Semi-Annual Statement of No Activity	Type or print in ink		STATEMENT OF NO ACTIVITY	
ocini-Annual Statement of No Activity	9	Date Stamp	CALIFORNIA 425	
For use by recipient committees that have not received any contributions and have not	d committees formed focity C		FORM +23 For Official Use Only	
1. Committee Information 1.D. NUMBER 1.2 9 2 3 1 3	Treasurer(s)			
1. Committee Information 1292313	NAME OF TREASURER			
FRIENDS OF GOLETA STREET ADDRESS (NO P.O. BOX) 5701 GATO A VENUE CITY STATE ZIP CODE AREA CODE/PHONE GOLETA CA 93/17 (\$85) 964-5565 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS	MAILING ADDRESS 5701 G-ATC CITY GOLETA NAME OF ASSISTANT TREASU MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADDRESS	STATE ZIP C CA 9311 RER, IF ANY	ODE AREA CODE/PHONE 7 (805) 964-5562 ODE AREA CODE/PHONE	
2. Period of No Activity No contributions have been received and no expenditures have been made of the following boxes and complete the year.	during the period covering the day		gh December 31, 20 <u>//</u>	
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3. Verification				
I have used all reasonable diligence in preparing this statement. I have review true and complete. I certify under penalty of perjury under the laws of the Sta			formation contained herein is	
Executed on JANUARY 31, 2012	By <u>Catherine</u> signatur	By Catherine C. Belevas SIGNATURE OF TREASURER/ASSISTANT TREASURER		

FPPC Form 425 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

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