

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SHORT FORM

Date Stamp

FILED

JUL 14 2011

FRESNO COUNTY CLERK

By *[Signature]* DEPUTY

CALIFORNIA FORM 450

Page 1 of 2

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.

Statement covers period

from 01/01/11

through 06/30/11

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

JUL 14 2011

By *[Signature]* DEPUTY

1. Type of Recipient Committee:

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

2. Type of Statement:

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

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 07/13/11
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	01/01/11	
through	06/30/11	Page <u>2</u> of <u>2</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	\$	0.00
2. Expenditures under \$100 made this period (Not itemized.)		0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	Add Lines 1 + 2	\$ 0.00
4. Nonmonetary Adjustment	From Line 8 Below	0.00
5. Total expenditures made from previous statement	Previous Summary Page, Line 6	\$ 0.00
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5	\$ 0.00

Contributions Received

7. Monetary contributions received this period	\$	7,875.50
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement	Previous Summary Page, Line 10	\$ 0.00
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	Add Lines 7 + 8 + 9	\$ 7,875.50

Current Cash Statement

11. Beginning cash balance	Previous Summary Page, Line 15	\$ 11,607.67
12. Cash receipts this period	Line 7 above	7,875.50
13. Miscellaneous increases to cash		\$ 0.00
14. Cash expenditures this period	Line 3 above	0.00
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11 + 12 + 13, then subtract Line 14	\$ 19,483.17

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

FILED Date Stamp
JAN 23 2012
 FRESNO COUNTY CLERK
 By *Mary Nye* DEPUTY

CALIFORNIA FORM **450**
 Page 1 of 5
 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.

Statement covers period
 from 07/01/11
 through 12/31/11

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

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 1/19/12
 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**

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SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	07/01/11	
through	12/31/11	Page <u>2</u> of <u>5</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	\$	2,448.84
2. Expenditures under \$100 made this period (Not itemized.)		0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	2,448.84
4. Nonmonetary Adjustment		0.00
5. Total expenditures made from previous statement	\$	0.00
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE	\$	2,448.84

Contributions Received

7. Monetary contributions received this period	\$	7,603.50
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement	\$	7,875.50
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	15,479.00

Current Cash Statement

11. Beginning cash balance	\$	19,483.17
12. Cash receipts this period		7,603.50
13. Miscellaneous increases to cash	\$	0.00
14. Cash expenditures this period		2,448.84
15. ENDING CASH BALANCE THIS PERIOD	\$	24,637.83

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SHORT FORM
CALIFORNIA FORM 450

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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*
7/7/11	LINDA HALDERMAN/ASSEMBLY 2012 504 VAN NESS AVE. FRESNO, CA 93721 FPPC #1333926	CONTRIBUTION	LINDA HALDERMAN ASSEMBLY <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	150.00	Calendar Year \$ <u>150.00</u> Other \$ _____
7/12/11	HENRY T. PEREA/ASSEMBLY 2012 6583 W. DOVEWOOD LANE FRESNO, CA 93723 FPPC #1334118	CONTRIBUTION	HENRY T. PEREA 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>500.00</u> Other \$ _____
10/04/11	EGAN FOR DISTRICT ATTORNEY P.O. BOX 606 FRESNO, CA 93709-0606 FPPC #1235402	CONTRIBUTION	ELIZABETH EGAN DISTRICT ATTORNEY <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	600.00	Calendar Year \$ <u>600.00</u> Other \$ _____
SUBTOTAL \$				1,250.00	

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

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NAME OF COMMITTEE

I.D. NUMBER

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

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*
9/15/11	UPTOWN BAR & GRILL 1360 VAN NESS FRESNO, CA 93721	INDEPENDENT EXPENDITURE	HENRY R. PEREA FRESNO CO. SUPERVISOR	207.00	Calendar Year
					\$ 207.00
					Other
					\$ _____
9/15/11	LORETTA KULLBERG 1360 VAN NESS FRESNO, CA 93721	INDEPENDENT EXPENDITURE	HENRY R. PEREA FRESNO CO. SUPERVISOR	31.06	Calendar Year
					\$ 31.06
					Other
					\$ _____
9/15/11	J & D FOODSERVICE P.O. BOX 12051 FRESNO, CA 93776-2051	INDEPENDENT EXPENDITURE	HENRY R. PEREA FRESNO CO. SUPERVISOR	220.70	Calendar Year
					\$ 220.70
					Other
					\$ _____
SUBTOTAL \$				458.76	

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CALIFORNIA FORM 450

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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*
9/15/11	YOSEMITE LINEN SUPPLY, INC. P.O. BOX 2697 FRESNO, CA 93745	INDEPENDENT EXPENDITURE	HENRY R. PEREA FRESNO CO. SUPERVISOR	36.85	Calendar Year \$ <u>36.85</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		
10/07/11	LINDA HALDERMAN/ASSEMBLY 2012 504 VAN NESS AVE. FRESNO, CA 93721 FPPC #1333926	CONTRIBUTION	LINDA HALDERMAN ASSEMBLY	500.00	Calendar Year \$ <u>650.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
10/18/11	HARRIS RANCH BEEF CO. P.O. BOX 130 SELMA, CA 93662	INDEPENDENT EXPENDITURE	HENRY R. PEREA FRESNO CO. SUPERVISOR	203.23	Calendar Year \$ <u>203.23</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		
SUBTOTAL \$				740.08	

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