

**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>CALIFORNIA FORM 425</b> For Official Use Only
<b>City of San Clemente</b>	
<b>JUL 26 2023</b>	
<b>City Clerk Department</b>	

**1. Committee Information**

I.D. NUMBER  
**850569**

COMMITTEE NAME  
**San Clementeans For Managed Growth  
For Sensible Growth and Traffic Control  
Initiatives**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
**Teddi Lorch**

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

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 **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 to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/27/23  
DATE

By \_\_\_\_\_