

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.**

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CAMPAIGN FINANCE

CALIFORNIA FORM 425

For Official Use Only

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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

COMMITTEE NAME

Rowland Heights Advocates for City Hood

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	909-594-6651

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Venita Sadowski

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	909-594-6651

NAME OF ASSISTANT TREASURER, IF ANY

Robert Lewis Secretary Committee

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Rowland Heights	CA	91748	

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 20

3. Verification

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

the information contained herein is true and complete.

Executed on _____ DATE

By _____

SIGNATURE OF TREASURER/ASSISTANT TREASURER

SS