CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

City of San Clemente

Date Initial Filing Received
Filing Official Use Only

NOV 3 0 2023

City Clerk Department

Please type or print in ink.				City Clerk Department	
NAME OF FILER (LAST) (FIRST)		(MIDDLE)			
Daly	Cecilia				
1. Office, Agency, or Court					
Agency Name (Do not use acron	yms)				
City of San Clemente					
Division, Board, Department, District, if applicable		Your Position	on		
		Assistar	nt City Manager		
▶ If filing for multiple positions, list	st below or on an attachment. (Do	not use acronyms)	^		
Agency:		Position: _			
2. Jurisdiction of Office (C	heck at least one box)				
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)			
Multi-County		County of		- No. 10 (1997)	
City of San Clemente					
3. Type of Statement (Check	k at locat and how				
Annual: The period covered December 31, 2022	is January 1, 2022, through	Leaving	Office: Date Left(Check one		
The period covered December 31, 2022	is, thro		period covered is January ng office.	1, 2022, through the date of	
Assuming Office: Date assuming Office:	med 10 , 02 , 2023	The i	period covered is/. ate of leaving office.	, through	
Candidate: Date of Election	and office s	ought, if different than Pa	art 1:		
4. Schedule Summary (req	uired) ▶ Total nur	nber of pages inclu	ding this cover pag	ie:	
Schedules attached			, ,		
Schedule A-1 - Investment	ts – schedule attached	Schedule C - Inc	come. Loans. & Business	Positions – schedule attached	
	Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached				
Schedule B - Real Proper	y - schedule attached	Schedule E - Inc	come – Gifts – Travel Pay	ments - schedule attached	
. /					
-or- X None - No reportabl	e interests on any schedule				
5. Vérification					
MAILING ADDRESS STREE (Business or Agency Address Recommende		TY.	STATE	ZIP CODE	
910 Calle Negocio	nd D 2330000000000000000000000000000000000	in Clemente	CA	92673	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
(949) 361-8200					
I have used all reasonable diligence herein and in any attached schedu	e in preparing this statement. I have les is true and complete. I acknow	reviewed this statement ledge this is a public doc	and to the best of my kno ument.	wledge the information contained	
I certify under penalty of perjury	under the laws of the State of C	alifornia that the fo <u>rego</u>	ing is true and correct.		
Date Signed // (month,	30 /2023 day, year)	Signature			