

501-5-26

Semi-Annual Statement of No Activity

Type or print in ink

STATEMENT OF NO ACTIVITY

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

Date Stamp City of San Clemente JUL 25 2016 City Clerk Department	CALIFORNIA FORM 425 For Official Use Only
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1 Committee Information

ID NUMBER
1312003

COMMITTEE NAME

VISION SAN CLEMENTE

STREET ADDRESS (NO P.O. BOX)

30240 RANCHO VIEJO RD STE A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN JUAN CAPISTRANO	CA	92675	[REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL FAX / E MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

JERI MANN

MAILING ADDRESS

63 VIA PICO PLAZA

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN CLEMENTE	CA	92672	[REDACTED]

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 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.

Executed on 07/25/2016
DATE

By [REDACTED]
SIGNATURE OF TREASURER/ASSISTANT TREASURER