

Semi-Annual Statement of No Activity

Type or print in ink

STATEMENT OF NO ACTIVITY
CALIFORNIA FORM 425

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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OFFICE OF THE CITY CLERK

For Official Use Only

1. Committee Information	I.D. NUMBER 1374199
COMMITTEE NAME Protect Our Neighborhoods	
STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY Palm Springs	STATE CA
ZIP CODE 92262	AREA CODE/PHONE [REDACTED]
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	
CITY	STATE
ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	

Treasurer(s)	
NAME OF TREASURER Bruce Hoban	
MAILING ADDRESS [REDACTED]	
CITY Palm Springs	STATE CA
ZIP CODE 92262	AREA CODE/PHONE [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 ____ July 1, through December 31, 20 19

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 1/14/2020
DATE

By _____
[REDACTED]