

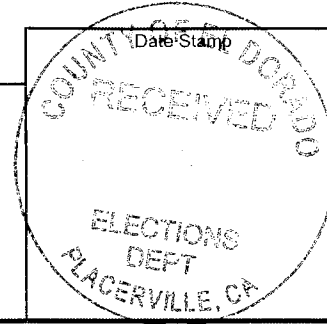
Semi-Annual Statement of No Activity

Type or print in ink.

STATEMENT OF NO ACTIVITY

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.



CALIFORNIA FORM 425 For Official Use Only

1. Committee Information

I.D. NUMBER
1437963

COMMITTEE NAME

Yandow for Assessor 2022

STREET ADDRESS (NO P.O. BOX)



AREA CODE/PHONE

(530) 919-2160

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY STATE ZIP CODE AREA CODE/PHONE

Yandowforassessor2022@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Lynne S. Petty, CPA Retired

MAILING ADDRESS



AREA CODE/PHONE

(530) 409-9483

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Period of No Activity

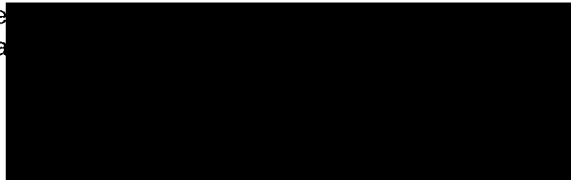
No contributions have been received and no expenditures have been made during the period covering the dates below:

Check one of the following boxes and complete the year. January 1, through June 30, 20 21 July 1, through December 31, 20 ____

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the information contained herein and certify that the information is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and complete. I have reviewed the information contained herein and certify that the information is true and complete.

Executed on 7/28/21
DATE



TREASURER