

**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.**

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.

9/11/23 <sup>Date Stamp</sup>

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CAMPAIGN FINANCE  
DISCLOSURE SECTION

CALIFORNIA FORM **425**

For Official Use Only

**1. Committee Information**

I.D. NUMBER

COMMITTEE NAME

Glendora Teachers Association

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Glendora CA 91741

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Luke T. Waters

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Glendora CA 91741

NAME OF ASSISTANT TREASURER, IF ANY

N/A

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 23  July 1, through December 31, 20 23

**3. Verification**

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

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Executed on 9-5-23  
DATE

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