

Semi-Annual Statement of No Activity

Type or print in ink

STATEMENT OF NO ACTIVITY

CALIFORNIA FORM 425

For Official Use Only

Date Stamp

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CLERK'S OFFICE
CITY OF WEST COVINA

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

I.D. NUMBER
1396413

COMMITTEE NAME

VOTE WEST COVINA

Treasurer(s)

NAME OF TREASURER

GLENN KENNEDY

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

WEST COVINA

STATE ZIP CODE

CA 91790

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

SAME

CITY

STATE ZIP CODE

AREA CODE/PHONE

CITY

WEST COVINA

STATE ZIP CODE

CA 91790

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

NONE

MAILING ADDRESS

CITY

STATE ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 19 July 1, through December 31, 20 ____

3. Verification

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

herein is

Executed on 7/30/2019

By _____ DATE