Semi-Annual 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.

1. Committee Information

COMMITTEE NAME
Newport Beach Police Management Association

STREET ADDRESS (NO P.O. BOX)
870 Santa Barbara Dr

CITY
Newport Beach

STATE
Ca

ZIP CODE
92660

AREA CODE/PHONE
949-644-3731

Treasurer(s)

NAME OF TREASURER
Damon Psaros

MAILING ADDRESS
870 Santa Barbara Dr

CITY
Newport Beach

STATE
Ca

ZIP CODE
92660

AREA CODE/PHONE
949-644-3731

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
DPsaros@NBPD.org

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 __ 15

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 __________________________

12/14/2015

DATE

By __________________________
SIGNATURE OF TREASURER/ASSISTANT TREASURER