CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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NAME OF THE O	(FID OT)		
NAME OF FILER (LAS	ST) (FIRST)		(MIDDLE)
Rousseau	Teri		
1. Office, Ager	ncy, or Court		
Agency Name ((Do not use acronyms)		*
City of San	Clemente		
Division, Board,	Department, District, if applicable		Your Position
			Beaches, Parks and Recreation Commission
► If filing for mu	ultiple positions, list below or on an attachment	(Do not u	
P II IIIII I I III	anapio poditiono, not polow of on an attachment	\Bo not a	ado adionymoj
Agency:			Position:
2. Jurisdiction	of Office (Check at least one box)		
State			Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
			(Statewide Jurisdiction)
Multi-County			County of
★ City of Sar	n Clemente		Other
3 Type of Sta	tement (Check at least one box)		
	,		District Office Data Left
	ne period covered is January 1, 2021, through ecember 31, 2021 .		Leaving Office: Date Left//(Check one circle.)
	ne period covered is 08 31 2021	through	The period covered is January 1, 2021 , through the date of
	ecember 31, 2021 .	, unougn	leaving office.
Assuming (Office: Date assumed//		The period covered is/, through
			the date of leaving office.
Candidate:	Date of Election and	office sough	ght, if different than Part 1:
4 Schedule S	ummary (must complete) ► Tot	al numbo	or of pages including this cover page:
Schedules	• ,	ai iiuiiibe	er of pages including this cover page:4
ochedules	attacheu		
	e A-1 - Investments – schedule attached	[Schedule C - Income, Loans, & Business Positions – schedule attached
_	e A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
× Schedule	e B - Real Property - schedule attached		Schedule E - Income - Onts - Traver Fayments - Schedule attached
-or- □ None	- No reportable interests on any sche	dula	
5. Verification	- No reportable interests on any sche	uuie	
MAILING ADDRESS	STREET	CITY	STATE ZIP CODE
(Business or Agency	Address Recommended - Public Document)	CITT	STATE ZIP CODE
910 Calle N		San (Clemente CA 92673
DAYTIME TELEPHO			EMAIL ADDRESS
(949) 361		11	
	easonable diligence in preparing this statement. ly attached schedules is true and complete. I		viewed this statement and to the best of my knowledge the information contained ge this is a public document.
			fornia that the foregoing is true and correct.
		J. Junio	and the releganty to the differential
Date Signed	03/07/2022 06:13 PM		Signature Teri Rousseau
	(month, day, year)		(File the originally signed paper statement 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

Teri Rousseau

▶ NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Pfizer Inc	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical stock	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
▼ \$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	C Stock C Other
(Describe) Partnership Olincome Received of \$0 - \$499 Olincome Received of \$500 or More (Report on Schedule C)	Clescribe Clescribe
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Takeda	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical stock	
FAIR MARKET VALUE	FAIR MARKET VALUE
× \$2,000 - \$10,000	\$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) Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
▶ NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Viatris	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical stock	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock ☐ Other ☐ (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	, , 21 , , 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
, I	1
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Teri Rousseau

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
200 Corte Tierra Cielo	
CITY	CITY
San Clemente	
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$1,001 - \$10,000 S100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	11
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \ \ \$1,001 - \$10,000	\$500 - \$1,000 \ \ \$1,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
	Ψ 10,001 - Ψ100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

	ORNIA FORM 700 LITICAL PRACTICES COMMISSION
Name	
	Teri Rousseau

	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Pfizer Inc	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
235 E 42nd St, New York, NY 10017	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Employee	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Sales Manager	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position O
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
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 mod
(Describe)	(Describe)
(Describe) (Describe)	(Describe)
Other	Other(Describe)
Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia retail installment or credit card transaction, made in	Other (Describe) [S PERIOD ial lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lende
* You are not required to report loans from a commercia retail installment or credit card transaction, made in to members of the public without regard to your official.	Other (Describe) [S PERIOD and lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender.
Other	Other (Describe) S PERIOD Ital lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender lows: INTEREST RATE TERM (Months/Years) 3.8 3.9 years
Other	Other (Describe) [al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender lows:
* You are not required to report loans from a commerce a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follows. NAME OF LENDER* Wells Fargo ADDRESS (Business Address Acceptable)	Other (Describe) S PERIOD Ital lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender lows: INTEREST RATE TERM (Months/Years) 3.8 3.9 years
* You are not required to report loans from a commercia retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as followed by the second state of the public without regard to your official regular course of business must be disclosed as followed by the second state of the public without regard to your official regular course of business must be disclosed as followed by the second state of the public without regard to your official regular course of business must be disclosed as followed by the second state of the public without regard to your official regular course of business must be disclosed as followed by the second state of the public without regard to your official regular course of business must be disclosed as followed by the second state of the public without regard to your official regular course of business must be disclosed as followed by the second state of the public without regard to your official regular course of business must be disclosed as followed by the second state of the public without regard to your official regular course of business must be disclosed as followed by the second state of the public without regard to your official regular course of business and the second state of	Other
* You are not required to report loans from a commerce a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follows. NAME OF LENDER* Wells Fargo ADDRESS (Business Address Acceptable)	Other
* You are not required to report loans from a commercia retail installment or credit card transaction, made in to members of the public without regard to your officiar regular course of business must be disclosed as followed as Fargo ADDRESS (Business Address Acceptable) P.O. Box 10335 Des Moines, IA 50306-0335 BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follows. NAME OF LENDER* Wells Fargo ADDRESS (Business Address Acceptable) P.O. Box 10335 Des Moines, IA 50306-0335 BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other
	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follows. NAME OF LENDER* Wells Fargo ADDRESS (Business Address Acceptable) P.O. Box 10335 Des Moines, IA 50306-0335 BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other
	Other
	Other