

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

FILED Date Stamp

SHORT FORM

CALIFORNIA FORM **450**

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
 from 01/01/10
 through 03/17/10

Date of election if applicable:
 (Month, Day, Year)

MAR 23 2010

Page 1 of 4

For Official Use Only

By Peter Pales
 PRESNO COUNTY CLERK
 DEPUTY

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
- Sponsored
- Small Contributor Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
 (Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

870153

COMMITTEE NAME

FRESNO DEPUTY SHERIFF'S ASSOCIATION
 POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

LORETTA KULLBERG

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

ERIC SCHMIDT

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this 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 3/19/10
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

By Loretta Kullberg
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	01/01/10	
through	03/17/10	Page <u>2</u> of <u>4</u>
NAME OF COMMITTEE		I.D. NUMBER
FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE		870153

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>2,300.00</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>50.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	<u>2,350.00</u> Add Lines 1 + 2
4. Nonmonetary Adjustment		<u>0.00</u> From Line 8 Below
5. Total expenditures made from previous statement	\$	<u>0.00</u> Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)
6. TOTAL EXPENDITURES MADE TO DATE	\$	<u>2,350.00</u> Add Lines 3 + 4 + 5

Contributions Received

7. Monetary contributions received this period	\$	<u>3,175.00</u>
8. Non-monetary contributions received this period		<u>0.00</u>
9. Total contributions received from previous statement	\$	<u>3,175.00</u> Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	<u>3,175.00</u> Add Lines 7 + 8 + 9

Current Cash Statement

11. Beginning cash balance	\$	<u>17,097.21</u> Previous Summary Page, Line 15
12. Cash receipts this period		<u>3,175.00</u> Line 7 above
13. Miscellaneous increases to cash	\$	<u>0.00</u>
14. Cash expenditures this period		<u>2,350.00</u> Line 3 above
15. ENDING CASH BALANCE THIS PERIOD	\$	<u>17,922.71</u> Add Lines 11 + 12 + 13, then subtract Line 14

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/10
through 03/17/10

SHORT FORM
CALIFORNIA FORM 450

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER

870153

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
1/13/10	FRESNO DEPUTY SHERIFF'S ASSOCIATION 1360 VAN NESS FRESNO, CA 93721	INDEPENDENT EXPENDITURE		100.00	Calendar Year \$ <u>100.00</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
02/04/10	EGAN FOR DISTRICT ATTORNEY PO BOX 362 FRESNO, CA 93708-0362 FPPC #1235402	CONTRIBUTION	ELIZABETH EGAN DISTRICT ATTORNEY	700.00	Calendar Year \$ <u>700.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
02/04/10	ALBERTO TORRICO FOR ATTY GEN 1215 19TH STREET, 2ND FLOOR SACRAMENTO, CA 95811 FPPC #1315641	CONTRIBUTION	ALBERTO TORRICO ATTORNEY GENERAL	500.00	Calendar Year \$ <u>500.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$				1,300.00	

* Required only for payments which are contributions or independent expenditures.

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/10
through 03/17/10

SHORT FORM

**CALIFORNIA
FORM 450**

Page 4 of 4

I.D. NUMBER
870153

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
02/04/10	MIKE VILLINES/INSURANCE COMMISSIONER PO BOX 606 FRESNO, CA 93709 FPPC #1318700	CONTRIBUTION	MIKE VILLINES INSURANCE COMMISSIONER	500.00	Calendar Year \$ <u>500.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
02/10/10	LINCOLN CLUB OF FRESNO COUNTY 4618 N. 1ST STREET PMB#311 FRESNO, CA 93726 FPPC #1251995	INDEPENDENT EXPENDITURE		50.00	Calendar Year \$ <u>50.00</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
03/15/10	HENRY T. PEREA FOR ASSEMBLY 6583 W. DOVEWOOD LANE FRESNO, CA 93723 FPPC #1319658	CONTRIBUTION	HENRY T. PEREA ASSEMBLY	500.00	Calendar Year \$ _____ Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$				1,050.00	

* Required only for payments which are contributions or independent expenditures.

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.

