

# 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	<b>CALIFORNIA FORM 425</b>
CITY OF SANTA CLARITA	For Official Use Only
2011 AUG 10 A 8:47	
RECEIVED CITY CLERKS OFFICE	

<b>1. Committee Information</b>	I.D. NUMBER 1283709		
COMMITTEE NAME Citizens for Integrity in Govt			
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			

<b>Treasurer(s)</b>			
NAME OF TREASURER Armando Azarloza			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90069	310-854-8235
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 11  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 that the foregoing is true and correct.

Executed on August 8 2011  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER/ASSISTANT TREASURER