

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 FILED SANTA CRUZ CO ELECTIONS 2015 JUL 31 PM 1:35	CALIFORNIA FORM 425 For Official Use Only
--	---

1. Committee Information

I.D. NUMBER
1323139

COMMITTEE NAME

COUNTY OF SANTA CRUZ DEPUTY SHERIFF'S ASSOCIATION
POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SANTA CRUZ	CA	95062	831-454-7600

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SANTA CRUZ	CA	95062	831-454-7600

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

TRAVIS HUNTSMAN

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SANTA CRUZ	CA	95062	831-454-7600

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 15 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 7/31/2015
DATE

By 
SIGNATURE OF TREASURER/ASSISTANT TREASURER