

# 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 <b>City of San Clemente</b>  <b>JUL 25 2023</b>  <b>City Clerk Department</b>	<b>CALIFORNIA FORM 425</b>  For Official Use Only
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## 1. Committee Information

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 CAPO	CA	92675	[REDACTED]

SAN JUAN CAPO

CA

92675

[REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAILADDRESS

## Treasurer(s)

NAME OF TREASURER

CHARLES MANN

MAILING ADDRESS

30240 RANCHO VIEJO RD STE A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN JUAN CAPO	CA	92675	[REDACTED]

SAN JUAN CAPO

CA

92675

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAILADDRESS

## 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 23

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

## 3. Verification

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

Executed on 7/17/2023  
DATE

By \_\_\_\_\_  
ER

