

# 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.

Date Stamp

FILED

JUL 24 2015

FRESNO COUNTY CLERK

By *[Signature]* DEPUTY

**CALIFORNIA FORM 425**

For Official Use Only

<b>1. Committee Information</b>	I.D. NUMBER	1229294
COMMITTEE NAME		
FRESNO COUNTY PROSECUTORS ASSOCIATION PAC		
STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE
FRESNO	CA	93721
AREA CODE/PHONE		
559-600-4414		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET		
CITY	STATE	ZIP CODE
AREA CODE/PHONE		
OPTIONAL: FAX / E-MAIL ADDRESS		

<b>Treasurer(s)</b>			
NAME OF TREASURER			
LYNETTE GONZALES			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559-600-4414
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 15  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.

Executed on 7/20/15  
DATE

By \_\_\_\_\_

\_\_\_\_\_  
EASURER

**Semi-Annual Statement of No Activity**

**LOCAL**

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**CALIFORNIA FORM 425**

For Official Use Only  
**FEB 05 2016**

RECEIVED AND FILED  
 in the office of the Secretary of State  
 of the State of California

**JAN 27 2016**

By F. Gonzalez  
 FRESNO COUNTY CLERK  
 DEPUTY

**1. Committee Information** I.D. NUMBER  
 122924

COMMITTEE NAME  
 Fresno County Prosecutor's Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
 Fresno CA 93721 559600-3141

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET  
 P.O. Box 667

CITY STATE ZIP CODE AREA CODE/PHONE  
 Fresno CA 93709

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
 Lynette Gonzales

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
 Fresno CA 93721 559-600-4414

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**

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**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 Calif.

Executed on 1/27/16 DATE By \_\_\_\_\_