

# 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.

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| Date Stamp<br><b>2015 AUG 28 AM 10: 57</b> | <b>CALIFORNIA FORM 425</b><br>For Official Use Only |
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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**

I.D. NUMBER: 991741

COMMITTEE NAME: APTOS/LA SELVA FIREFIGHTERS

STREET ADDRESS (NO P.O. BOX): \_\_\_\_\_

CITY: APTOS STATE: CA ZIP CODE: 95003 AREA CODE/PHONE: (831) 840-0112

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET: \_\_\_\_\_

CITY: APTOS STATE: CA ZIP CODE: 95001-1552 AREA CODE/PHONE: (831) 840-0112

OPTIONAL: FAX / E-MAIL ADDRESS: Local 3535@gmail.com

**Treasurer(s)**

NAME OF TREASURER: Jared von Sutter

MAILING ADDRESS: \_\_\_\_\_

CITY: APTOS STATE: CA ZIP CODE: 95001-1552 AREA CODE/PHONE: (831) 840-0112

NAME OF ASSISTANT TREASURER, IF ANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS: Local 3535@gmail.com

## 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, 2015  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 8/28/15  
DATE

By [Signature]  
SIGNATURE OF TREASURER/ASSISTANT TREASURER