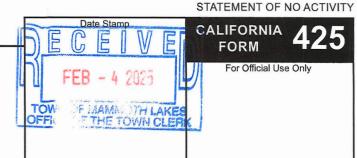
For use by recipient committees that have not received any contributions and have not made any expenditures during the six-month period covered by a semi-annual statement. Candidate controlled committees formed for an elective office may not use this form.

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 Informa	ation	1.D. N 1468	UMBER 1926		Treasurer(s)			
COMMITTEE NAME Locals Organized for Community Advocacy and Leadership					NAME OF TREASURER			
					Briana Bilbray			
(LOCAL PAC)					MAILING ADDRESS			
STREET ADDRESS (NO P.O. B	OX)			•	CITY	STATE	ZIP CODE	AREA CODE/PHONE
					Imperial Beach	CA	91932	
CITY	STATE	ZIP CODE	AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF	ANY	The second secon	
Imperial Beach	CA	91932						
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET					MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	- 1 - 1 - 1 - 1	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADD	RESS				OPTIONAL: FAX / E-MAIL ADDRESS			
briana@bbcampaigns.com	n			1.17	Briana@bbcampaigns.com			
2. Period of No Activi	ity			1.425				
No contributions have b	peen received and i	no expenditu	res have been made	during th	he period covering the dates bel	ow:		
Check one of the follo	owing boxes and o	complete the	year. Janu	ary 1, th	rough June 30, 20	√ July 1, t	hrough Dece	mber 31, 20 <u>24</u>
3. Verification								
I have used all reasona is true and complete. I					e statement and to the best of m	y knowledge true and cor		ion contained herein
01/22/225				В				
Executed on	DATE			В		SURER/ASSISTA	NT TREASURER	
								FPPC Form 425 (Jan/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772