Semi-Annual Statement of No Activity 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 elective office may not use this form.				Type or print in ink	STATEMENT OF NO ACTIVITY	
					Date Stamp	CALIFORNIA 425
					CITY OF SAN CLEMENTE JAN 2 7 2016	
See the Information Manual on Camp information required to be provided to				dditional information and	CITY CLERK DEPARTM	ENT
1. Committee Information		1.D. NUMBER 1333021		Treasurer(s)		
COMMITTEE NAME WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVERNMENT				NAME OF TREASURER JERI MANN		
				MAILING ADDRESS 30240 RANCHO VIEJO RD., STE. A		
STREET ADDRESS (NO P.O. BOX) 30240 RANCHO VIEJO RD.,	STE. A			CITY SAN JUAN CAPIS		ZIP CODE AREA CODE/PHONE 92675
CITY SAN JUAN CAPISTRANO	STATE ZIP C		EA CODE/PHONE	NAME OF ASSISTANT TR	EASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO	. AND STREET			MAILING ADDRESS		
CITY	STATE ZIPC	ODE ARE	EA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX/E-MAIL	ADDRESS	
2. Period of No Activity						
No contributions have been re	eceived and no ex	penditures hav	e been made duri	ng the period covering th	ne dates below:	
Check one of the following	boxes and comp	lete the year.	☐ January 1	, through June 30, 20 ₋	🗷 July 1, thr	rough December 31, 20
3. Verification		11 - 20-11				
I have used all reasonable dili true and complete. I certify ur	gence in preparing nder penalty of pe	this statement jury under the l	. I have reviewed aws of the State o	the statement and to the of California that the foreg	best of my knowledge the going is true and correct.	e information contained herein is
Executed on	016			Ву	ER/ASSISTANT T	REASURER
						FPPC Form 425 (Jan/01)

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