# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

City of San Clemente

Ple	ease type or print in ink.						AUG 1 2020								
	ME OF FILER (LAST)	(FIRST)			(MIDDLE)		7022								
٧	idrine	Donna			Carney	City	Clerk Department								
1.	Office, Agency, or Court						,								
	Agency Name (Do not use acronyn	ns)													
	City of San Clemente, Calif	ornia													
	Division, Board, Department, District	, if applicable		Your Posi	tion										
	City Council			candid	ate for City Counci	I, 4 year	term								
	$\blacktriangleright$ If filling for multiple positions, list	se acronyms)													
	Agency:			Position:											
2	Jurisdiction of Office (Che	ack at least one how													
۷.	-	CK at least one box)			Delical Index Dec Tons	ludes 0									
	State				Retired Judge, Pro Tem of the Retired Jurisdiction)	Juage, or C	burt Commissioner								
	Multi-County			☐ County	of										
	City of San Clemente														
3.	Type of Statement (Check	at least one box)													
	Annual: The period covered is December 31, 2021.		h	Leavin	g Office: Date Left (Check of	//. ne circle.)									
	-or- The period covered is	3/	, through		e period covered is Januving office.		, through the date of								
	December 31, 2021.  Assuming Office: Date assum	ned/		-or-	e period covered is date of leaving office.		, through								
	Candidate: Date of Election _	Nov 8, 2022 an	d office sough	nt. if different than	Part 1:										
4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3 Schedules attached															
	Schedule A-1 - Investments	a schodula attached		Schedule C -	ncome, Loans, & Busine	ss Positions	s – schedule attached								
	Schedule A-2 - Investments				ncome - Gifts - schedul										
	Schedule B - Real Property			Schedule E - /	ncome – Gifts – Travel I	Payments –	schedule attached								
	Land .														
-(	or- 🗌 None - No reportable	interests on any sch	nedule												
5.	Verification														
	MAILING ADDRESS STREET (Business or Agency Address Recommended		CITY		STATE	7	ZIP CODE								
			San	Clemente	CA										
	DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS											
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain 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 ferror is true and correct.															
									Date Signed 8/2/	2022		Signature Don	na C. Vidrine		ed by Donna C. Vidrine 3.02 12:45:53 -07'00'
									(month, d	ay, year)			(File the originally signed paper :	statement with ye	our filing official.)

#### SCHEDULE A-2

### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Donna C. Vidrine

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Vidrine Consulting	
Name	Name
, San Clemente, CA 92673 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
consulting (only spouse generated income in 2021)	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$100,000 \$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION <u>co-owner with spouse</u>	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000	S0 - \$499 S10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
➤ 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.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
► 4, INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
Check one box:  INVESTMENT REAL PROPERTY	INVESTMENT REAL PROPERTY
I NEIZ THOI ZITT	- And evidence
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$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 Stock Partnership	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

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

(Other than Gifts and Travel Payments)

	ORNIA FORM 700 LITICAL PRACTICES COMMISSION
Name	
	Donna C. Vidrine

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED					
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME					
Richard A. Gangnes M.D> Inc.						
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)					
665 Camino de las Mares #100, San Clemente 9267						
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE					
overnight recovery nursing						
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION					
temp (1099-MISC)						
GROSS INCOME RECEIVED 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					
☐ \$10,001 - \$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.)  Loan repayment	(Real property, car, boat, etc.)  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 1099-MISC income	Other					
(Describe)	(Describe)					
* 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)					
	% None					
ADDRESS (Business Address Acceptable)						
	SECURITY FOR LOAN					
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence					
	Real Property					
HIGHEST BALANCE DURING REPORTING PERIOD	Street address					
\$500 - \$1,000	City					
\$1,001 - \$10,000	NO.♥)					
\$10,001 - \$100,000	Guarantor					
OVER \$100,000						
	Other(Describe)					
Comments:						