Semi-Annual St	atement of No	Activity
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Type or print in ink

STATEMENT OF NO ACTIVITY

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FORM 425

For Official Use Only

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.

I D. NUMBER Treasurer(s) 1. Committee Information 840292 COMMITTEE NAME NAME OF TREASURER Coalition for Economic Survival Political Action Committee (CESPAC) **Douglas Routh** MAILING ADDRESS 514 Shatto Place, Suite 270 STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE STATE 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 no expenditures have been made during the period covering the dates below.

Check one of the following boxes and complete the year.

☐ July 1, through December 31, 20 ____

3. 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 7-9-07

By SIGNATURE OF TREASURER SIGNATURE OF TREASURER