

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	11 / 30 / 20

Date Stamp
City of San Clemente

JAN 11 2021

City Clerk Department

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Donna Vidrine For San Clemente City Council 2020				NAME OF TREASURER Laura A. Pephens			
STREET ADDRESS (NO P.O. BOX) 501 N. El Camino Real, #229				STREET ADDRESS (NO P.O. BOX) 501 N. El Camino Real, #229			
CITY San Clemente	STATE CA	ZIP CODE 92672	AREA CODE/PHONE [REDACTED]	CITY San Clemente	STATE CA	ZIP CODE 92672	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY NA			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
CITY				CITY			
STATE				STATE			
ZIP CODE				ZIP CODE			
AREA CODE/PHONE				AREA CODE/PHONE			
COUNTY OF DOMICILE Orange		JURISDICTION WHERE COMMITTEE IS ACTIVE San Clemente		NAME OF PRINCIPAL OFFICER(S) Donna Vidrine			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX) 501 N. El Camino Real, #229			
				CITY San Clemente			
				STATE CA			
ZIP CODE 92672				AREA CODE/PHONE [REDACTED]			
3. Verification							

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/30/20 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT