

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.

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For Official Use Only

1. Committee Information

I.D. NUMBER

1374119

COMMITTEE NAME

PROTECT OUR NEIGHBORHOODS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

PALM SPRINGS CA 92262

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY STATE ZIP CODE AREA CODE/PHONE

PALM SPRINGS, CA 92262

OPTIONAL: FAX / E-MAIL ADDRESS

CLUCKER@LUCKERANDERSON.COM

Treasurer(s)

NAME OF TREASURER

MARK EDELSTEIN

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

PALM SPRINGS, CA 92262

NAME OF ASSISTANT TREASURER, IF ANY

CHRIS LUCKER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

PALM SPRINGS CA 92262

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__ July 1, through December 31, 2017

3. Verification

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

Executed on 1-31-18
DATE

By _____