

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

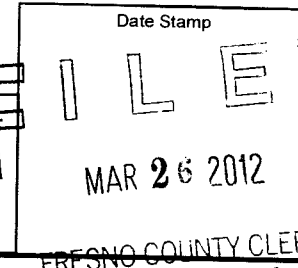
SHORT FORM

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 01/01/12
 through 03/17/12

Date of election if applicable
 (Month, Day, Year)
06/05/12



CALIFORNIA FORM **450**
 Page 1 of 3
 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 03/26/12
 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**

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

Statement covers period
from 01/01/12
through 03/17/12

SHORT FORM

**CALIFORNIA
FORM 450**

Page 2 of 3

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>4,500.00</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>4,500.00</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>0.00</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>4,500.00</u>

Contributions Received

7. Monetary contributions received this period		\$ <u>2,885.00</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>	\$ <u>0.00</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>2,885.00</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i>	\$ <u>24,637.83</u>
12. Cash receipts this period	<i>Line 7 above</i>	<u>2,885.00</u>
13. Miscellaneous increases to cash		\$ <u>0.00</u>
14. Cash expenditures this period	<i>Line 3 above</i>	<u>4,500.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>23,022.83</u>

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period
from 01/01/12
through 03/17/12

SHORT FORM

**CALIFORNIA
FORM 450**

Page 3 of 3

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*
02/02/12	ANDREAS BORGEAS FOR FRESNO COUNTY SUPERVISOR 2012 7081 N. MARKS AVE., SUITE 104 PMB #220 FRESNO, CA 93712 FPPC #1336479	CONTRIBUTION	ANDREAS BORGEAS FRESNO CO. SUPERVISOR <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$2,000.00	Calendar Year \$ _____ Other \$ _____
03/12/12	ANDREAS BORGEAS FOR FRESNO COUNTY SUPERVISOR 2012 7081 N. MARKS AVE., SUITE 104 PMB #220 FRESNO, CA 93712 FPPC #1336479	CONTRIBUTION	ANDREAS BORGEAS FRESNO CO. SUPERVISOR <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$2,500.00	Calendar Year \$ <u>\$4,500.00</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$				4,500.00	

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

**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 03/18/12
through 05/19/12

Date of election if applicable:
(Month, Day, Year)
06/05/12

Date Stamp
FILE
MAY 21 2012
FRESNO COUNTY CLERK
By *[Signature]*
DEPUTY

CALIFORNIA FORM 450
Page 1 of 3
For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
- Primarily Formed Candidate/Officeholder 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 05/21/12
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.

Statement covers period		SHORT FORM	
from	03/18/12	CALIFORNIA	450
through	05/19/12	FORM	
		Page	2 of 3
		I.D. NUMBER	
			870153

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	3,900.00
2. Expenditures under \$100 made this period (Not itemized.)		40.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	3,940.00
4. Nonmonetary Adjustment		0.00
5. Total expenditures made from previous statement	\$	4,500.00
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE	\$	8,440.00

Contributions Received

7. Monetary contributions received this period	\$	2,901.00
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement	\$	2,885.00
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	5,786.00

Current Cash Statement

11. Beginning cash balance	\$	23,022.83
12. Cash receipts this period		2,901.00
13. Miscellaneous increases to cash	\$	0.00
14. Cash expenditures this period		3,940.00
15. ENDING CASH BALANCE THIS PERIOD	\$	21,983.83

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period from <u>03/18/12</u> through <u>05/19/12</u>		SHORT FORM CALIFORNIA FORM 450
		Page <u>3</u> of <u>3</u>
		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*
04/24/12	JAMES PATTERSON FOR ASSEMBLY 2012 544 VAN NESS AVE. FRESNO, CA 93721 FPPC #1346331	CONTRIBUTION	JAMES PATTERSON <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	3,900.00	Calendar Year \$ <u>3,900.00</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 \$				3,900.00	

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

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SHORT FORM

FILE

Date Stamp
Jul 12 2012

CALIFORNIA FORM **450**

Page 1 of 2

For Official Use Only

By *Paula Garcia*
FRESNO COUNTY CLERK
DEPUTY

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 5/20/12
 through 6/30/12

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
<u>FRESNO</u>	<u>CA</u>	<u>93721</u>	<u>559.268.3372</u>

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
<u>FRESNO</u>	<u>CA</u>	<u>93721</u>	<u>559.268.3372</u>

NAME OF ASSISTANT TREASURER, IF ANY
ERIC SCHMIDT

MAILING ADDRESS
1360 VAN NESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>FRESNO</u>	<u>CA</u>	<u>93721</u>	<u>559.268.3372</u>

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 7/11/12
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**

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

SHORT FORM

Statement covers period
from 5/20/12
through 6/30/12

CALIFORNIA FORM	450
Page <u>2</u> of <u>2</u>	
I.D. NUMBER	
870153	

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

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	<i>Add Lines 1 + 2</i> \$	<u>0.00</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>8,440.00</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>8,440.00</u>

