

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Donna Vidrine for: San Clemente City Council		Date of This Filing 9/19/2022	Date Stamp	CALIFORNIA FORM 497 City of San Clemente SEP 19 2022 City Clerk Department
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 87-3408564	Report No. 1		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Clemente	STATE CA	ZIP CODE [REDACTED]	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
8/11/2022	Democratic Women of South Orange County P.O. Box 383 San Clemente, CA 92674	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/29/2022	Women in Leadership PAC 2833 Carob Street Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____
 Prepared by: Laura Pephens, Campaign Treasurer 9/19/2022 [REDACTED]