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 coan elective office may not use this form.		Type or print in ink de any expenditures committees formed for	City of San Clemente JAN 27 2020	For Official Use Only
1. Committee Information	I.D. NUMBER 1333021	Treasurer(s)		
COMMITTEE NAME WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT - A COMMITTEE FORMED TO OPPOSE DAN BANE FOR CITY COUNCIL 2018		NAME OF TREASURER		
		JERI MANN		
		MAILING ADDRESS 30240 RANCHO VIEJO RD STE. A		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
30240 RANCHO VIEJO RD., STE. A		SAN JUAN CAPO	CA 926	675
CITY STATE 2	IP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
SAN JUAN CAPO CA 9	2675			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET		MAILING ADDRESS		
CITY STATE 2	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL	ADDRESS	
2. Period of No Activity	a a manditure a have been made du	uring the period covering th	na dates helow	
No contributions have been received and no				. 5
Check one of the following boxes and co	omplete the year.	1, through June 30, 20 _	X July 1, throu	ugh December 31, 20 <u>19</u>
3. Verification				
I have used all reasonable diligence in prepa true and complete. I certify under penalty of	ring this statement. I have reviewe perjury under the laws of the State	d the statement and to the of California that the foreg	best of my knowledge the in oing is true and correct.	nformation contained herein is
10710020				
Executed on 12712020 DATE		SIGN	NATURE OF TREASURER/ASSISTANT TREA	ASURER

Type or print in ink

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

STATEMENT OF NO ACTIVITY