

Semi-Annual Statement of No Activity

Type or print in ink.

5722

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	CALIFORNIA FORM 425
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For Official Use Only	
G06673	

1. Committee Information

I.D. NUMBER
992229

COMMITTEE NAME

El Monte Elementary Teachers Association Education Improvement Fund

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Irwindale	CA	91706	626-337-7814

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MaryEsther Espinosa - PAC Treasurer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Irwindale	CA	91706	626-337-7814

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, 20²² July 1, through December 31, 20____

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed it is true and complete. I certify under penalty of perjury under the laws of the State

Executed on 01/23/2023
DATE

my knowledge the information contained herein is true and correct.

TREASURER/ASSISTANT TREASURER