



APR 10 2014

Please type or print in ink.

NAME OF FILER (LAST) Timothy (FIRST) Hatch
City Clerk Department

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of San Clemente

Division, Board, Department, District, if applicable
Your Position
Councilman, Mayor Pro Tem

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES
COMMISSION
14 APR 11 AM 9:56

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of San Clemente
- 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, 2013, through December 31, 2013.
- or-
- The period covered is ____/____/____, through December 31, 2013.
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

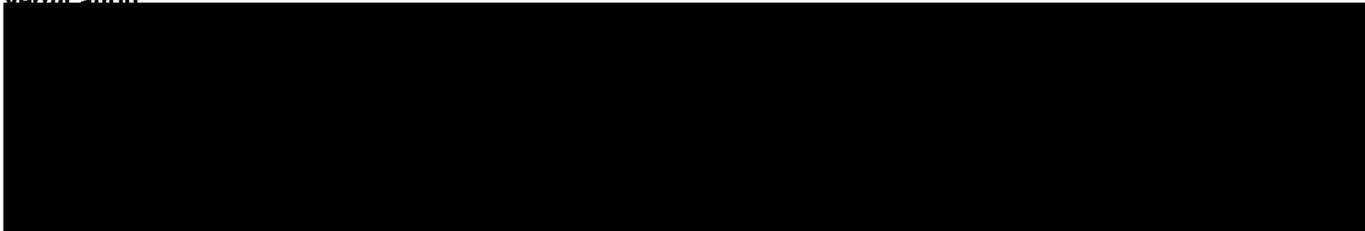
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

- 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



I certify under penalty of perjury under the laws of the State of

Date Signed 4/9/2014
(month, day, year)

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ _____ _____

▶ **NAME OF BUSINESS ENTITY**
Paychex

GENERAL DESCRIPTION OF THIS BUSINESS

401K Investment

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT 401K

Stock Other _____ (Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
 ACQUIRED DISPOSED

Comments: _____

Name _____

**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)
Chamber of Commerce

ADDRESS (Business Address Acceptable)
1100 North ECR, San Clemente

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Taste of San Clemente

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 1 / 13	\$ 150	Tickets
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Krikorian Movie Theatre

ADDRESS (Business Address Acceptable)
2275 West 190th Street, Ste. 201, Torrance, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Movie Theatres

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 1 / 13	\$ 360	Movie Tickets Pass
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
AT&T

ADDRESS (Business Address Acceptable)
1442 Edinger, Tustin, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
South OCEC Golf Tournament

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 4 / 13	\$ 200	Green's Fees
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Ihope

ADDRESS (Business Address Acceptable)
106 W Canada, San Clemente, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Poker Tournament

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 4 / 13	\$ 50	Ticket to Attend
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Fisherman's

ADDRESS (Business Address Acceptable)
San Clemente Pier

BUSINESS ACTIVITY, IF ANY, OF SOURCE
4th of July Dinner Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 4 / 13	\$ 360	Tickets
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____