501-5-3

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Semi-Annual Statement of No Activity

Type or print in ink

Date Stamp	CALIFORNIA FORM 425
City of San Clemente	For Official Use Only
JAN 3 0 2014	
City Clerk Department	

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 850 569

COMMITTEE NAME *San Clementeans for Managed Growth and Traffic Control Initatives*

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
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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 _13_

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 _1-30-14_
DATE

By _____▮▮▮▮▮▮▮▮▮▮▮▮_____
SIGNATURE OF TREASURER/ASSISTANT TREASURER