

Semi-Annual Statement of No Activity

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CITY OF GOLETA
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STATEMENT OF NO ACTIVITY

CALIFORNIA FORM 425

For Official Use Only

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.

1. Committee Information

I.D. NUMBER
1345172

COMMITTEE NAME

GOODLAND COALITION COMMITTEE FOR MEASURE G2012

STREET ADDRESS (NO P.O. BOX)

5710 HOLLISTER AVENUE, #234

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GOLETA	CA	93117	805-968-0094

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

ARLIENE K. SHELOR

MAILING ADDRESS

272 SAN NAPOLI DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GOLETA	CA	93117	805-968-0094

NAME OF ASSISTANT TREASURER, IF ANY

ROBERT E. WIGNOT

MAILING ADDRESS

6155 VERDURA AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GOLETA	CA	93117	805-964-8166

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 7/31/2017
DATE

By 
SIGNATURE OF TREASURER/ASSISTANT TREASURER