

SCANNED

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STATEMENT OF NO ACTIVITY

Semi-Annual Statement of No Activity

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	CALIFORNIA FORM 425
CITY OF SAN CLEMENTE	For Official Use Only
JAN 10 2012	
CITY CLERK DEPARTMENT	

1. Committee Information	I.D. NUMBER <u>1294524</u>	Treasurer(s)
COMMITTEE NAME <u>Save San Clemente Open Space</u>		NAME OF TREASURER <u>Charles Mann</u>
STREET ADDRESS (NO P.O. BOX) <u>30240 Rancho Viejo Rd, Ste A</u>		MAILING ADDRESS <u>30240 Rancho Viejo Rd., Ste A</u>
CITY STATE ZIP CODE AREA CODE/PHONE <u>San Juan Capistrano, CA 92675</u>		CITY STATE ZIP CODE AREA CODE/PHONE <u>San Juan Capistrano, CA 92675</u>
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET		NAME OF ASSISTANT TREASURER, IF ANY
CITY STATE ZIP CODE AREA CODE/PHONE		MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE		CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		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 11

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and know the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Executed on 1/10/2012
DATE

By _____
TREASURER/ASSISTANT TREASURER