Semi-Annual Statement of No

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.

	OTHER TO HONOTHIN
Date Stamp	FORM 425
2012 JUN 20 PM	2: 4 For Official Use Only
OFFICE OF THE CITY OLER CITY OF MEMPORT	K BEACH

1	Committee Information			I.D. NUMBER 787-99-5	Treasurer(s)				
• •	COMMITTEE NAME			767-99-5	. ,				
					NAME OF TREASURER				
	Newport Beach Police Management Association Legislative Action Committee				Thomas Fischbacher				
					MAILING ADDRESS				
					870 Santa Barbara Drive				
	STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE	
	870 Santa Barbara Drive				Newport Beach	Ca	92660	949-644-3730	
	CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	ANY			
	Newport Beach	Ca	92660	949-644-3730					
	MAILING ADDRESS (IF DIFFERENT) NO. A	AND STREET			MAILING ADDRESS				
	CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
	OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX/E-MAIL ADDRESS				
_	Period of No Activity								
	renda of No Activity								
	No contributions have been received and no expenditures have been made during the period covering the dates below:								
					, through June 30, 20		harriet Des		
	Check one of the following be	oxes and	complet	ie ine year. 🔼 January 1	, through June 30, 20	□ July 1, t	nrougn Dec	ember 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	6-20-12	
	DATE	

By SIGNATURE OF TREASURER/ASSISTANT TREASURER