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Semi-A	nņ	ual	State	ment	of No	Activity

Julyan Ching Is an

V. 1. 1. 46

Type or print in ink.

STATEMENT OF NO ACTIVITY

Date Stamp

CALIFORNIA
FORM

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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 <u>Information Manual on Campaign Disclosure Provisions of the Political Reform Act</u> for additional information and information required to be provided to you pursuant to the Information Practices Act of 1977.

1.	Committee Information	1.D. NUMBER 1360094	Treasurer(s)		 บานอาณาัสปอร์ประการ 			
	COMMITTEE NAME	NAME OF TREASURER		संस्था । स्थानिक स्थानिक				
	Pasadena City College Faculty Association Political A	Allison Parker						
	the state of the s	MAILING ADDRESS						
	STREET ADDRESS (NO P.O. BOX)	** *	b					
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE		
			Pasadena	CA ·	91106	626-585-7261		
	CITY STATE: ZIP.CC	DE - , AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY					
	Pasadena CA 9110	626-585-7261	Danny Hamman					
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	MAILING ADDRESS						
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	1. P. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Pasadena	CA	91106	626-585-7261		
	OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-MAIL ADDRESS						
	facultyassociation@gmail.com	facultyassociation@gmail.com	Martines, send a					
2.	Period of No Activity				. 20/	ica of Ne A		
	No contributions have been received and no exp	enditures have been made du	ring the period covering the dates below:		. 1.75%	Canouscontain :		
	Check one of the following boxes and comple		1, through June 30, 20 7 Jul			23		
	Check one of the following boxes and comple	te the year	through outle 50, 20	y 1, Li	nough Dece	inibeli 21,,20		
3.	Verification					noBaction :		
	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 here is true and complete. I certify under penalty of perjury under the laws of the State of California that the ferencing is true and correct.							
	Executed onDATE	By C						
	. N. 282 (1983 1993)				1	FPPC Form 425 (Jan/01)		

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