Semi-Annual Statement of No Activity		Type or print in ink	RECEIVED OF WEST FOLLY	STATEMENT OF NO ACTIVITY WC CALIFORNIA 425
For use by recipient committees that have not received a during the six-month period covered by a semi-annual san elective office may not use this form.  See the Information Manual on Campaign Disclosure Proving the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to you pursuant to you pursu	tatement. Candidate controlled c	ommittees formed for	7 JAN 30 PM 2: CE OF THE CITY C	
1 Committee Information	I.D. NUMBER	Traccurate		
1. Committee Information	911888	Treasurer(s)		
WEST HOLLYWOOD FOR BETTER POLICE PROTECTION		NAME OF TREASURER		•
		JOSEPH JIMENEZ  MAILING ADDRESS		
		5255 MEMPHIS ST #80	4	
STREET ADDRESS (NO P.O. BOX)		CITY		IP CODE AREA CODE/PHONE
5255 MEMPHIS ST #804		DENVER		0239 303-3071687
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		
DENVER CO 8023	303-307-1687			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET		MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	СІТУ	STATE Z	IP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
2. Period of No Activity	·			
No contributions have been received and no ex	oenditures have been made duri	ing the period covering the dat	es below:	
Check one of the following boxes and comp		, through June 30, 20		ough December 31, 20
3. Verification				
I have used all reasonable diligence in preparing true and complete. I certify under penalty of per				information contained herein is
Executed on // 26/07	-	By SIGNATURE	OF TREASURER/ASSISTANT TR	REASURER

FPPC Form 425 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

STATEMENT OF NO ACTIVITY