Semi-Annual Statement of No Act	ivity	Type or print in ink RECTENSIAN CALIFORNIA 125
For use by recipient committees that have not receduring the six-month period covered by a semi-ann an elective office may not use this form. See the Information Manual on Campaign Disclosure	nual statement. Candidate controlled	ade any expenditures I committees formed for 12 JUL 31 PM 1: 27 For Official Use Only OFFICE OF THE OFFY CLERY
information required to be provided to you pursuant to	the Information Practices Act of 1977.	
1. Committee Information	I.D. NUMBER 840292	Treasurer(s)
COMMITTÉE NAME		NAME OF TREASURER
Coalition for Economic Survival Political Action Committee		Douglas Routh
-	Automorphisms (Control of Control	MAILING ADDRESS
		514 Shatto Place, Suite 270
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE
514 Shatto Place, Suite 270		Los Angeles CA 90020 213-252-4411
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY
Los Angeles CA	90020 213-252-4411	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET		MAILING ADDRESS
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS
2. Period of No Activity		
No contributions have been received and n	·	
Check one of the following boxes and c	complete the year. 🔀 January	√ 1, through June 30, 20 12
3. Verification		
		ed the statement and to the best of my knowledge the information contained herein is a of California that the foregoing is true and correct.
Executed on July 30, 2012		By JOGIGIA J. Parth SIGNATURE OF TREASURER/ASSISTANT TREASURER

Type or print in ink

STATEMENT OF NO ACTIVITY