Placer County Statement of No Activity

For use by Officeholders earning less than $200 a month
And committee has had no activity

Office Use Only

This statement covers the reporting period indicated below:

Check one of the boxes and complete the year.

☐ January 1 through June 30 20_____

☐ July 1 through December 31 20_____

Committee Name:	**I.D Number:**	**Treasurer Name:**
Street Address:		**Street Address:**
City: **State:** **Zip Code:**		**City:** **State:** **Zip Code:**
Mailing Address (if different):		**Mailing Address (if different):**
City: **State:** **Zip Code:**		**City:** **State:** **Zip Code:**
Phone Number:	**E-Mail Address:**	**Phone Number:**	**E-Mail Address:**

Balance in account at beginning of reporting period: _____ **Balance in account at end of reporting period:** _____

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:

Date: _____

By: _____
Signature of Officeholder or Treasurer