Semi-Annual 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.

1. Committee Information

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1396413</th>
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</table>

**COMMITTEE NAME**

VOTE WEST COVINA

**STREET ADDRESS (NO P.O. BOX)**

CITY  

WEST COVINA  

STATE  

CA  

ZIP CODE  

91790

**MAILING ADDRESS (IF DIFFERENT) NO. AND STREET**

SAME

**CITY**

WEST COVINA

**STATE**

CA

**ZIP CODE**

91790

**AREA CODE/PHONE**


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, 2018
- [ ] July 1, through December 31, 2018

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement. 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 California the statements made herein are true and correct.

12/21/2018

DATE

By: [SIGNATURE]  

ASSISTANT TREASURER