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# Semi-Annual Statement of No Activity

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**CALIFORNIA FORM 425**  
 For Official Use Only

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.

## 1. Committee Information

COMMITTEE NAME  
VOTE WEST COVINA

I.D. NUMBER  
1396413

## Treasurer(s)

NAME OF TREASURER  
GLENN KENNEDY

MAILING ADDRESS  
[REDACTED]

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

CITY  
WEST COVINA

STATE  
CA

ZIP CODE  
91790

AREA CODE/PHONE  
[REDACTED]

CITY  
WEST COVINA

STATE  
CA

ZIP CODE  
91790

AREA CODE/PHONE  
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
NONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET  
SAME

MAILING ADDRESS  
SAME

CITY  
SAME

STATE  
CA

ZIP CODE  
91790

AREA CODE/PHONE  
[REDACTED]

CITY  
WEST COVINA

STATE  
CA

ZIP CODE  
91790

AREA CODE/PHONE  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

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## 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 18  July 1, through December 31, 20     

## 3. Verification

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

Executed on 12/21/2018

By [REDACTED]

TREASURER/ASSISTANT TREASURER