Semi-Annual Statement of No Activity			Type or print in ink.	Date Stamp RECEIVED BY CALIFORNIA FORM 425	
For use by recipient committees that h during the six-month period covered by elective office may not use this form.  See the Information Manual on Campa	y a semi-annual sta n.	atement. Candidate controlled co	mmittees formed for an	2021 JUL 29 PM 4: 05	
and information required to be provide				CAMPAIGN FINANCE	Ē
1. Committee Information		I.D. NUMBER 991813	Treasurer(s)		
COMMITTEE NAME			NAME OF TREASURER		
Bonita Unified Education Fund			Deborah Brownlee		
			MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COD	DE AREA CODE/PHONE	
			San Dimas	CA 91773	909-618-6200
CITY	CITY STATE ZIP CODE AREA CODE/PHONE			EASURER, IF ANY	
San Dimas	CA 9177	3			
MAILING ADDRESS (IF DIFFERENT) NO.	AND STREET		MAILING ADDRESS		
CITY	STATE ZIP C	DDE AREA CODE/PHONE	CITY	STATE ZIP COD	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS		
n.grant@bonita.k12.ca.us			d.brownlee@bonita.k12.ca.us		
2. Period of No Activity					
No contributions have been rec	eived and no ext	penditures have been made duri	na the period covering the	dates below:	
Check one of the following be			, through June 30, 20 $\frac{21}{2}$		December 31, 20
Check one of the following bo	oxes and compi	ete the year.	, through June 30, 20	July 1, through	December 31, 20
3. Verification					
		this statement. I have reviewe erjury under the laws of the Sta			ormation contained herein
July 23, 2021			Ry		
Executed on			BysigNat	TURE OF TREASURER/ASSISTANT TREASUR	RER

Type or print in ink.

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