Semi-Annual Statement of No Activity	i-	Type or print in ink.	Date Stamp	STATEMENT OF NO ACTIVITY CALIFORNIA 125
For use by recipient committees that have not received any during the six-month period covered by a semi-annual state elective office may not use this form. See the Information Manual on Campaign Disclosure Provisand information required to be provided to you pursuant to the second secon	ment. Candidate controlled co	or additional information	RECEIVED BY OS ANGELES CO 2024 JAN 25 PM 3 CAMPAIGN FINA	20 × 20
1. Committee Information	1.D. NUMBER 00013/1 504	Treasurer(s)		
Downey Education Association		NAME OF TREASURER	mogan	
Education Improvement F STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COD	e AREA CODE/PHONE 50 (562) 868-625	Norwalk NAME OF ASSISTANT TR SAME MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL	STATE	ZIP CODE AREA CODE/PHONE (562) 868-6251 ZIP CODE AREA CODE/PHONE
2. Period of No Activity No contributions have been received and no experiments Check one of the following boxes and complete		ng the period covering the	*	rough December 31, 20 <u>2.3</u>
I have used all reasonable diligence in preparing to is true and complete. I certify under penalty of pereceptated on			haat åf my lenaviladen	the information contained herein

C Form 425 (Jan/01) pline: 866/ASK-FPPC 866/275-3772