For use by recipient committees that have not received any contributions and have not made during the six-month period covered by a semi-annual statement. Candidate controlled on an elective office may not use this form.		Type or print in ink	STATEMENT OF NO ACTIVITY	
			Date Stamp City of San Clemente	CALIFORNIA 125
		de any expenditures	'JUL 2 1 2015	FORM 423 For Official Use Only
See the Information Manual on Campaign Disclosure information required to be provided to you pursuant to	Provisions of the Political Reform Act for the Information Practices Act of 1977.	additional information and	City Clerk Department	
4.00	I.D. NUMBER			
1. Committee Information	1312003	Treasurer(s)		
COMMITTEE NAME		NAME OF TREASURER		
VISIUN Sun Clemente		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE		
, ,		CITY	STATE ZIP	CODE AREA CODE/PHONE
30740 Rancho Vigor		San Jua NAME OF ASSISTANT TRE	ASURER, IF ANY	1675
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	12675			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET		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		- All Control of the		
No contributions have been received and no	ovnondituros hovo hace made due	lander and the control of the contro		
No contributions have been received and no				
Check one of the following boxes and co	omplete the year.	, through June 30, 20 \⊆	☐ July 1, throu	gh December 31, 20
3. Verification				
I have used all reasonable diligence in prepa true and complete. I certify under penalty of	ring this statement. I have reviewed perjury under the laws of the State of	the statement and to the b	est of my knowledge the int ing is true and correct.	formation contained herein is
Executed on 7/21/2015	_	By GNA	TURE OF TREASURER/ASSISTANT TREAS	SURER
				•

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