

# Semi-Annual Statement of No Activity

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*Amendment*

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.

Date Stamp	REC	CALIFORNIA FORM 425
2008 JAN 24	AM 8:56	For Official Use Only
OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH		

## 1. Committee Information

I.D. NUMBER  
1222121

COMMITTEE NAME  
NEWPORT BEACH POLICE ASSOCIATION  
VOTER AWARENESS COMMITTEE

STREET ADDRESS (NO P.O. BOX)  
870 SANTA BARBARA  
CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET  
NEWPORT BEACH CA 92660 (951) 244-9919

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

John H. Adams  
MAILING ADDRESS

32385 Windemere  
CITY STATE ZIP CODE AREA CODE/PHONE

Canyon Hills CA 92532 (951) 244-9919  
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 07

## 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 1/22/08  
DATE

By John H. Adams  
SIGNATURE OF TREASURER/ASSISTANT TREASURER