

501-037-009

Statement of Organization Recipient Committee

Statement Type

Initial [checked], Amendment [unchecked], Termination [unchecked]. Date qualification threshold met: 01/10/2022.

City of San Clemente, MAR 21 2022, City Clerk Department

CALIFORNIA FORM 410 For Official Use Only

Main form with fields: I.D. Number 87-3408564, NAME OF COMMITTEE Donna Vidrine for San Clemente City Council 2022, NAME OF TREASURER Laura A. Pephens, STREET ADDRESS 501 N. El Camino Real, Suite 229, CITY San Clemente, STATE CA, ZIP CODE 92672, NAME OF ASSISTANT TREASURER Donna C. Vidrine.

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 February 15, 2022 By [signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on February 15, 2022 By [signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

Mailed 2/25/22

**Statement of Organization
Recipient Committee**

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COMMITTEE NAME Donna Vidrine for San Clemente City Council 2022				I.D. NUMBER 88-0698713	
<ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. 					
NAME OF FINANCIAL INSTITUTION Wells Fargo, NA		AREA CODE/PHONE 949.498.6526	BANK ACCOUNT NUMBER [REDACTED]		
ADDRESS 638 Camino Las Mares, Ste. H-100		CITY San Clemente	STATE CA	ZIP CODE 92673	

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Donna C. Vidrine	City Council - 4 Year Term	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME

Donna Vidrine for San Clemente City Council 2022

I.D. NUMBER

88-0698713

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Formed for the purpose of electing Donna Vidrine as a Council person on November 8, 2022 for a 4 year term

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

____/____/____

Date qualified

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Statement of Organization
Recipient Committee**
Statement Type

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San Clemente

Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California FEB 28 2022	CALIFORNIA FORM 410 For Official Use Only
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<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 01 / 10 / 2022	<input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> Termination - See Part 5 Date of termination ____ / ____ / ____
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I.D. Number (if applicable) 87-3408564			
NAME OF COMMITTEE Donna Vidrine for San Clemente City Council 2022		NAME OF TREASURER Laura A. Pephens	
STREET ADDRESS (NO P.O. BOX) 501 N. El Camino Real, Suite 229		STREET ADDRESS (NO P.O. BOX) 501 N. El Camino Real, Suite 229	
CITY San Clemente	STATE CA	ZIP CODE 92672	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) donna@donnavidrineforcitycouncil.com		STREET ADDRESS (NO P.O. BOX)	
CITY San Clemente	STATE CA	ZIP CODE 92672	AREA CODE/PHONE [REDACTED]
COUNTY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE San Clemente		
<i>Attach additional information on appropriately labeled continuation sheets.</i>		NAME OF PRINCIPAL OFFICER(S) Donna C. Vidrine	
		STREET ADDRESS (NO P.O. BOX) 501 N. El Camino Real, Suite 229	
		CITY San Clemente	STATE CA
		ZIP CODE 92672	AREA CODE/PHONE [REDACTED]

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Executed on	<u>February 15, 2022</u>	By	<u>[REDACTED]</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	<u>February 15, 2022</u>	By	<u>[REDACTED]</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
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Donna C. Vidrine	City Council - 4 Year Term	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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