Semi-Annual Statement of No Activity 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.		Type or print in ink.	STATEMENT OF NO ACTIVITY	
		a any expanditures	in to re	orm 425
		ommittees formed for an	LUS AGELES CONTROL Use Only	
See the <u>Information Manual on Campaign Disclosure P</u> and information required to be provided to you pursuant			2022 MAR LA F	M 2: 42
1. Committee Information	I.D. NUMBER 1311504	Treasurer(s)		
COMMITTEE NAME	1311304	NAME OF TREASURER	t difficient Wy	
Downey Education Association Educational Improvement Fund Political Action		KevinWelch	•	
Committee		MAILING ADDRESS		·
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
		Norwalk	CA 90650	562-868-6251
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF ASSISTANT TREASUR	RER, IFANY	
Norwalk CA 900	562-868-6251			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET		MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
staff@tri-cityed.org				
2. Period of No Activity				
No contributions have been received and no ex	xpenditures have been made dur	ing the period covering the date	es below:	
Check one of the following boxes and comp	olete the year.	1, through June 30, 20	☑ July 1, through Dec	ember 31, 20
3. Verification				
I have used all reasonable diligence in preparir is true and complete. I certify under penalty of				ion contained herein
Executed on 3 9 22		By SIGNATURE	TREASURER/ASSISTANT TREASURER	
· · · · ·	₹.			

FPPC Form 425 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772