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## Semi-Annual Statement of No Activity

Type or print in ink.

STATEMENT OF NO ACTIVITY

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CAMPAIGN FINANCE

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 <u>Information Manual on Campaign Disclosure Provisions of the Political Reform Act</u> for additional information and information required to be provided to you pursuant to the Information Practices Act of 1977.

1. Committee Information Treasurer(s) COMMITTEE NAME NAME OF TREASURER STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE STATE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET MAILING ADDRESS 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: January 1, through June 30, 20 21 Check one of the following boxes and complete the year. July 1, through December 31, 20 \_\_\_\_

is true and complete. I certify under penalty of perjury under the laws of the State of the Stat

I have used all reasonable diligence in preparing this statement. I have reviewed the

Executed on DATE

3. Verification

Ε

on contained herein

r PPC Form 425 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772