Semi-Annual Statement of No Activity For use by recipient committees that have not received any contributions and have not mad during the six-month period covered by a semi-annual statement. Candidate controlled c an elective office may not use this form.				Type or print in ink	Date Stamp			CALIFORNIA A C	
				ao any expenditares	RECEI MIOF WEST 15 JAN 20	(SEEP)	K G G G	For Official Use Only	
See the Information re	mation Manual on Campaign Discle equired to be provided to you pursu	osure Provisions ant to the informa	of the Political Reform Act for ation Practices Act of 1977.	additional information and 9F	FIRE OF THE	CITY C	LERK		
	ittee Information		NUMBER 0292	Treasurer(s)					
COMMITTEI Coalition	ENAME n for Economic Survival Politic	ał Action Comr	nittee	NAME OF TREASURER					
				MAILING ADDRESS 514 Shatto Place, S	Suite 270				
	odress (no p.o. box) atto Place, Suite 270			CITY		STATE	ZIP CODE	AREA CODE/PHONE	
CITY	STA	TE ZIP CODE	AREA CODE/PHONE	Los Angeles		CA	90020	213-252-4411	
Los Ang			213-252-4411	NAME OF ASSISTANT TREA	ASURER, IF ANY				
MAILING AE	DDRESS (IF DIFFERENT) NO. AND STRE	ET		MAILING ADDRESS					
CITY	STA	TE ZIP CODE	AREA CODE/PHONE	CITY	<u>.</u>	STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL:	FAX / E-MAIL ADDRESS			OPTIONAL: FAX/E-MAIL A	DDRESS				
2. Period	of No Activity					<u>,</u>			
No contr	ributions have been received a	nd no expendi	tures have been made du	ring the period covering the	e dates below:				
	one of the following boxes a			1, through June 30, 20		uly 1, t	hrough Dec	sember 31, 20 <u>14</u>	
3. Verifica	ation								
I have us true and	sed all reasonable diligence in complete. I certify under pena	preparing this s ilty of perjury u	tatement. I have reviewed nder the laws of the State	of the statement and to the book of California that the forego	est of my knov oing is true and	vledge t correct	he informati	on contained herein is	
Executed o	on 1-8-15 DATE			By Nougas	ATURE OF TREASURE	Th_ WASSISTAN	T TREASURER		

Type or print in ink

STATEMENT OF NO ACTIVITY