

501-5-26

STATEMENT OF NO ACTIVITY

Semi-Annual Statement of No Activity

Type or print in ink

Date Stamp	CALIFORNIA FORM 425 For Official Use Only
City of San Clemente	
JAN 14 2019	
City Clerk Department	

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.

1. Committee Information			I.D. NUMBER 1312003
COMMITTEE NAME VISION SAN CLEMENTE			
STREET ADDRESS (NO P.O. BOX) 30240 RANCHO VIEJO RD., STE. A			
CITY SAN JUAN CAPISTRANO	STATE CA	ZIP CODE 92675	AREA CODE/PHONE [REDACTED]
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			

Treasurer(s)

NAME OF TREASURER JERI MANN			
MAILING ADDRESS 30240 RANCHO VIEJO RD., STE. A			
CITY SAN JUAN CAPISTRANO	STATE CA	ZIP CODE 92675	AREA CODE/PHONE [REDACTED]
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, 20__ July 1, through December 31, 20__ 18

3. Verification

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

Executed on 01/09/2019
DATE

By [REDACTED]
SIGNATURE OF TREASURER/ASSISTANT TREASURER