Contributions Received

7. Monetary contributions received this period	\$	<u>1,779.00</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> \$	<u>5,786.00</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>7,565.00</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i> \$	<u>21,983.83</u>
12. Cash receipts this period	<i>Line 7 above</i>	<u>1,779.00</u>
13. Miscellaneous increases to cash	\$	<u>0.00</u>
14. Cash expenditures this period	<i>Line 3 above</i>	<u>0.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i> \$	<u>23,762.83</u>

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

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 07/01/12
 through 09/30/12

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

11/06/12

FILED
 Date Stamp
OCT 3 - 2012
 FRESNO COUNTY CLERK
Hay Nipp
 DEPUTY

CALIFORNIA FORM **450**

Page 1 of 4
For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
- Primarily Formed Candidate/Officeholder 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 10/02/12
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		CALIFORNIA FORM 450
from	07/01/12	
through	09/30/12	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>5,700.00</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>40.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	<u>5,700.00</u> Add Lines 1 + 2
4. Nonmonetary Adjustment		<u>0.00</u> From Line 8 Below
5. Total expenditures made from previous statement	\$	<u>8,400.00</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>14,100.00</u> Add Lines 3 + 4 + 5

Contributions Received

7. Monetary contributions received this period	\$	<u>3,665.50</u>
8. Non-monetary contributions received this period		<u>0.00</u>
9. Total contributions received from previous statement	\$	<u>7,565.00</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>11,230.50</u> Add Lines 7 + 8 + 9

Current Cash Statement

11. Beginning cash balance	\$	<u>23,762.83</u> Previous Summary Page, Line 15
12. Cash receipts this period		<u>3,665.50</u> Line 7 above
13. Miscellaneous increases to cash	\$	<u>0.00</u>
14. Cash expenditures this period		<u>5,700.00</u> Line 3 above
15. ENDING CASH BALANCE THIS PERIOD	\$	<u>21,728.33</u> Add Lines 11 + 12 + 13, then subtract Line 14

**Recipient Committee
Campaign Statement – Short Form**

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Statement covers period
from 07/01/12
through 09/30/12

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*
07/17/12	FRIENDS OF ANDREAS BORGEAS FOR COUNTY SUPERVISOR 7081 N, MARKS, SUITE 104 PMB# 220 FRESNO, CA 93711 FPPC #1336479	CONTRIBUTION	ANDREAS BORGEAS FRESNO COUNTY SUPERVISOR <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	1,000.00	Calendar Year \$ <u>5,500.00</u> Other \$ _____
09/04/02	MARGARET MIMS FOR SHERIFF 504 VAN NESS FRESNO, CA 93721 FPPC #1283613	CONTRIBUTION	MARGARET MIMS FRESNO COUNTY SHERIFF <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	300.00	Calendar Year \$ <u>300.00</u> Other \$ _____
09/14/12	JAMES PATTERSON FOR ASSEMBLY 2012 504 VAN NESS FRESNO, CA 93721 FPPC #1346331	CONTRIBUTION	JAMES PATTERSON STATE ASSEMBLY <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	3,900.00	Calendar Year \$ <u>7,800.00</u> Other \$ _____
SUBTOTAL \$				5,200.00	

* 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 07/01/12
through 09/30/12

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*
09/17/12	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.	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.

**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 <u>10/01/12</u> through <u>12/31/12</u>	Date of election if applicable: (Month, Day, Year) <u>11/06/12</u>	Date Stamp FILE JAN 28 2013 FRESNO COUNTY CLERK By <i>[Signature]</i>	CALIFORNIA FORM 450 Page <u>1</u> of <u>2</u> For Official Use Only
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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 1/24/13
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	10/01/12	
through	12/31/12	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		0.00
<i>Add Lines 1 + 2</i>		
4. Nonmonetary Adjustment		0.00
<i>From Line 8 Below</i>		
5. Total expenditures made from previous statement	\$	14,100.00
<i>(If this is the first statement for the calendar year, enter zero.) Previous Summary Page, Line 6</i>		
6. TOTAL EXPENDITURES MADE TO DATE	\$	14,100.00
<i>Add Lines 3 + 4 + 5</i>		

Contributions Received

7. Monetary contributions received this period	\$	4,423.50
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement	\$	11,230.50
<i>(If this is the first statement for the calendar year, enter zero.) Previous Summary Page, Line 10</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	15,654.00
<i>Add Lines 7 + 8 + 9</i>		

Current Cash Statement

11. Beginning cash balance	\$	21,728.33
12. Cash receipts this period		4,423.50
<i>Line 7 above</i>		
13. Miscellaneous increases to cash	\$	0.00
14. Cash expenditures this period		0.00
<i>Line 3 above</i>		
15. ENDING CASH BALANCE THIS PERIOD	\$	26,151.83
<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>		