SCANNED   501-5-6

501-56

Semi-Annual Statement of No Activity

Type or print in ink

For use by recipient committees that have not received any contributions and have not made any expenditures during the six-month period covered by a semi-annual statement. **Candidate controlled committees formed for an elective office may not use this form.**

See the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for additional information and information required to be provided to you pursuant to the Information Practices Act of 1977.

1. Committee Information

I.D. NUMBER
903 114

COMMITTEE NAME
San Clemente Taxpayers Association

STREET ADDRESS (NO P.O. BOX)
███████████████

CITY   STATE   ZIP CODE   AREA CODE/PHONE
███████████████████

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY   STATE   ZIP CODE   AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Teddi Lorch

MAILING ADDRESS
███████████████

CITY   STATE   ZIP CODE   AREA CODE/PHONE
███████████████████

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY   STATE   ZIP CODE   AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Period of No Activity

No contributions have been received and no expenditures have been made during the period covering the dates below:

Check one of the following boxes and complete the year.   ☐ January 1, through June 30, 20 ____   ☒ July 1, through December 31, 20 14

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 ___ 2/2/15 ___   By ___ ██████████████ ___
            DATE   SIGNATURE OF TREASURER/ASSISTANT TREASURER