For use by recipient committees that have not received any contributions and have during the six-month period covered by a semi-annual statement. Candidate cor an elective office may not use this form. See the Information Manual on Campaign Disclosure Provisions of the Political Reforminformation required to be provided to you pursuant to the Information Practices Act of	m Act for additional information and
1. Committee Information 12948/4	Treasurer(s) NAME OF TREASURER
CONCERNED CITIZENS OF	JEFF ERY SU
MONTEREY PARK	MAILING ADDRESS MAILING ADDRESS DRI
STREET ADDRESS (NO P.O. BOX) 1	MONTEREY PARK A 9/754 AREA CODE/PHONE 223 - 266
MONTEREY PACK CA 91755 280-0	The state of the s
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET P.O. Box 633	MAILING ADDRESS 1/42 KENTO N DB
MONTEREY PARK CA 91754 OPTIONAL: FAX/E-MAIL ADDRESS	OPTIONAL: FAX/E-MAIL ADDRESS STATE ZIP CODE AREA CODE/PHONE 626-280 0479
2. Period of No Activity	
No contributions have been received and no expenditures have been re	nade during the period covering the dates below:
Check one of the following boxes and complete the year.	anuary 1, through June 30, 20 XJuly 1, through December 31, 20 18
3. Verification	
true and complete. I certify under penalty of perjury under the laws of th $1-19-19$	reviewed the statement and to the best of my knowledge the information contained herein is the State of California that the foregoing is true and correct.
Executed on	By SIGNATURE OF TREASURER/ASSISTANT TREASURER

Semi-Annual Statement of No Activity

DATE

Type or print in ink

Date Stamp

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

STATEMENT OF NO ACTIVITY

CALIFORNIA