

S102

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.

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 CAMPAIGN FINANCE

CALIFORNIA FORM 425
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1. Committee Information

I.D. NUMBER
0001296887

COMMITTEE NAME

Rowland Heights Advocates for Cityhood

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Rowland Heights CA 91748

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Robert Lewis

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Rowland Heights CA 91748

NAME OF ASSISTANT TREASURER, IF ANY

Szu Pei Ly

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Rowland Heights CA 91748

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__ July 1, through December 31, 2021

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

nation contained herein is

Executed on 10/1/2021
DATE

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SR