

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	CALIFORNIA FORM 425
City of San Clemente	For Official Use Only
JUL 18 2017	
City Clerk Department	

1. Committee Information

I.D. NUMBER
1294524

COMMITTEE NAME

SAVE SAN CLEMENTE OPEN SPACE

STREET ADDRESS (NO P.O. BOX)

30240 RANCHO VIEJO RD., STE. A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN JUAN CAPO	CA	92675	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

CHARLES MANN

MAILING ADDRESS

30240 RANCHO VIEJO RD., STE. A

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

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, 20¹⁷ July 1, through December 31, 20__

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and know the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is correct.

Executed on 07/17/2017
DATE

By [Redacted]
TREASURER/ASSISTANT TREASURER