

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

City of San Clemente
Date Initial Filing Received
Filing Official Use Only
OCT 23 2023

City Clerk Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
KOBER HANS KIEL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF SAN CLEMENTE

Division, Board, Department, District, if applicable

PUBLIC WORKS DEPARTMENT

Your Position

PUBLIC WORKS DIRECTOR/
CITY ENGINEER

► 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.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left 09/14/2023
(Check one circle.)
- The period covered is January 1, 2021, through the date of leaving office.
- The period covered is 01/01/2023, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

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

-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

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 10/18/23 Signature _____
(month, day, year)