

Semi-Annual Statement of No Activity

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.

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CALIFORNIA FORM 425
For Official Use Only

1. Committee Information				I.D. NUMBER
COMMITTEE NAME SaveNewport PAC				
STREET ADDRESS (NO P.O. BOX) 131 via Genoa				
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
Newport Beach	CA	92663	949.229.0096	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET				
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS savenewport@devion.com				

Treasurer(s)			
NAME OF TREASURER Mike Glenn			
MAILING ADDRESS 111 E Edgewater Ave			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92661	949.229.0096
NAME OF ASSISTANT TREASURER, IF ANY			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
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 ____ July 1, through December 31, 20 17

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 1/31/2018
DATE

By 
SIGNATURE OF TREASURER/ASSISTANT TREASURER