

Semi-Annual Statement of No Activity

LOWE ORIGINAL U-NAM S121
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.

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1. Committee Information

I.D. NUMBER
991813

COMMITTEE NAME

Bonita Unified Education Fund

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Dimas	CA	91773	9093946136

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Deborah Brownlee

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Dimas	CA	91773	9096186200

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, 20 20

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the true and complete. I certify under penalty of perjury under the laws of the State of C

nation contained herein is

Executed on 12/1/2020
DATE

B

SIGNATURE OF TREASURER/ASSISTANT TREASURER MV