SHORT FORM

FILED
Date Stamp
AUG 27 2010
FRESNO COUNTY CLERK
DEPUTY

CALIFORNIA FORM 450

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from 5/23/10
through 6/30/10

Date of election if applicable:
(Month, Day, Year)

06/08/10 By _____

Page 1 of 4

For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
- Sponsored
- Small Contributor Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
870153

COMMITTEE NAME

**FRESNO DEPUTY SHERIFF'S ASSOCIATION
POLITICAL ACTION COMMITTEE**

STREET ADDRESS (NO P.O. BOX)

1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

LORETTA KULLBERG

MAILING ADDRESS

1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

NAME OF ASSISTANT TREASURER, IF ANY

ERIC SCHMIDT

MAILING ADDRESS

1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this 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 8/27/10
DATE

By *Loretta Kullberg*
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>05/23/10</u> through <u>06/30/10</u>	CALIFORNIA FORM	450
	Page <u>2</u> of <u>4</u>	

NAME OF COMMITTEE FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE	I.D. NUMBER 870153
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Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>10,735.73</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD <i>Add Lines 1 + 2</i>	\$ <u>10,735.73</u>
4. Nonmonetary Adjustment <i>From Line 8 Below</i>	<u>0.00</u>
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>6,270.00</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ <u>17,005.73</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>1,240.00</u>
8. Non-monetary contributions received this period	<u>0.00</u>
9. Total contributions received from previous statement <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>6,302.50</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ <u>7,542.50</u>

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ <u>17,130.21</u>
12. Cash receipts this period <i>Line 7 above</i>	<u>1,240.00</u>
13. Miscellaneous increases to cash	\$ <u>0.00</u>
14. Cash expenditures this period <i>Line 3 above</i>	<u>10,735.73</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>7,634.48</u>

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 05/23/10
through 06/30/10

SHORT FORM

CALIFORNIA FORM 450

Page 3 of 4

I.D. NUMBER
870153

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
06/17/10	ADVERTISERS MAILING SERVICE 1725 DE LA CRUZ BLVD., SUITE 6 SANTA CLARA, CA 95050	MAILING SERVICE	JUDY CASE & PHIL LARSON, FRESNO COUNTY SUPERVISORS	1,517.65	Calendar Year \$ 1,517.65
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		Other \$ _____
6/04/10	ADVERTISERS MAILING SERVICE 1725 DE LA CRUZ BLVD., SUITE 6 SANTA CLARA, CA 95050	MAILING SERVICE	JUDY CASE & PHIL LARSON, FRESNO COUNTY SUPERVISORS	5,418.98	Calendar Year \$ 6,936.63
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		Other \$ _____
06/17/10	AUTUMN PRESS 945 CAMELIA STREET BERKELY, CA 94710	PRINTING OF MAILER	JUDY CASE & PHIL LARSON, FRESNO COUNTY SUPERVISORS	3,299.10	Calendar Year \$ 3,299.10
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		Other \$ _____
SUBTOTAL \$				10,235.73	

* Required only for payments which are contributions or independent expenditures.

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 5/23/10
through 6/30/10

SHORT FORM

CALIFORNIA FORM 450

Page 4 of 4

I.D. NUMBER
870153

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
06/03/10	CLINT OLIVIER FRESNO CITY COUNCIL 2010 815 E. CORTLAND FRESNO, CA 93704	CONTRIBUTION	CLINT OLIVIER FRESNO CITY COUNCIL <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	500.00	Calendar Year \$ <u>500.00</u> Other \$ _____
			 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$				500.00	

* Required only for payments which are contributions or independent expenditures.

TO THE
ORDER
OF

FRESNO COUNTY CLERK
2221 KERN STREET
FRESNO, CA 93721

PAY *ONE HUNDRED AND XX / 100

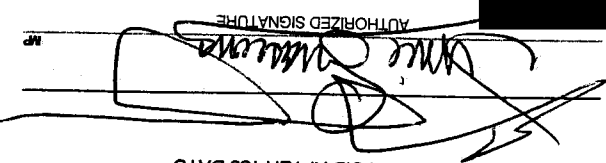
FRESNO DEPUTY SHERIFF'S ASSOCIATION
POLITICAL ACTION COMMITTEE
1360 VAN NESS AVE.
FRESNO, CA 93721-1714
(559) 268-3372

UNITED SECURITY BANK
90-4149/1211

DATE
9/3/2010

AMOUNT
*****100.00*

VOID AFTER 180 DAYS

AUTHORIZED SIGNATURE


FRESNO COUNTY
CLERK'S OFFICE
VICTOR E. SALAZAR

2221 KERN STREET
FRESNO, CA 93721

Finalization 20100903
09/14/2010 05:12:58
BY 00112

Item Title Amount
1 ELSRV 1
Election Service

Document ID Amount
EOCR 014 100.00
Time Recorded 08:12:58

Total 100.00
Payment Type amount
Check tendered 100.00
Amount Due 0.00

Thank You
Please Retain This Receipt
For Your Records

Security Features Included



Details on Back

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SHORT FORM

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
 from 07/01/10
 through 09/30/10

