Wylie Samantha

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of San Clemente  
Division, Board, Department, District, if applicable Your Position  
Beaches, Parks and Recreation 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  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
 Multi-County  County of  
 City of San Clemente  Other

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

Annual: The period covered is January 1, 2022, through December 31, 2022.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through (Check one circle.)  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is January 1, 2022, through the date of leaving office.  
-or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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 92673  
DAYTIME TELEPHONE NUMBER EMAIL 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 02/21/2023 03:25 PM Signature Samantha Wylie  
(month, day, year) (File the originally signed paper statement with your filing official.)

**SCHEDULE D**  
**Income – Gifts**

Name  
Samantha Wylie

▶ NAME OF SOURCE *(Not an Acronym)*  
SAN CLEMENTE CHAMBER OF COMMERCE  
 ADDRESS *(Business Address Acceptable)*  
1231 Puerta Del Sol Suite 200, San Clemente, CA 92673  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 28 / 22</u>	<u>\$ 165</u>	<u>TASTE OF SAN CLEMENTE TICKETS</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

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

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