Se	emi-Annual Statement	of No Activity		Type or print in ink.	Date Stamp C/	ALIFORNIA 425
dur ele Se	r use by recipient committees that h ing the six-month period covered b ctive office may not use this forr e the <u>Information Manual on Camp</u> d information required to be provide	oy a semi-annual stat n. aign Disclosure Prov	ement. Candidate controlled con isions of the Political Reform Act for the Information Practices Act of 19	mmittees formed for an	RECEIVED BY OS ANGELES COUNTY 2024 JUN -3 AMII: 44 CAMPAIGN FINANCE	For Official Use Only
1.	Committee Information		1.D. NUMBER 1301562	Treasurer(s)		
	COMMITTEE NAME		1001000	NAME OF TREASURER		
	Beverly Hills Education Association PAC			Marla Weiss		
				MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)					
				CITY	STATE ZIP CODE	
	CITY	STATE ZIP CO	DE AREA CODE/PHONE	Beverly Hills	CA 90212	323-687-6470
	Beverly Hills	CA 90212	323-687-6470	NAME OF ASSISTANT 1	REASURER, IF ANY	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET			MAILING ADDRESS		
	CITY	STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MA	IL ADDRESS	
2.	Period of No Activity		+			
	No contributions have been rea	ceived and no expe	enditures have been made duri	ng the period covering t	he dates below:	
	Check one of the following b			, through June 30, 20		December 31, 20
3.	Verification					
	I have used all reasonable dilig is true and complete. I certify					nation contained herein
	Executed on DATE					
					FPPC Toll-	FPPC Form 425 (Jan/01) Free Helpline: 866/ASK-FPPC 866/275-3772