| Cami Annual Clatament of No Activity | Type or print in ink | STATEMENT OF NO ACTIVITY | |
|--|---|---|---------------------------------------|
| Semi-Annual Statement of No Activity | , , , , , , , , , , , , , , , , , , , | Date Stamp | CALIFORNIA 425 |
| For use by recipient committees that have not received any contributions are during the six-month period covered by a semi-annual statement. Candida an elective office may not use this form. | | City of San Clemente | For Official Use Only |
| · | | JUL 31 2018 | |
| See the Information Manual on Campaign Disclosure Provisions of the Political information required to be provided to you pursuant to the Information Practices | | | |
| information required to be provided to you pursuant to the information Fractices | SACLOI 1977. | City Clerk Department | |
| 1. Committee Information 1.D. NUMBER 1333021 | Treasurer(s) | | |
| COMMITTEE NAME | NAME OF TREASURER | | |
| WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT - A COMMITTEE FORMED TO OPPOSE DAN BANE AND STEVE S | SWARTZ JERI MANN | | |
| FOR CITY COUNT 2016 | MAILING ADDRESS | | |
| | 63 VIA PICO PLAZ | A 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 CODE AREA C | ODE/PHONE NAME OF ASSISTANT TRE | ASURER, IF ANY | · · · · · · · · · · · · · · · · · · · |
| SAN CLEMENTE CA 92672 | | | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET | MAILING ADDRESS | | |
| CITY STATE ZIP CODE AREA C | ODE/PHONE CITY | STATE ZIPC | ODE AREA CODE/PHONE |
| OPTIONAL: FAX/E-MAIL ADDRESS | OPTIONAL: FAX/E-MAIL | ADDRESS | |
| · · | | | |
| 2. Period of No Activity | | | |
| No contributions have been received and no expenditures have b | een made during the period covering th | e dates below: | |
| Check one of the following boxes and complete the year. | ☐ January 1, through June 30, 20 _ | 18 ☐ July 1, throug | gh December 31, 20 |
| 3. Verification | | | |
| I have used all reasonable diligence in preparing this statement. I true and complete. I certify under penalty of perjury under the laws | have reviewed the statement and to the l s of the State of California that the foreg | best of my knowledge the infoing is true and correct. | formation contained herein is |
| 07/25/2018 Executed on | В | | |
| DATE | | | URER |

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

866/275-3772