

# Semi-Annual Statement of No Activity

Type or print in Ink.

STATEMENT OF NO ACTIVITY

Date Stamp	425
RECEIVED	For Official Use Only

For use by recipient committees, except controlled committees, that have not received any contributions and have not made any expenditures during the six-month period covered by a semi-annual statement. Committees controlled by an officeholder or candidate may not use this form.

NOTE: If the committee had, at any time during the year, any outstanding loans made or received, this form may not be used for the semi-annual statement on which the "Annual Report of Outstanding Loans" must be completed.

## I Recipient Committee Information

NAME OF COMMITTEE		I.D. NUMBER	
Citizen's Watch Committee		930305	
ADDRESS OF COMMITTEE (NO. AND STREET)			
445 Almond Drive #47			
CITY	STATE	ZIP CODE	
Lodi	CA	95240	
AREA CODE/PHONE NUMBER			
(209) 334-9496			

NAME OF TREASURER			
Cheryl Reinke			
PERMANENT ADDRESS OF TREASURER (NO. AND STREET)			
445 Almond Drive #47			
CITY	STATE	ZIP CODE	
Lodi	CA	95240	
AREA CODE/DAYTIME PHONE NUMBER			
(209) 334-9496			

## II 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, 19\_\_\_\_  July 1, through December 31, 1995

## III 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 31 Jan 96 At Lodi, CA 95240

By Cheryl G. E. Reinke

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission