

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

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CAMPAIGN FINANCE

CALIFORNIA FORM 425

For Official Use Only

1. Committee Information

I.D. NUMBER
0001239163

COMMITTEE NAME

Lennox Teachers Association
Fund For Quality Education

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Hawthorne

CA

90251

310-721-0330

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Justin Catalan

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Hawthorne

CA

90251

310-721-0330

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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, 2022

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the is true and complete. I certify under penalty of perjury under the laws of the State of
Executed on 1-31-23 DATE By
contained herein