501-005-028

Semi-Annual Statement of No Activity		Type or print in ink.	Date Stamp	STATEMENT OF NO ACTIVITY CALIFORNIA 195
For use by recipient committees that have not received and during the six-month period covered by a semi-annual state elective office may not use this form. See the Information Manual on Campaign Disclosure Provand information required to be provided to you pursuant to	ement. Candidate controlled co	mmittees formed for an	City of San Clemente AUG - 1 2022 City Clerk Department	FORM 425 For Official Use Only
1. Committee Information	I.D. NUMBER 1294524	Treasurer(s)		
SAVE SAN CLEMENTE OPEN SPACE		NAME OF TREASURER CHARLES MANN MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		30240 RANCHO VIEJO RD STE A CITY STATE ZIP CODE AREA CODE/PHONE		
30240 RANCHO VIEJO RD., STE A		SAN JUAN CAPO	CA 926	
SAN JUAN CAPO CA 92675		NAME OF ASSISTANT TRE	EASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET		MAILING ADDRESS		
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL	ADDRESS	
Period of No Activity				
No contributions have been received and no expe	nditures have been made duri	ng the period covering the	dates below:	
Check one of the following boxes and complet	e the year. 🛮 🗹 January 1	, through June 30, 20 $\frac{22}{}$	July 1, throug	h December 31, 20

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and

is true and complete. I certify under penalty of perjury under the laws of the State of California that

3. Verification

Executed on _

07/18/2022

DATE

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

edge the information contained herein

correct.