STATEMENT OF NO ACTIVITY

Semi-Annual Statement of No Activity	Type or print in ink.	STATEMENT OF NO ACTIV
For use by recipient committees that have not received any contributions and have not made during the six-month period covered by a semi-annual statement. Candidate controlled coelective office may not use this form.	committees formed for an	FORM FORM FOR ONLY FORM FOR ONLY FOR ON
See the Information Manual on Campaign Disclosure Provisions of the Political Reform Act and information required to be provided to you pursuant to the Information Practices Act of		AMPAIGN FINANCE
. Committee Information 1235455	Treasurer(s)	
estside Union Teachers Association	NAME OF TREASURER Darrell	Hrabik
Political Action Committee	MAILING ADDRESS	11.00
STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE AREA CODE/PHO
Lancastur CA 93636 661-992-721	NAME OF ASSISTANT TREAS	CA 93544 661-990-
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	MAILING ADDRESS	
CITY STATE ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHO
OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-MAIL AD	DDRESS
. Period of No Activity		
No contributions have been received and no expenditures have been made du	ring the period covering the d	ates below:
Check one of the following boxes and complete the year.	1, through June 30, 20	July 1, through December 31, 20
. Verification		
I have used all reasonable diligence in preparing this statement. I have review is true and complete. I certify under penalty of perjury under the laws of the St		ormation contained here
Executed on February 3, 2021	Ву	