

Semi-Annual Statement of No Activity

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01/29/2024
Date Stamp

STATEMENT OF NO ACTIVITY

CALIFORNIA FORM 425

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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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.

CAMPAIGN FINANCE

1. Committee Information

I.D. NUMBER
992229

COMMITTEE NAME
El Monte Elementary Teachers Association Education Improvement Fund

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Irwindale CA 91706 626-337-7814

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
MaryEsther Espinosa - PAC Treasurer

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Irwindale CA 91706 626-337-7814

NAME OF ASSISTANT TREASURER, IF ANY

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, 20²³

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 and correct.

Executed on January 28, 2024 DATE

ASSISTANT TREASURER