| Semi-Annual Statement of No Activity   |  | Type or print in ink.                                  | STATEMENT OF NO ACTIVITY            |                            |
|--|--|--|-------------------------------------|----------------------------|
|  |  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                | Date Stamp  City of San Clemente    | CALIFORNIA 425             |
| For use by recipient committees that have not received any 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 Provend information required to be provided to you pursuant to | ement. Candidate controlled cor  | nmittees formed for an                                 | AUG - 1 2022  City Clerk Department | For Official Use Only      |
| 1. Committee Information   | I.D. NUMBER<br>1333021   | Treasurer(s)   |                                     |                            |
| COMMITTEE NAME   |  | NAME OF TREASURER                                      |                                     |                            |
| WATHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT - A COMMITTEE  |  | JERI MANN  |                                     |                            |
| FORMED TO OPPOSE DAN BANE FOR CITY COUNCIL   |  | MAILING ADDRESS  |                                     |                            |
|  | A Victorian Control of the Control o | 30240 RANCHO VII                                       | IJO RD. STE A                       |                            |
| STREET ADDRESS (NO P.O. BOX)   |  | CITY   | STATE ZIP CO                        | DE                         |
| 63 VIA PICO PLAZA STE 113  |  | SAN JUAN CAPISTI                                       | RANO, CA CA 9267                    | 5                          |
| CITY STATE ZIP COI   | DE AREA CODE/PHONE   | NAME OF ASSISTANT TR                                   | EASURER, IF ANY                     |                            |
| SAN CLEMENTE CA 92672  |  |  |                                     |                            |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET  |  | MAILING ADDRESS  |                                     |                            |
| 30240 RANCHO VIEJC RD. STE A   |  |  |                                     |                            |
| CITY STATE ZIP COL   | DE AREA CODE/PHONE   | CITY   | STATE ZIP CO                        | DE AREA CODE/PHONE         |
| SAN JUAN CAPISTRANO CA 92675   |  |  |                                     |                            |
| OPTIONAL: FAX / E-MAIL ADDRESS   |  | OPTIONAL: FAX / E-MAIL                                 | ADDRESS                             |                            |
| 2. Period of No Activity  No contributions have been received and no expe  |  | ng the period covering the<br>, through June 30, 20 22 |                                     | n December 31, 20          |
| 3. Verification  | 3  |  |                                     |                            |
| I have used all reasonable diligence in preparing  | his statement. I have reviewed   | the statement and to the                               | <u>best of my</u> knowledge the in  | formation contained herein |

is true and complete. I certify under penalty of perjury under the laws of the Stat

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

true and correct.

SIGNATURE OF TREASURER/ASSISTANT TREASURER

866/275-3772