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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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NAME OF THED (LAC	F) (FIDOT)		(MIDDLE)			
NAME OF FILER (LAST	T) (FIRST)		(MIDDLE)	•		
McCaughan	Gary					
1. Office, Agen	cy, or Court					
Agency Name (L	Do not use acronyms)					
City of San C	Clemente					
Division, Board, D	Department, District, if applicable	Y	our Position			
		1	Planning Commission			
► If filing for mu	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
· ·						
Agency:		F	Position:	,		
2. Jurisdiction	of Office (Check at least one box)					
	c. cc. (cco. ac.oacc cc 20)		ludge Defined ludge Dre Terre	ludge of Court Court's		
State			Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner		
Multi-County			County of			
City of San	Clemente					
3. Type of Stat	tement (Check at least one box)					
	e period covered is January 1, 2021, through cember 31, 2021 .		Leaving Office: Date Left (Check of			
O.F.	e period covered is			uary 1, 2021 , through the date of		
	cember 31, 2021 .	_, tnrougn	leaving office.	aary 1, 2021 , tillough the date of		
Assuming O	Office: Date assumed/		The period covered is the date of leaving office.	/, through		
Candidate:	Date of Election and o	ffice sought, if differe	nt than Part 1:			
l. Schedule Su	ımmary (must complete) ▶ <i>Tota</i>	l number of nea	es including this cover r	1200'		
Schedules a		number of page	es including this cover p	oage:3		
☐ Schedule	A-1 - Investments – schedule attached	Schedι	ı le C - Income, Loans, & Busine	ess Positions – schedule attached		
	A-2 - Investments – schedule attached		ıle D - Income - Gifts - schedu			
	B - Real Property - schedule attached	Schedu	lle E - Income - Gifts - Travel	Payments - schedule attached		
_	, ,		,			
-or- 🗌 None	- No reportable interests on any sched	ule		•		
i. Verification						
MAILING ADDRESS	STREET Address Recommended - Public Document)	CITY	STATE	ZIP CODE		
910 Calle Ne	,	San Clemente	e CA	92673		
DAYTIME TELEPHON		EMAIL AD				
(949) 361-	-8200					
I have used all rea	asonable diligence in preparing this statement.	I have reviewed this s	statement and to the best of my	knowledge the information contained		
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	03/21/2022 10:22 AM (month, day, year)	Signature		cCaughan		
			reile the chainsily claned haner	CIRCULATE WITH VALIE TURB Afficial 1		

SCHEDULE A-2 Investments, Income, and Assets

of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Gary McCaughan

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Gary and Patricia McCaughan Family Trust	Gary P. McCaughan, MD. Inc.
Name 22 Calle Gaulteria, San Clemente, CA. 92673	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
▼ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 🗷 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Professional Medical Services Retired
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$1,000 \$2,000 \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership X Sole Proprietorship Other
VALID BUOINESS POSITION	Procident
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION FIESIGETIC
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
S0 - \$499 × \$10,001 - \$100,000	■ \$0 - \$499
S500 - \$1,000 OVER \$100,000	\$500 - \$1,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None of Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
Notice of France indeed below	Name state state
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
22 calle Gaulteria, San Clemente, CA. 92673	
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property 22 Calle Gaulteria, San Clemente, CA. 92673	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
\$10,001 - \$100,0002121	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
▼ Property Ownership/Deed of Trust	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
l	I
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION					
Name					
	Gary McCaughan				

1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
Gary P. McCaughan, MD. Inc.				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
22 Calle Gaulteria, San Clemente, CA. 92673				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Professional Medical Services Retired				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
President				
GROSS INCOME RECEIVED X No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only			
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000			
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)			
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of			
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)			
Loan repayment	Loan repayment			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
Other	Other			
(Describe)	(Describe)			
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD				
* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:				
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)			
ADDRESS (Business Address Acceptable)	%			
ABBINESS (Business Address Asseptable)	SECURITY FOR LOAN			
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence			
Bookless Notiviti, ii Airi, or Elikelik				
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address			
\$500 - \$1,000				
\$1,001 - \$10,000	City			
\$10,001 - \$100,000	Guarantor			
OVER \$100,000	Other(Describe)			
	,			
Comments:				