

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.

Date Stamp	CALIFORNIA FORM 425 For Official Use Only
CITY CLERK OFFICE 2016 JAN 11 P 2: 27 CITY OF MONTEREY PARK	

1. Committee Information

I.D. NUMBER
1294816

COMMITTEE NAME

CONCERNED CITIZENS OF
MONTEREY PARK

STREET ADDRESS (NO P.O. BOX)

1142 KENTON DR,

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MONTEREY PARK</u>	<u>CA</u>	<u>91755</u>	<u>626-280 0479</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

P.O. Box 633

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MONTEREY PARK</u>	<u>CA</u>	<u>91754</u>	<u>ABOVE</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

JEFFERY SU

MAILING ADDRESS

716 CEREZA DR

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MONTEREY PARK</u>	<u>CA</u>	<u>91754</u>	<u>323-266 6138</u>

NAME OF ASSISTANT TREASURER, IF ANY

TILDA DE WOLFE

MAILING ADDRESS

1142 KENTON DR,

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MONTEREY PARK</u>	<u>CA</u>	<u>91755</u>	<u>626-280 0479</u>

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, 20 15

3. Verification

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 herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-10-16
DATE

By [Signature]
SIGNATURE OF TREASURER/ASSISTANT TREASURER