Date of election if applicable:
 (Month, Day, Year)
11/02/10

FILE
 Date Stamp
OCT 01 2010
 FRESNO COUNTY CLERK
 By *[Signature]*
 DEPUTY

CALIFORNIA FORM **450**
 Page 1 of 4
 For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
 (Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
870153

COMMITTEE NAME
**FRESNO DEPUTY SHERIFF'S ASSOCIATION
 POLITICAL ACTION COMMITTEE**

STREET ADDRESS (NO P.O. BOX)
1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
LORETTA KULLBERG

MAILING ADDRESS
1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

NAME OF ASSISTANT TREASURER, IF ANY
ERIC SCHMIDT

MAILING ADDRESS
1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this 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 10/01/10
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

By *[Signature]*
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

**Recipient Committee
Campaign Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>07/01/10</u>		CALIFORNIA FORM 450
through <u>09/30/10</u>		
Page <u>2</u> of <u>4</u>		I.D. NUMBER 870153

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEEE

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>3,300.00</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>24.05</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	<i>Add Lines 1 + 2</i> \$ <u>3,324.05</u>
4. Nonmonetary Adjustment	<i>From Line 8 Below</i> <u>0.00</u>
5. Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i> \$ <u>17,005.73</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
6. TOTAL EXPENDITURES MADE TO DATE	<i>Add Lines 3 + 4 + 5</i> \$ <u>20,329.78</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>4,387.50</u>
8. Non-monetary contributions received this period	<u>0.00</u>
9. Total contributions received from previous statement	<i>Previous Summary Page, Line 10</i> \$ <u>7,542.50</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<i>Add Lines 7 + 8 + 9</i> \$ <u>11,930.00</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i> \$ <u>7,634.48</u>
12. Cash receipts this period	<i>Line 7 above</i> <u>4,387.50</u>
13. Miscellaneous increases to cash	\$ <u>0.00</u>
14. Cash expenditures this period	<i>Line 3 above</i> <u>3,324.05</u>
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i> \$ <u>8,697.93</u>

**Recipient Committee
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Statement covers period
from 07/01/10
through 09/30/10

SHORT FORM
CALIFORNIA FORM 450
Page 3 of 4
I.D. NUMBER
870153

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
08/27/10	HENRY T. PEREA FOR ASSEMBLY 6583 W. DOVEWOOD LANE FRESNO, CA 93723 FPPC #1319658	MONETARY CONTRIBUTION	HENRY T. PEREA STATE ASSEMBLY <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	500.00	Calendar Year \$ <u>1,000.00</u> Other \$ _____
09/02/10	MARGARET MIMS FOR SHERIFF 504 VAN NESS FRESNO, CA 93721 FPPC #1283613	MONETARY CONTRIBUTION	MARGARET MIMS FRESNO COUNTY SHERIFF <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	1,200.00	Calendar Year \$ <u>1,650.00</u> Other \$ _____
09/30/10	MIKE RUBIO FOR SENATE PO BOX 2768 BAKERSFIELD, CA 93303 FPPC #1309039	MONETARY CONTRIBUTION	MIKE RUBIO STATE SENATE <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	500.00	Calendar Year \$ <u>1,000.00</u> Other \$ _____
SUBTOTAL \$				2200.00	

* Required only for payments which are contributions or independent expenditures.

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/10
through 09/30/10

SHORT FORM
CALIFORNIA FORM 450

Page 4 of 4

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NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER

870153

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
09/03/10	FRESNO COUNTY CLERK	LATE FILING FEE		100.00	Calendar Year \$ <u>100.00</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
08/04/10	HENRY PEREA FPPC # 1253628	MONETARY CONTRIBUTION	HENRY PEREA FRESNO COUNTY SUPERVISOR	1,000.00	Calendar Year \$ <u>1,000.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
SUBTOTAL \$				1,100.00	

* Required only for payments which are contributions or independent expenditures.

