

# 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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## 1. Committee Information

I.D. NUMBER  
910689

## Treasurer(s)

COMMITTEE NAME

African American Educators Political Action Committee

NAME OF TREASURER

Doris Dillard

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Inglewood CA 90305 213-703-5350

CITY STATE ZIP CODE AREA CODE/PHONE

Inglewood CA 90305 213-703-5350

NAME OF ASSISTANT TREASURER, IF ANY

Carolyn McKie

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90056 310-308-9180

CITY STATE ZIP CODE AREA CODE/PHONE

Downey CA 90241 310-749-2521

OPTIONAL: FAX / E-MAIL ADDRESS

ddmdillard@aol.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<sup>23</sup>

## 3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and 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 that the information contained herein is correct.

Executed on 01/31/2024  
DATE

By

ASSISTANT TREASURER