5925

Semi-Annual	Statement	of No	Activity
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Type or print in ink.

STATEMENT OF NO ACTIVITY

Date Stamp

RECEIVED BY
DS ANGELES COUNTY
7/28/23

7023 JUL 31 PM 2: 14

FORM 425

For Official Use Only

G06673

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.

					3000		t
. Committee Information	-		UMBER 1992229	Treasurer(s)			
COMMITTEE NAME		NAME OF TREASURER					
El Monte Elementary Teachers Association Education Improvement Fund		MaryEsther Espinosa					
				MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)							
OTTLET ADDITED (NO F.O. BOA)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Irwindale	CA	.91706	626-337-7814
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASU	URER, IF ANY		
Irwindale	CA	91706	626-337-7814				
MAILING ADDRESS (IF DIFFERENT) NO. AN	STREET			MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	·			OPTIONAL: FAX / E-MAIL ADD	RESS		
. Period of No Activity						ľ	
No contributions have been receiv	ed and n	o expenditu	res have been made durir	ng the period covering the dat	tes below:		

3. Verification

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

Check one of the following boxes and complete the year.

By.

 \blacksquare January 1, through June 30, 20 $\frac{23}{2}$

vledge the information contained herein id correct.

☐ July 1, through December 31, 20 ____

SSISTANT TREASURER