

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Ple	ease type or print i	n ink.			<u> </u>			
NAME OF FILER (LAST)		(FIRST)	(FIRST)		(MIDDLE)			
Lo	peffler	Rick						
1.	Office, Agenc	y, or Court						
	Agency Name (Do	not use acronyms)						
	City of San Cl	emente						
	Division, Board, De	partment, District, if applicable		Your Position		_		
				Councilmember				
	► If filing for multi							
			·					
	Agency:			Position:				
<del>-</del>	Jurisdiction (	of Office (Check at least one box)						
۷.	_	of Office (check at least one box)	ı	¬.,	D = 1			
	State			Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)				
	Multi-County _			County of				
	X City of San (	Clemente		O45				
3.	Type of State	ement (Check at least one box)						
٥.		period covered is January 1, 2023, through		Leaving Office: Date	a Left			
	Dece	ember 31, 2023.		Leaving Office. Date	(Check on			
		period covered is	through	<ul><li>The period covered of leaving office.</li></ul>	ed is Janua	ary 1, 2023, through the date		
	Assuming Of	fice: Date assumed//		••		, through		
	Candidate: Date of Election and office sought, if different than Part 1:							
			-					
4.			tal number of p	ages including this	cover pa	nge:3		
	Schedules attached							
	× Schedule A	A-1 - Investments - schedule attached	edule C - Income, Loans,	& Busines	s Positions - schedule attached			
☐ Schedule A-2 - Investments – schedule attached ☐ Schedule D - Income – Gifts – schedule attached								
	Schedule I	3 - Real Property – schedule attached	☐ Sch	edule E - Income – Gifts	– Travel P	ayments – schedule attached		
١,	or □ None	No man and a late of a factor of a constraint of the late of the l						
_		No reportable interests on any sch	eaule					
Э.	Verification  MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE		
		ddress Recommended - Public Document)	CITT		DIAIE	ZIP CODE		
	910 Calle Neg		San Cleme		CA	92673		
DAYTIME TELEPHONE NUMBER  EMAIL ADDRESS				. 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 containe 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.								
	<b>D</b> . <b>Q</b> .	02/20/2024 04:40 DM	<b>.</b>		District	oofflor		
	Date Signed	03/30/2024 04:46 PM (month, day, year)	Signatu		Rick L	oettler atement with your filing official.)		

## **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
Rick Loeffler

NAME OF BUOINFOO ENTITY	NAME OF BUCINESS ENTITY
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Apple	Tesla
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
American Multinational Corp	American Multinational Corp
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	\$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	NATURE OF INVESTMENT
X Stock Other	X Stock Other(Describe)
(Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , , 23	, , 23 , , , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Chevron	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
American Multinational Corp	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	\$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	NATURE OF INVESTMENT
X Stock Other	Stock Other
(Describe)	(Describe)
Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
22	22 22
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Microsoft	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
American Multinational Corp	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	\$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	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , , 23	, , 23 , , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
-	11

Comments: \_

## **SCHEDULE D** Income - Gifts

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

Name

**Rick Loeffler** 

(Not an Acronyn	n)	► NAME OF SOURCE	E (Not an Acror	nym)		
mente						
Address Accepta	able)	ADDRESS (Busines	ADDRESS (Business Address Acceptable)			
acio San Cle	emente, Ca 92673					
Y, IF ANY, OF S	OURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
lemente Din	ner					
VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		
\$_165.00	Food and Beverage		\$	_		
\$			\$	_		
\$			\$	_		
(Not an Acronyr	n)	► NAME OF SOURCE	E (Not an Acror	nym)		
mente						
Address Accepta	able)	ADDRESS (Busines	s Address Acce	ptable)		
acio San Cl	emente, Ca 92673					
Y, IF ANY, OF S	OURCE	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE		
er						
VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		
\$_195.00	Food and Beverage	/	\$	_		
\$	-		\$	_		
\$			\$	_		
(Not an Acronyr	n)	► NAME OF SOURCE	E (Not an Acror	nym)		
s Address Accepta	able)	ADDRESS (Busines	s Address Acce	ptable)		
Y, IF ANY, OF S	OURCE	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE		
VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		
\$			\$	_		
\$			\$	_		
	scio San Cle TY, IF ANY, OF S Clemente Din VALUE \$ 165.00 \$	s Address Acceptable) acio San Clemente, Ca 92673  Y, IF ANY, OF SOURCE Clemente Dinner  VALUE DESCRIPTION OF GIFT(S)  \$ 165.00 Food and Beverage  \$	ADDRESS (Business Acceptable) acio San Clemente, Ca 92673  TY, IF ANY, OF SOURCE Clemente Dinner  VALUE DESCRIPTION OF GIFT(S)  \$ 165.00 Food and Beverage  \$	ADDRESS (Business Address Acceptable) acio San Clemente, Ca 92673  Y. IF ANY, OF SOURCE  Clemente Dinner  VALUE DESCRIPTION OF GIFT(S)  \$ 165.00 Food and Beverage  \$		