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CITY OF WEST COVINA
CITY CLERK'S OFFICE

Semi-Annual Statement of No Activity

Type or print in ink

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
	For Official Use Only

1. Committee Information I.D. NUMBER 1396413

COMMITTEE NAME
VOTE WEST COVINA

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
WEST COVINA CA [REDACTED] [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET
SAME

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
GLENN KENNEDY

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
WEST COVINA CA [REDACTED] [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
NONE

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, 20__ July 1, through December 31, 20__ 17

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 California

Executed on 1/31/2018
DATE

By [REDACTED]

Clear Form Print Form

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