

Semi-Annual Statement of No Activity

Type or print in ink

Date Stamp	<b>CALIFORNIA FORM 425</b>
CITY OF SAN CLEMENTE	
JAN 17 2013	For Official Use Only
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: 1294524

COMMITTEE NAME: Save San Clemente Open Space

STREET ADDRESS (NO P.O. BOX): 30240 Rancho Viejo Rd, Ste A

CITY: San Juan Capistrano, CA 92675

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] AREA CODE/PHONE: [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS: [REDACTED]

**Treasurer(s)**

NAME OF TREASURER: Charles Mann

MAILING ADDRESS: 30240 Rancho Viejo Rd, Ste A

CITY: San Juan Capistrano, CA 92675

NAME OF ASSISTANT TREASURER, IF ANY: [REDACTED]

MAILING ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] AREA CODE/PHONE: [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS: [REDACTED]

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 12

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the state true and complete. I certify under penalty of perjury under the laws of the State of California

the information contained herein is t.

Executed on 1/11/2013 DATE

By [REDACTED] TREASURER