Semi-Annual Statement of No Activity For use by recipient committees that have not received any contributions and have not maduring the six-month period covered by a semi-annual statement. Candidate controlled an elective office may not use this form.			Type or print in ink	STATEMENT OF NO ACTIVITY	
				Date Stamp City of San Clemente	CALIFORNIA 425
				JUL 31 2018	For Official Use Only
See the Information Manual on Can information required to be provided	. •		additional information and	City Clerk Department	
1. Committee Information	on	I.D. NUMBER 1312003	Treasurer(s)		
COMMITTEE NAME			NAME OF TREASURER		
VISION SAN CLEMENTE			JERI MANN		
			MAILING ADDRESS 30240 RANCHO VI	EJO RD., STE. A	1000 \$100 - 200
STREET ADDRESS (NO P.O. BOX)			CITY	STATE ZIP (CODE AREA CODE/PHONE
30240 RANCHO VIEJO RD., STE. A			SAN JUAN CAPIST	rano ca 926	75
CITY	STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TRE	ASURER, IF ANY	
SAN JUAN CAPO	CA 9267	5		·	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET			MAILING ADDRESS		
CITY	STATE ZIP CO	DDE AREA CODE/PHONE	СІТҮ	STATE ZIP C	CODE 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 exp	enditures have been made du	ring the period covering th	e dates below:	
Check one of the followin			1, through June 30, 20 $$		gh December 31, 20
3. Verification					
I have used all reasonable d true and complete. I certify	iligence in preparing under penalty of perj	this statement. I have reviewed ury under the laws of the State	d the statement and to the loof California that the forego	pest of my knowledge the into oing is true and correct.	formation contained herein is
07/25	/2018				
Executed on			Ву	TANT TREAS	SURER
DAI	_				

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