

Semi-Annual Statement of No Activity

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STATEMENT OF NO ACTIVITY

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CALIFORNIA FORM 425
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CITY OF NEWPORT BEACH

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	I.D. NUMBER 787-99-5
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
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	
CITY	STATE
ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS DPsaros@nbpd.org	

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			

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 16

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 02/01/2017
DATE

By 
SIGNATURE OF TREASURER/ASSISTANT TREASURER