

# 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> For Official Use Only
JUL 27 2021	
City Clerk Department	

<b>1. Committee Information</b>	I.D. NUMBER 1294524		
COMMITTEE NAME SAVE SAN CLEMENTE OPEN SPACE			
STREET ADDRESS (NO P.O. BOX) 30240 RANCHO VIEJO RD., STE. A			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN JUAN CAPISTRANO	CA	92675	[REDACTED]
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			

<b>Treasurer(s)</b>			
NAME OF TREASURER CHARLES MANN			
MAILING ADDRESS 30240 RANCHO VIEJO RD., STE. A			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN JUAN CAPISTRANO	CA	926785	[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<sup>21</sup>  July 1, through December 31, 20\_\_\_\_

## 3. Verification

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

Executed on 07/12/2021  
DATE

By [REDACTED]  
ASSISTANT TREASURER