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∖Semi-Annual	Statement	of N	lo A	ctivity

Type or print in ink

STATEMENT OF NO ACTIVITY

Date Stamp **CALIFORNIA** FORM RECEIVED BY For use by recipient committees that have not received any contributions and have not made any expenditures For Official Use Only 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. DISCLOSURE SECTION I.D. NUMBER Committee Information Figure Treasurer(s) 910689 COMMITTEENAME NAME OF TREASURER Alice Turner African-American Educators Political Action Committee MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE CITY STATE Gardena 90249 CA 310-308-9180 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY 90249 Gardena

				_		
CITY		STATE	ZIP CODE		AREA CODE/PHONE	
Los Angeles		CA	90249	-	310-308-9180	

CA

OPTIONAL: FAX / E-MAIL ADDRESS

alicedianne1@aol.com

MAILING ADDRESS (IF DIFFERENT) NO AND STREET

Carolin McKie

MAILING ADDRESS

Paramount

STATE CA ZIP CODE

AREA CODE/PHONE

90723

310-749-2521

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:

310-308-9180

Check one of the following boxes and complete the year.

☑ January 1, through June 30, 20 23

☐ 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 Calif correct.

July 3, 2023 Executed on DATE

By_

VASSISTANT TREASURER