

501-5-28

STATEMENT OF NO ACTIVITY

Semi-Annual Statement of No Activity

Type or print in ink

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	CALIFORNIA FORM 425 For Official Use Only
City of San Clemente	
JUL 25 2016	
City Clerk Department	

1 Committee Information

ID NUMBER
1333021

COMMITTEE NAME
WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT

STREET ADDRESS (NO P O BOX)
63 VIA PICO PLAZA STE 113

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

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