

Semi-Annual Statement of No Activity

LOCAL

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

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in the office of the Secretary of State of the State of California

DEC 31 2015

CALIFORNIA FORM 425

For Official Use Only

2016 JAN 20 AM 11:09

SANTA CRUZ CO ELECTION

FILED

1. Committee Information

I.D. NUMBER
941741

COMMITTEE NAME
Aptos/La Selva Firefighters

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------|-------|----------|-----------------|
| Aptos | Ca | 95003 | 831-840-0112 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------|-------|------------|-----------------|
| Aptos | Ca | 95001-1552 | 831-840-0112 |

OPTIONAL: FAX / E-MAIL ADDRESS

local3535@gmail.com

Treasurer(s)

NAME OF TREASURER

Jared von Schell

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------|-------|----------|-----------------|
| Aptos | Ca | 95003 | 831-840-0112 |

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 ____ July 1, through December 31, 20 15

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 12/28/2015
DATE

By [Signature]
SIGNATURE OF TREASURER/ASSISTANT TREASURER