Semi-Annual Statement of No Activity  For use by recipient committees that have not received any contributions and have not made			Type or print in ink.	STATEMENT OF NO ACTIVITY	
				City of San Clemente	FORM 425
			e any expenditures		
during the six-month period covered by a semi-annual statement. Candidate controlled committees formed for elective office may not use this form.				111 0 5 2000	1 of Official Use Offig
_				JUL 2 5 2023	
See the <u>Information Manual on C</u>	ampaign Disclosure Prov	risions of the Political Reform Act for the Information Practices Act of 1	or additional information		
and information required to be pro	ovided to you pursuant to	the information Practices Act of 1	977.	City Clerk Department	
		I.D. NUMBER			
1. Committee Informati	on	1312003	Treasurer(s)		
COMMITTEE NAME			NAME OF TREASURER		
VISION SAN CLEMENTE A COMMITTEE FORMED TO SUPPORT JACKSON			JERI MANN		
HINKLE FOR SAN CLEMENTE CITY COUNCIL 2019			MAILING ADDRESS		
			30240 RANCHO VIEJO RD STE A		
STREET ADDRESS (NO P.O. BOX)			CITY	STATE ZIP	CODE ABEA CODE/DUONE
30240 RANCHO VIEJO RD., STE A			SAN JUAN CAPO	CA 92	2675
CITY	STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TR	REASURER, IF ANY	
SAN JUAN CAPO	CA 92675				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET			MAILING ADDRESS		
Value 10 a 10					
CITY	STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS		
2. Period of No Activity					
-					
No contributions have beer	received and no expe	enditures have been made duri	ing the period covering the	e dates below:	
Check one of the following	g boxes and comple	te the year. January 1	, through June 30, 20 그	3 ☐ July 1, throu	igh December 31, 20
3. Verification					
I have used all reasonable	diligence in preparing	this statement. I have reviewe	d the statement and to the	e best of my knowledge the	information contained berein
is true and complete. I cert	ify under penalty of pe	rjury under the laws of the Sta	te of	true and correct.	
71,0120	10			_	
Executed on 7115/20	TE S		Ву	ASURER/ASSISTANT TRE	ASURER

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

STATEMENT OF NO ACTIVITY

866/275-3772