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

FILED

Date Stamp
OCT 19 2010
FRESNO COUNTY CLERK
DEPUTY

SHORT FORM

CALIFORNIA FORM **450**

Page 1 of 3

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

<p style="text-align: center;">Statement covers period</p> <p>from <u>10/01/10</u></p> <p>through <u>10/16/10</u></p>	<p style="text-align: center;">Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;"><u>11/02/10</u></p> <p>By _____</p>
--	---

1. Type of Recipient Committee:

- | | |
|---|--|
| <input type="checkbox"/> Ballot Measure Committee
<input type="radio"/> Primarily Formed
<input type="radio"/> Controlled
<input type="radio"/> Sponsored

<input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee | <input checked="" type="checkbox"/> General Purpose Committee
<input checked="" type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee |
|---|--|

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement

<input type="checkbox"/> Amendment (Explain) _____
<small>(Also check type of statement you are amending)</small> | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-year Report
<input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
|--|--|

3. Committee Information

I.D. NUMBER
870153

COMMITTEE NAME
FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)
1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
LORETTA KULLBERG

MAILING ADDRESS
1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

NAME OF ASSISTANT TREASURER, IF ANY
ERIC SCHMIDT

MAILING ADDRESS
1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this 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 10/19/10
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By *Loretta Kullberg*
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

**Recipient Committee
Campaign Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	10/01/10	
through	10/16/10	Page <u>2</u> of <u>3</u>

NAME OF COMMITTEE	I.D. NUMBER
FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE	870153

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	1,247.20
2. Expenditures under \$100 made this period (Not itemized.)		95.06
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	1,342.26
4. Nonmonetary Adjustment		0.00
5. Total expenditures made from previous statement	\$	20,329.78
6. TOTAL EXPENDITURES MADE TO DATE	\$	21,672.04

Contributions Received

7. Monetary contributions received this period	\$	611.00
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement	\$	11,930.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	12,541.00

Current Cash Statement

11. Beginning cash balance	\$	8,697.93
12. Cash receipts this period		611.00
13. Miscellaneous increases to cash	\$	0.00
14. Cash expenditures this period		1,342.26
15. ENDING CASH BALANCE THIS PERIOD	\$	7,966.67

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/01/10
through 10/16/10

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER

870153

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
10/06/10	LAVAL FOR ASSESSOR 2010 1280 N. COLLEGE AVE. FRESNO, CA 93728 FPPC #1324511	CAMPAIGN CONTRIBUTION	CAROL LAVAL FRESNO COUNTY ASSESSOR/RECORDER	1,000.00	Calendar Year <u>1,500.00</u> \$ Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
10/15/10	FCEOC FOOD SERVICES 3100 W. NEILSEN FRESNO, CA 93706	INDEPENDENT EXPENDITURE	CAROL LAVAL FRESNO COUNTY ASSESSOR/RECORDER	247.20	Calendar Year <u>247.20</u> \$ Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		
					Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$				1,247.20	

* Required only for payments which are contributions or independent expenditures.

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

FILED Date Stamp

SHORT FORM

CALIFORNIA FORM 450

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
 from 10/17/10
 through 12/31/10

Date of election if applicable:
 (Month, Day, Year)

JAN 26 2011

By [Signature]
 FRESNO COUNTY CLERK
 DEPUTY

Page 1 of 2

For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
- Sponsored
- Small Contributor Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
 (Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
 870153

COMMITTEE NAME
**FRESNO DEPUTY SHERIFF'S ASSOCIATION
 POLITICAL ACTION COMMITTEE**

STREET ADDRESS (NO P.O. BOX)
1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
LORETTA KULLBERG

MAILING ADDRESS
1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

NAME OF ASSISTANT TREASURER, IF ANY
ERIC SCHMIDT

MAILING ADDRESS
1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this 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 01/24/11
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

By [Signature]
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	10/17/10	
through	12/31/10	Page <u>2</u> of <u>2</u>

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER

870153

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>0.00</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	<u>0.00</u>
4. Nonmonetary Adjustment		<u>0.00</u>
5. Total expenditures made from previous statement	\$	<u>21,672.04</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	\$	<u>21,672.04</u>

Contributions Received

7. Monetary contributions received this period	\$	<u>3,641.00</u>
8. Non-monetary contributions received this period		<u>0.00</u>
9. Total contributions received from previous statement	\$	<u>12,541.00</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	<u>16,182.00</u>

Current Cash Statement

11. Beginning cash balance	\$	<u>7,966.67</u>
12. Cash receipts this period		<u>3,641.00</u>
13. Miscellaneous increases to cash	\$	<u>0.00</u>
14. Cash expenditures this period		<u>0.00</u>
15. ENDING CASH BALANCE THIS PERIOD	\$	<u>11,607.67</u>