

# Semi-Annual Statement of No Activity

Type or print in ink.

7/24/24 (1)

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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CALIFORNIA FORM 425  
For Official Use Only

## 1. Committee Information

I.D. NUMBER  
0000992229

COMMITTEE NAME  
El Monte Elementary Teachers  
Association Education Improvement Fund

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Irwindale	CA	91706	626-337-7814

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
Mary Esther Espinosa

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Irwindale	CA	91706	626-337-7814

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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, 24  July 1, through December 31, 20

## 3. Verification

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

Executed on 7/24/2024  
DATE

I certify that the information contained herein is true and complete.

TREASURER