

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Please type or print in ink.							
NAME OF FILER (LAST) (FIRST)			(MIDDLE	<u> </u>			
Rahn	Jacob						
1. Office, Agency, or Co	ourt						
Agency Name (Do not use	gency Name (Do not use acronyms)						
City of San Clemente	- /						
Division, Board, Department,		Υ	our Position				
			Financial Continue Offic	201			
Financial Services Officer							
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)							
Agency:			Position:				
2. Jurisdiction of Offic	e (Check at least one box)						
	State		Judge Retired Judge Pro Te	m Judge, or Court Commissioner			
			(Statewide Jurisdiction)	in dadge, or deart deminiscioner			
Multi-County			County of				
☑ City of San Clemen			Other -				
3. Type of Statement (Check at least one box)						
December 31,	vered is January 1, 2022, through, 2022 .	h \square	Leaving Office: Date Left _ (Check	one circle.)			
-or- The period co December 31,	vered is/	, through	The period covered is Ja leaving office.-or-	nuary 1, 2022, through the date of			
Assuming Office: Date	e assumed/			, through			
Candidate: Date of Ele	ection and	d office sought, if differe	ent than Part 1:				
4. Schedule Summary (required) ► Total number of pages including this cover page:							
=	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				dule attached			
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached							
-or- □ None - No repo	ortable interests on any sch	nedule					
5. Verification							
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE			
(Business or Agency Address Recor	mmended - Public Document)	San Clement	e CA	92673			
DAYTIME TELEPHONE NUMBER		EMAIL AD		32073			
(949) 361-8200							
I have used all reasonable di	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.						
•	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
Date Signed04/0	3/2023 08:40 AM (month, day, year)	Signature		er statement with your filing official.)			
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SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

Jacob Rahn

>	NAME OF BUSINESS ENTITY	► NAI	ME OF BUSINESS ENTITY
	Carnival		
	GENERAL DESCRIPTION OF THIS BUSINESS	GEI	NERAL DESCRIPTION OF THIS BUSINESS
	Cruise Lines		
	FAIR MARKET VALUE	FAI	R MARKET VALUE
	▼ \$2,000 - \$10,000	_	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NIAT	THE OF INVESTMENT
	NATURE OF INVESTMENT Stock Other		TURE OF INVESTMENT Stock Other
	(Describe)		(Describe)
	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF A	PPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	-	ACQUIRED DISPOSED
-	NAME OF BUSINESS ENTITY	► NAI	ME OF BUSINESS ENTITY
	Deutsche Bank		
	GENERAL DESCRIPTION OF THIS BUSINESS	GEI	NERAL DESCRIPTION OF THIS BUSINESS
	Banking		
	FAIR MARKET VALUE	FAI	R MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	=	\$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000
	NATURE OF INVESTMENT	NAT	TURE OF INVESTMENT
	Stock Other(Describe)		Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499		Partnership () Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF A	PPLICABLE, LIST DATE:
	<u></u>		<u>, , 22</u> <u>, , 22</u>
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY	► NAI	ME OF BUSINESS ENTITY
	IGT		
	GENERAL DESCRIPTION OF THIS BUSINESS	GEI	NERAL DESCRIPTION OF THIS BUSINESS
	International Coming		
	International Gaming FAIR MARKET VALUE	<u></u>	D MARKET VALUE
	X \$2,000 - \$10,000	_	R MARKET VALUE \$2,000 - \$10,000 \qquad \qqqqqqqq
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000
	NATURE OF INVESTMENT	NAT	TURE OF INVESTMENT
	X Stock Other		Stock Other
	(Describe) Partnership (Income Received of \$0 - \$499		Partnership () Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)	Ш	Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF A	PPLICABLE, LIST DATE:
	, , 22 , , , 22		, , 22 , , , 22
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	· 		
C	omments:		