

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.

LOS ANGELES COUNTY
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 CAMPAIGN FINANCE

CALIFORNIA FORM 425

For Official Use Only

G05021

1. Committee Information

I.D. NUMBER
801796

COMMITTEE NAME

National Women's Political Caucus - San Fernando Valley Chapter

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Woodland Hills	CA	91367	818 7313228

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Cecile Bendavid

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Woodland Hills	CA	91367	818 731 3228

NAME OF ASSISTANT TREASURER, IF ANY

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MAILING ADDRESS

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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

cecile.bendavid@gmail.com

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, 20²¹ 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 July 15, 2021
DATE

By _____
SIGNATURE OF TREASURER/ASSISTANT TREASURER