AREA CODE/PHONE

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STATEMENT OF NO ACTIVITY Type or print in ink Semi-Annual Statement of No Activity Date Stamp CALIFORNIA 6 FORM For use by recipient committees that have not received any contributions and have not made any expenditures. City of San Clemente For Official Use Only during the six-month period covered by a semi-annual statement. Candidate controlled committees formed for an elective office may not use this form: JAN 2 9 2014 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. City Clerk Department I.D. NUMBER 1. Committee Information Treasurer(s) 1312003 COMMITTEE NAME NAME OF TREASURER VISION SAN CLEMENTE - A COMMITTEE FORMED TO OPPOSE JERI L MANN MEASURE A. MAILING ADDRESS 30240 RANCHO VIEJO RD., STE, A STREET/ADDRESS (NO.P.O. BOX) CITY ZIP CODE STATE 30240 RANCHO VIEJO RD., STE. A SAN JUAN CAPISTRANO CA 92675 ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY SAN JUAN CAPISTRANO CA 92675 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET MAILING ADDRESS CITY AREA CODE/PHONE ZIP.CODE CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Period of No Activity No contributions have been received and no expenditures have been made during the period covering the dates below: January 1, through June 30, 20 ____ Check one of the following boxes and complete the year. 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.

01/28/2014

Executed on ..

DATE

NATURE OF TREASURER/ASSISTANT TREASURER.

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