

Semi-Annual Statement of No Activity

Type or print in ink.

2/3/22 AM

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 RECEIVED BY LOS ANGELES CO 2022 FEB -4 PM 4:05 CAMPAIGN FINANCE	CALIFORNIA FORM 425
	For Official Use Only

1. Committee Information

I.D. NUMBER
910689

COMMITTEE NAME

African-American Educators Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Gardena	CA	90249	310-308-9180

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90056	310-308-9180

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Alice Turner

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Gardena	CA	90249	310-308-9180

NAME OF ASSISTANT TREASURER, IF ANY

Carolyn McKie

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Paramount	CA	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:

Check one of the following boxes and complete the year. January 1, through June 30, 20 ____ July 1, through December 31, 20 21

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 C

Executed on January 30, 2022
DATE

By _____
SIGNATURE OF TREASURER/ASSISTANT TREASURER