

Semi-Annual Statement of No Activity

Type or print in ink.

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

COMMITTEE NAME

Bonita Unified Education Fund

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Dimas	CA	91773	909-394-6136

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Dimas	CA	91773	909-394-6136

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Deborah Brownlee

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
La Verne	CA	91750	909-618-6200

NAME OF ASSISTANT TREASURER, IF ANY

Tracy Pang

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Dimas	CA	91773	909-394-6136

OPTIONAL: FAX / E-MAIL ADDRESS

d.brownlee@bonita.k12.ca.us

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, 20²² ____

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 C

Executed on January 27, 2023

DATE

By ____

JRER