Semi-Annual Statement of No Act	tivity
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Type or print in ink

CALIFORNIA 425

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.

or ²⁰¹³ JAN -3 PM 3: 5

For Official Use Only

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.

No contributions have been received and no expenditures have been made during the period covering the dates below:

1. Committee Information		1.5.1	NOMBER	Treasurer(s)			
COMMITTEE NAME	10000		AS F. III	NAME OF TREASURER			7.
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 ANY	,		
Newport Beach	Ca	92660	949-644-3730				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET			MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS	3			OPTIONAL: FAX/E-MAIL ADDRESS			
2. Period of No Activity	•						

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.

☐ January 1, through June 30, 20 ____

Executed on 1-3-/3

Check one of the following boxes and complete the year.

By SIGNATURE OF TREASURER/ASSISTANT TREASURER