S	emi-Annual Statement of No Activit		Type or print in ink	Date Stamp	CALIFORNIA A O E
an Se	or use by recipient committees that have not received a ring the six-month period covered by a semi-annual six elective office may not use this form. The ethe Information Manual on Campaign Disclosure Proviormation required to be provided to you pursuant to the I	tatement. Candidate controlle	ed committees formed for	RECEIVED 2011 JUN 15 AM 10: 4 OFFICE OF THE CITY CLERK	FORM 420 For Official Use Only
1.	Committee Information	I.D. NUMBER 787-99-5	Treasurer(s)	CITY OF NEWPORT BEACH	
	COMMITTEE NAME	1,0,00	NAME OF TREASURER		
	Newport Beach Police Management Association Legislative Action Committee		Robert Morton		
			MAILING ADDRESS		
			870 Santa Barbara I	Orive	
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	ODE AREA CODE/PHONE
	870 Santa Barbara Drive		Newport Beach	CA 9266	60 (949) 644-3730
	CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREA	2000-0000 At 50.000	(,
	Newport Beach CA 9266	60 (949) 644-3730			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET		MAILING ADDRESS	_	
	CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CO	ODE AREA CODE/PHONE
	OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL AL	DRESS	
2.	Period of No Activity No contributions have been received and no ex Check one of the following boxes and comp		during the period covering the ry 1, through June 30, 20 $\frac{1}{2}$	4	nh December 31, 20
- 3.	Verification		The state of the s		
	I have used all reasonable diligence in preparing true and complete. I certify under penalty of per	this statement. I have review ury under the laws of the Sta	wed the statement and to the bate of California that the forego	est of my knowledge the info	ormation contained herein is
	06-13-11		7/1	O MINIM	

Executed on _

DATE

SIGNATURE OF TREASURER/ASSISTANT TREASURER

STATEMENT OF NO ACTIVITY