

Semi-Annual Statement of No Activity

Type or print in ink.

STATEMENT OF NO ACTIVITY

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 active 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.

Date Stamp

CALIFORNIA FORM 425

For Official Use Only

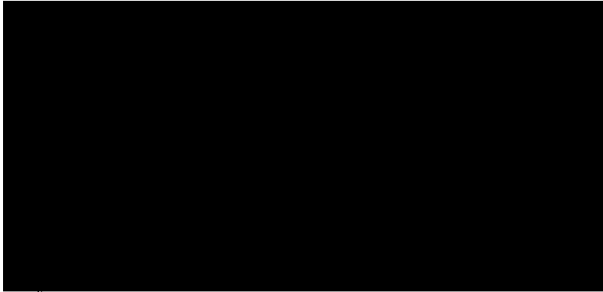
Committee Information

I.D. NUMBER
991923

COMMITTEE NAME

South Tahoe Educators Association PAC

STREET ADDRESS (NO P.O. BOX)



AREA CODE/PHONE

(530) 318-9121

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Alicia Mason

MAILING ADDRESS



AREA CODE/PHONE

(530) 545-2500

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 20

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 foregoing is true and correct.

Executed on 1/4/2021

DATE



SIGNATURE OF TREASURER/ASSISTANT TREASURER