

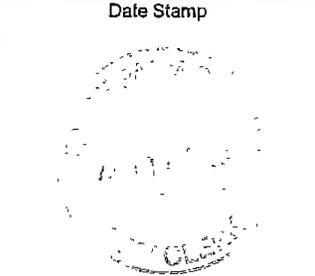
Semi-Annual Statement of No Activity

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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.

Date Stamp 	CALIFORNIA FORM 425 For Official Use Only
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1. Committee Information

I.D. NUMBER
11-3652985

COMMITTEE NAME

PALM SPRINGS FIRE MGMT ASSOC. - PAC

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

PALM SPRINGS CA 92264 [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

P.O. BOX [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

PALM SPRINGS CA 92263

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MARK VATCHER

MAILING ADDRESS

P.O. BOX [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
CATHEDRAL CITY CA 92234
PALM SPRINGS CA 92263 [REDACTED]

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 03 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 8-14-03
DATE

By [REDACTED] TREASURER