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		4		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 shormonth 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. 1. Committee Information Insurance Transport Insurance Tran	Semi-Annual Statement of No Activity		(Jpc or printer)	·		
Information required to be provided to you pursuant to the Information Practices Act of 1977. 1. Committee Information I.D. NUMBER 1333021	during the six-month period covered by a semi-annual statement. Candidate controlled an elective office may not use this form.			committees formed for		
1. Committee Information 1333021 Treasurer(s) NAME OF TREASURER JERI L MANN MALING ADDRESS (NP DIA PERMIT) NO. AND STREET GITY STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE GITY STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE GITY STATE ZIP CODE AREA CODE/PHONE GITY STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE SAN CLEMENTE STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE SAN CLEMENTE SAN CLEMENTE STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE STATE ZIP C				additional information and	City Clerk Department	
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Executed on SIGNATURE OF TREASURER/ASSISTANT TREASURER	I have used all reasonable true and complete. I cert	e diligence in preparing t ify under penalty of perju	nis statement. I have reviewed try under the laws of the State	of California that the forego	oing is true and correct.	normation contained herein is
		/17/2017				
		DATE		SIGN	ATURE OF TREASURER/ASSISTANT TREA	SURER

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