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.			Date Stamp City of San Clemente	california 425
			JUL 2 9 2020	For Official Use Only
See the Information Manual on Campaign Disclosure Pro and information required to be provided to you pursuant			City Clerk Department	
1. Committee Information	I.D. NUMBER 1333021	Treasurer(s)		
COMMITTEE NAME		NAME OF TREASURER		
WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT - A COMMITTEE FORMED TO OPPOSE DAN BANE FOR CITY COUNCIL 2018		JERI MANN		
		MAILING ADDRESS		
		63 VIA PICO PLAZA - STE 113		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	CODE AREA CODE/PHONE
63 VIA PICO PLAZA - STE 113		SAN CLEMENTE	E CA 92672	
CITY STATE ZIP C		NAME OF ASSISTANT TREASURER, IF ANY		
SAN CLEMENTE CA 926	72			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET		MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP C	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAI	LADDRESS	
2. Period of No Activity				
No contributions have been received and no ex	penditures have been made duri	ng the period covering th	e dates below:	
Check one of the following boxes and comp		, through June 30, 20 2		gh December 31, 20
3. Verification				
I have used all reasonable diligence in preparing is true and complete. I certify under penalty of	g this statement. I have reviewed perjury under the laws of the Stat	d the statement and to the of California that the fo	e best of my knowledge the integration is true and correct.	information contained herein
Executed on 7/29/2020		Ву	EASURER/ASSISTANT TREA	SURER
DATE			EAGONEWAGGICIANT INCA	FPPC Form 425 (Jan/01)

Semi-Annual Statement of No Activity

Type or print in ink.

Date Stamp

FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

STATEMENT OF NO ACTIVITY