SCANNED

SDI-5.23

Type or print in ink

Semi-Annual Statement of No Activity

Date Stamp	
City of San Clemente	**CALIFORNIA FORM 425**
JUL 25 2016	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	STATE	ZIP CODE	AREA CODE/PHONE
SAN JUAN CAPISTRANO	CA	92675	■

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
CHARLES MANN

MAILING ADDRESS
30240 RANCHO VIEJO RD. STE. A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN JUAN CAPISTRANO	CA	92675	■

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 __16__ ☐ July 1, through December 31, 20 ____

3. Verification

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

Executed on __07/25/2016__
DATE

By _____ ■■■■■ ASSISTANT TREASURER

FPPC Form 425 (Jan/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772