

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 SANTA CRUZ CO ELECTIONS 2016 JAN -4 AM 11: 22	CALIFORNIA FORM 425
	For Official Use Only

1. Committee Information

I.D. NUMBER
1368402

COMMITTEE NAME

Our Libraries Our Future

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Cruz	CA	95060	831-423-8977

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Cruz	CA	95061	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Carolyn Livingston

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Cruz	CA	95060	831-426-7461

NAME OF ASSISTANT TREASURER, IF ANY

Cynthia Mathews

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Cruz	CA	95060	831-423-8977

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 01/07/2016
DATE

By Carolyn Livingston
SIGNATURE OF TREASURER/ASSISTANT TREASURER