STATEMENT OF NO ACTIVITY

| | A maticipals | Type or print in ink | STATEMENT OF NO ACT | |
|--|---|---|-----------------------|------------------------|
| emi-Annual Statement of No Activity | | | Date Stamp | california 42 |
| r use by recipient committees that have not i | received any contributions and have not m | ade any expenditures | | For Official Use Only |
| uring the six-month period covered by a semi-annual statement. Candidate controlled committees formed for nelective office may not use this form. | | | CITY OF SAN CLEMENTE | |
| ee the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for ac | | r additional information and | JUL 3 1 2012 | |
| e the Information Manual on Campaign Disclosormation required to be provided to you pursus | ant to the Information Practices Act of 1977. | Padditioniai imormation and | JOT 3 1 ZOIS | |
| | <u>.</u> | <u> </u> | CITY CLERK DEPARTMENT | |
| Committee Information | 1.0 NUMBER 1.31 2003 | Treasurer(s) | | |
| COMMITTEE NAME | <u> 190 3003</u> | NAME OF TREASURER | | <u> </u> |
| | | Jeri L M | Sa Dies | |
| Vision San Clement | MAILING ADDRESS | MAILING ADDRESS | | |
| A Committee Formed to Oppose Measure A STREET ADDRESS (NO P.O. BOX) | | 30240 Rancho Viejo Rd. Ste A CITY STATE ZIP.CODE AREACODE/PH | | |
| \$_1 | | 7117 | | |
| 30240 Rancho Viejo I | F: ZIP.CODE AREA CODE/PHONE | San Juan C | apistrano, MA 921 | |
| 7.2% | | MAIME OF ASSISTANT FINE | LAGORER, II AIVI | |
| San Juan Capistrano MAILING ADDRESS (IF DIFFERENT) NO. AND STREE | 1 92013 | MAILING ADDRESS | _N tun_ | |
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| CITY STAT | E. ZIP CODE AREA CODE/PHONE | CITY | STATE ZIP.C | ODE AREA CODE/F |
| | | OPTIONAL: FAX / E-MAIL | ADDRESS | |
| OPTIONAL: FAX / E-MAIL ADDRESS | | 0 , 110,0 <u>11</u> , 11, 12, 12 | ार राज्यस्य स्था | |
| Period of No Activity | · | | | |
| | | uring the period covering the | ne dates below: | |
| No contributions have been received a | nd no expenditures have been made d | | | |
| No contributions have been received a | • T | 1 through June 30, 20 | ☐ July 1, through | gh December 31, 20_ |
| No contributions have been received a Check one of the following boxes are | • T | 71, through June 30, 20 2 | ☐ ☐ July 1, throug | gh December 31, 20 |
| Check one of the following boxes ar | • T | /1, through June 30, 20 👱 | ☐.July 1, throug | gh Decémber 31, 20 |
| Check one of the following boxes are Verification. | January | 1, through June 30, 20 = | □ July 1, through | |
| Check one of the following boxes ar | January | 1, through June 30, 20 = | □ July 1, through | |
| Check one of the following boxes are Verification. | January | ed the statement and to the | □ July 1, through | ormation contained her |

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