Semi-Annual Statement of No Activity

Type or print in ink.

STATEMENT OF NO ACTIVITY

CALIFORNIA FORM **425**

For Official Use Only

Date Stamp

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TOWN OF MAMMOTH LAKES
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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.

1. Committee Information

I.D. NUMBER: 1468926

COMMITTEE NAME

Locals Organized for Community Advocacy and Leadership
(LOCAL PAC)

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Imperial Beach	CA	91932	[redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

briana@bbcampaigns.com

Treasurer(s)

NAME OF TREASURER

Briana Bilbray

MAILING ADDRESS

[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Imperial Beach	CA	91932	[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Briana@bbcampaigns.com

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** 24

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 [redacted] true and correct.

Executed on 01/22/225
DATE

B[redacted]
ASURER/ASSISTANT TREASURER