	S	emi-A	Annual	Statement	of No	Activity
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Type or print in ink

STATEMENT OF NO ACTIVITY

CALIFORNIA 425

For Official Use Only

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.

I.D. NUMBER 1. Committee Information Treasurer(s) 787-99-5 COMMITTEE NAME NAME OF TREASURER Newport Beach Police Management Association Thomas Fischbacher Legislative Action Committee MAILING ADDRESS 870 Santa Barbara Drive STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 870 Santa Barbara Drive CA 92660 Newport Beach 949-644-3740 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY **Newport Beach** 92660 949-644-3740 CA 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 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 14

☐ July 1, through December 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.

	9-9-2014
Executed on	

DATE

By Paschereful Hyract.

SIGNATURE OF TREASURER/ASSISTANT TREASURER