Semi-Annual State	ment of No Activity	U-NAT	Type or print in ink.	DODE FIVE BY	FORM 4
during the six-month period of elective office may not use See the <u>Information Manual</u>	covered by a semi-annual state this form. on Campaign Disclosure Prov	contributions and have not made ement. Candidate controlled consisions of the Political Reform Act for	mmittees formed for an arrangement of additional information	OS ANGELES COUNTY O21 JAN 21 PM 2: 13 CAMPAIGN FINANCE	For Official Use Only
and information required to b	e provided to you pursuant to	the Information Practices Act of 19	977.	1-19-21	
1. Committee Inform	nation	I.D. NUMBER 922043	Treasurer(s)	1-19-21-0	
COMMITTEE NAME			NAME OF TREASURER		
Southern California Conservation League			Anthony R. Fellow		
Southern Camornia Cor	iscrvation League		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)			CITY	STATE ZIP C	ODE AREA CODE/PHONE
			Arcadia	United 910	
CITY	STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TRE	EASURER, IF ANY	
Arcadia	CA 91006				
MAILING ADDRESS (IF DIFFE	ERENT) NO. AND STREET		MAILING ADDRESS		_
CITY	STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
Arcadia	CA 91066	626-445-0840			
OPTIONAL: FAX / E-MAIL AD	DRESS		OPTIONAL: FAX / E-MAIL	ADDRESS	-
Period of No Activ	vity				
No contributions have	been received and no expe	enditures have been made duri	ng the period covering the	dates below:	
	owing boxes and comple		, through June 30, 20		ph December 31, 20
officer one of the following	owing boxes and comple		, timough ounc oo, 20	Ejoury 1, timoug	JII DOCUMBET 01, 20
3. Verification					
		this statement. I have reviewed rjury under the laws of the Stat			nformation contained herein
January 19,					la.
Executed on	DATE		Ву	NT TREA	SURER MI