

# Semi-Annual Statement of No Activity

**ORIGINAL**

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>
RECEIVED CITY CLERK	For Official Use Only
2012 JUL 31 PM 7:31	
CITY OF COSTA MESA	

## 1. Committee Information

I.D. NUMBER  
1332564

COMMITTEE NAME

Costa Mesa First

STREET ADDRESS (NO P.O. BOX)

1586 Myrtlewood

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	Ca	92626	714 754 0814

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Sandra L. Genis

MAILING ADDRESS

1586 Myrtlewood

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	Ca	92626	714 754 0814

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 12  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 30 July 2012  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER/ASSISTANT TREASURER