

### 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

Date Stamp	<b>CALIFORNIA FORM 425</b> For Official Use Only
City of San Clemente	
AUG 01 2016	
City Clerk Department	

### 1 Committee Information

ID NUMBER 850569

COMMITTEE NAME

San Clementeans For Managed Growth For Sensible Growth and Traffic Control Initiatives

STREET ADDRESS (NO PO BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

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

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

NAME OF ASSISTANT TREASURER IF ANY

Thomas Lorch

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

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 16  July 1, through December 31, 20 \_\_\_\_

### 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 8/1/16  
DATE

By [REDACTED]  
SIGNATURE OF TREASURER/ASSISTANT TREASURER