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 can elective office may not use this form.				STATEMENT OF NO ACTIVITY	
				Date Stamp	CALIFORNIA 425
				City of San Clemente	For Official Use Only
See the Information Manual on Camp			additional information and	FEB 02 2018	
information required to be provided to	you pursuant to the In	formation Practices Act of 1977.		City Clerk Department	
1. Committee Information	1	LD. NUMBER 1333021	Treasurer(s)		
COMMITTEE NAME WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT - A COMMITTEE FORMED TO OPPOSE DAN BANE AND STEVESWARTZ FOR CITY COUNCIL 2016			NAME OF TREASURER		
			JERI MANN		
			MAILING ADDRESS		
			63 VIA PICO PLAZA STE. 113		
STREET ADDRESS (NO P.O. BOX)			CITY	STATE ZIP C	ODE AREA CODE/PHONE
63 VIA PICO PLAZA STE 113			SAN CLEMENTE	CA 9267	72
CITY	STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TRE	ASURER, IF ANY	,
SAN CLEMENTE	CA 92672	2			•
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET			MAILING ADDRESS		
CITY	STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP C	CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS			OPTIONAL: FAX/E-MAIL A	ADDRESS	
2. Period of No Activity					
No contributions have been r	eceived and no exp	enditures have been made du	ring the period covering the	e dates below:	
Check one of the following	boxes and compl	ete the year.	1, through June 30, 20	🗷 July 1, throug	gh December 31, 20 <u>17</u>
3. Verification					
I have used all reasonable dili true and complete. I certify u	igence in preparing t nder penalty of perju	this statement. I have reviewed ury under the laws of the State	d the statement and to the b of California that the forego	pest of my knowledge the infoing is true and correct.	formation contained herein is
2/1/20	018		By		
Executed onDATE			<u> </u>	JRER/ASSISTANT TREAS	SURER

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