

Semi-Annual Statement of No Activity

Type or print in ink.

7/27/21 (1)

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.

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1. Committee Information

I.D. NUMBER
870699

COMMITTEE NAME

Compton Education Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Compton	CA	90221	310-638-8576

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
310-886-3225

Treasurer(s)

NAME OF TREASURER

Nancy Loera

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Compton	CA	90221	310-638-8576

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
310-886-3225

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, 20²¹ July 1, through December 31, 20____

3. Verification

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

I acknowledge the information contained herein is true and correct.

Executed on 7/26/2021
DATE

By _____