

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 1/11/22	CALIFORNIA FORM 425
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1. Committee Information

I.D. NUMBER
20 259 0668
#000128096

COMMITTEE NAME
PAC GTA

STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
1626
963-3669

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET
Glendora CA 91741
CITY STATE ZIP CODE AREA CODE/PHONE
OFFICE@glendoraTeachers.com
OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
PAMELA LOTZ
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Glendora CA 91741 1626
963-3669
NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
OFFICE@glendoraTeachers.com
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 21

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and certify that the information is true and complete. I certify under penalty of perjury under the laws of the State of California that the information furnished herein is true and complete.

Executed on 1-4-22
DATE

signed herein

