

**Semi-Annual Statement of No Activity**

Type or print in ink.

STATEMENT OF NO ACTIVITY

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.

Date Stamp City of San Clemente	<b>CALIFORNIA FORM 425</b>
AUG 02 2021	For Official Use Only
City Clerk Department	

**1. Committee Information**

I.D. NUMBER  
903114

COMMITTEE NAME  
San Clemente Taxpayers Association

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
San Clemente CA 92673

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Teddi Lorch

MAILING ADDRESS

CITY STATE ZIP CODE  
San Clemente CA 92673

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 21  July 1, through December 31, 20 \_\_\_\_

**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 8/2/2021  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER/ASSISTANT TREASURER