Semi-Annual	Statement	of No	Activity
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Type or print in ink

STATEMENT OF NO ACTIVITY

california 425

Date Stamp

For Official Use Only

BEV HILLS CITY CLE 2022 MAR 4 PN 3:50

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.

1. Committee Information	840876	Treasurer(s)			
COMMITTEE NAME		NAME OF TREASURER	0		
FOR BETTER GOVERNM		DEREK GUAP	0		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHON	
445 N. REXFORD		APPLE VALLE	Y CA 9230	7	
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER.	IF ANY	-	

CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		1630	-
BEVERLY HILLS	CA	90210	(310) 281 - 2736				
MAILING ADDRESS (IF DIFFERENT) NO.	AND STREET			MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE

## 2. Period of No Activity

OPTIONAL: FAX / E-MAIL ADDRESS

No contributions have been received and no expenditures have been made during the period covering the dates below:

☐ January 1, through June 30, 20 \_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS

July 1, through December 31, 20 21

## 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 3 - 4 - 2022

SIGNATURE OF TREASURER/ASSISTANT TREASURER