

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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 CITY OF PALM SPRINGS
 OFFICE OF THE CITY CLERK
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1. Committee Information

I.D. NUMBER
1399524

COMMITTEE NAME

Palm Springs Forward

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

Treasurer(s)

NAME OF TREASURER

John Shay

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, 20²⁰ July 1, through December 31, 20____

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the information 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 contained herein

Executed on July 8, 2020
DATE

By