Form 425 – Semi-Annual Statement of No Activity

1. General Information
2. Application Form
3. Data Elements
4. Filing Requirements
5. Written Notations
6. Signature Requirements

GENERAL INFORMATION:

1. In many instances, missing or incomplete information may be found elsewhere in the form, or by other sources (e.g. existing record in AMS, other submitted forms, or elsewhere on the same form, etc.).
2. If missing or incomplete information cannot be determined, attempt to contact the filer by phone, email or letter.
3. Any questions regarding processes should be directed to a PRD manager.

Form 425 – Semi-Annual Statement of No Activity
Review Points – Form and AMS

Semi-Annual Statement of No Activity

Type or print in ink

STATEMENT OF NO ACTIVITY

Date Stamp

CALIFORNIA FORM 425

For Official Use Only

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.

2 a-h

1. Committee Information

I.D. NUMBER

COMMITTEE NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

1

Treasurer(s)

3 a-i

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4

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 ____**

5a-b

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 _____ DATE

By _____ SIGNATURE OF TREASURER/ASSISTANT TREASURER

Clear Form Print Form

FPPC Form 425 (Jan/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

Form 425 – Semi-Annual Statement of No Activity
Review Points – Form and AMS

DATA ELEMENTS

This section provides guidance for reviewing the Form 425, explaining the data fields the filer must or may complete, and the method used for obtaining missing or incomplete information. It also indicates the location of the corresponding AMS data entry field (if any).

***Methods of Contact (MOC):**
PC –Phone Call
EL – Exception Letter (sent for Amendments/Terminations)
OC – Other contact (email, fax)
SB – Sendback Letter

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
1	ID Number	Yes	Should already be written in by the Coding desk; use this to look up entity in AMS	R: EL	Log Filings Screen - **BlankBox** at far left of above AMS data entry fields; this blank box is not labeled
2a	Committee Information: Committee Name	Yes	Compare the Name on the form to the Committee Name in AMS	PC	Filer: Name
2b	Committee Information:Street Address	Yes	A P.O. Box is not allowed	EL	Filer: Address
2c	Committee Information: City, State, Zip Code	Yes		EL	Filer: Address
2d	Committee Information: Area Code/Phone	Yes		EL	Filer: Phone
2e	Committee Information: Mailing Address (if different) No and street	Conditional		EL	Filer: Address
2f	Committee Information: City, State, Zip Code	Conditional		EL	Filer: Address
2g	Committee Information: Area Code/Phone	Conditional		EL	Filer: Phone
2h	Committee Information: Fax/Email Address	No		EL	Filer: Fax/Email
3a	Treasurer(s): Name of Treasurer	Yes, if changed		EL	Filer: Name
3b	Treasurer(s): Mailing Address	Yes, if changed		EL	Filer: Address

Form 425 – Semi-Annual Statement of No Activity
Review Points – Form and AMS

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
3c	Treasurer(s): City, State, Zip Code	Yes, if changed		EL	Filer: Address
3d	Treasurer(s): Area Code/Phone	Yes, if changed		EL	Filer: Phone
3e	Treasurer(s): Name of Assistant Treasurer, if any	Yes, if changed		EL	Filer: Name
3f	Treasurer(s): Mailing Address	Yes, if changed		EL	Filer: Address
3g	Treasurer(s): City, State, Zip Code	Yes, if changed		EL	Filer: Address
3h	Treasurer(s): Area Code/Phone	Yes, if changed		EL	Filer: Phone
3i	Treasurer(s): Fax/Email Address	No		EL	Filer: Fax/Email
4	Period of No Activity checkbox	Yes	Check against Date Stamp to determine whether form was filed late.	EL	Log Filings Screen - **Period From** and **Period To**
5a	Verification: Executed Date	Yes		EL	No field available to enter this data.
5b	Verification: Signature	Yes		SB if signature(s) missing EL if other signature issues	No field available to enter this data.

Filing Requirements

This section provides an explanation of other forms that may have a dependency on this form, or whether this form has any dependencies on other forms.

Attachment Description	Required/ Optional	Comments
Semi-Annual Report	Required - conditional	A Semi-Annual report must be filed, even if the 425 was filed indicating no activity

Form 425 – Semi-Annual Statement of No Activity
Review Points – Form and AMS

Written Notations

This section explains information handwritten or stamped onto the Form.

Entered By	Notation	Comments
Public Desk	Date and Time Stamp	
Reviewer, Verifier	“R” for “Reviewed” and Initials	

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 425, based on the Committee Type.

Authorized Signer	Comments
Treasurer or Assistant Treasurer	