

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.

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| Date Stamp RECEIVED BY LOS ANGELES COUN 2021 DEC 20 PM 3:20 CAMPAIGN FINANCE <i>12/16/21</i> | CALIFORNIA FORM 425 For Official Use Only |
|---|---|

1. Committee Information

I.D. NUMBER
1278484

COMMITTEE NAME

Torrance Teachers Association Fund for Quality Education

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| Torrance | CA | 90501 | 310-320-8200 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Julie Shankle

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| Torrance | CA | 90501 | 310-320-8200 |

NAME OF ASSISTANT TREASURER, IF ANY

Mario DiLeva

MAILING ADDRESS

dsame as above

| 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, 20²¹__

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge and belief, the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing

is true and complete.

Executed on December 15, 2021
DATE

By _____
SIGNATURE OF TREASURER/ASSISTANT TREASURER