

# 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 01/01/13  
 through 06/30/13

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

**FILED**  
 Date Stamp  
**JUL 08 2013**  
 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
<b>FRESNO</b>	<b>CA</b>	<b>93721</b>	<b>559.268.3372</b>

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
<b>FRESNO</b>	<b>CA</b>	<b>93721</b>	<b>559.268.3372</b>

NAME OF ASSISTANT TREASURER, IF ANY  
**ERIC SCHMIDT**

MAILING ADDRESS  
**1360 VAN NESS**

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

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 7/02/13  
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		<b>CALIFORNIA FORM 450</b>
from	01/01/13	
through	06/30/13	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 .....		\$	4,000.00
2. Expenditures under \$100 made this period (Not itemized.) .....			0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	<i>Add Lines 1 + 2</i>	\$	4,000.00
4. Nonmonetary Adjustment .....	<i>From Line 8 Below</i>		0.00
5. Total expenditures made from previous statement .....	<i>Previous Summary Page, Line 6</i>	\$	0.00
<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>	\$	4,000.00

**Contributions Received**

7. Monetary contributions received this period .....		\$	8,496.50
8. Non-monetary contributions received this period .....			0.00
9. Total contributions received from previous statement .....	<i>Previous Summary Page, Line 10</i>	\$	0.00
<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>	\$	8,496.50

**Current Cash Statement**

11. Beginning cash balance .....	<i>Previous Summary Page, Line 15</i>	\$	26,151.83
12. Cash receipts this period .....	<i>Line 7 above</i>		8,496.50
13. Miscellaneous increases to cash .....		\$	0.00
14. Cash expenditures this period .....	<i>Line 3 above</i>		4,000.00
15. ENDING CASH BALANCE THIS PERIOD .....	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	30,648.33

**Recipient Committee  
Campaign Statement – Short Form**

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

Statement covers period  
from 01/01/13  
through 06/30/13

SHORT FORM

**CALIFORNIA  
FORM 450**

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

Page 3 of 3

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*
04/24/13	JAMES PATTERSON PATTERSON FOR ASSEMBLY 2014 504 VAN NESS AVE. FRESNO, CA 93721 FPPC #1353680	CAMPAIGN CONTRIBUTION	JAMES PATTERSON ASSEMBLY  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$2,000.00	Calendar Year \$ <u>2,000.00</u> Other \$ _____
4/30/13	ANDY VIDAK VIDAK FOR SENATE P.O. BOX 8134 VISALIA, CA 93200 FPPC #1356181	CAMPAIGN CONTRIBUTION	ANDY VIDAK SENATE  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$2,000.00	Calendar Year \$ <u>2,000.00</u> Other \$ _____
			 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>				<b>4,000.00</b>	

\* 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  
**JAN 27 2014**

**CALIFORNIA FORM 450**

Page 1 of 4

For Official Use Only

By 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 07/01/13  
through 12/31/13

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>FRESO</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 01/23/14  
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		<b>CALIFORNIA FORM 450</b>
from	07/01/13	
through	12/31/13	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>4,011.10</u>
2. Expenditures under \$100 made this period (Not itemized.) .....		<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	\$	<u>4,011.10</u> Add Lines 1 + 2
4. Nonmonetary Adjustment .....		<u>0.00</u> From Line 8 Below
5. Total expenditures made from previous statement .....	\$	<u>4,000.00</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>8,011.10</u> Add Lines 3 + 4 + 5

**Contributions Received**

7. Monetary contributions received this period .....	\$	<u>8,516.50</u>
8. Non-monetary contributions received this period .....		<u>0.00</u>
9. Total contributions received from previous statement .....	\$	<u>8,496.50</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>17,013.00</u> Add Lines 7 + 8 + 9

**Current Cash Statement**

11. Beginning cash balance .....	\$	<u>30,648.33</u> Previous Summary Page, Line 15
12. Cash receipts this period .....		<u>8,516.50</u> Line 7 above
13. Miscellaneous increases to cash .....	\$	<u>0.00</u>
14. Cash expenditures this period .....		<u>4,011.10</u> Line 3 above
15. ENDING CASH BALANCE THIS PERIOD .....	\$	<u>35,153.73</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 07/01/13  
through 12/31/13

SHORT FORM

**CALIFORNIA FORM 450**

Page 3 of 3

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*
08/13/13	FRIENDS OF ANDREAS BORGEAS FOR FRESNO COUNTY SUPERVISOR 7081 N. MARKS AVE., SUITE 104 FRESNO, CA 93711  FPPC #1336479	CAMPAIGN 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.	\$2,500.00	Calendar Year \$ 2,500.00 Other \$ _____
08/22/13	EGAN FOR DISTRICT ATTORNEY P.O. BOX 606 FRESNO, CA 93709-0606  FPPC #1235402	CAMPAIGN CONTRIBUTION	BETH EGAN FRESNO COUNTY 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 \$ 500.00 Other \$ _____
08/22/13	PATTERSON FOR ASSEMBLY 2014 504 VAN NESS FRESNO, CA 93721  FPPC #1353680	CAMPAIGN CONTRIBUTION	JIM PATTERSON 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 \$ 2,500.00 Other \$ _____
<b>SUBTOTAL \$</b>				<b>\$3,500.00</b>	

\* 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 07/01/13  
through 12/31/13

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*
10/03/13	MARGARET MIMS FOR SHERIFF 504 VAN NESS FRESNO, CA 93721  FPPC #1283613	CAMPAIGN 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.	300.00	Calendar Year \$ <u>300.00</u> Other \$ _____
12/12/13	MIRROR GRAPHICS P.O. BOX 16102 FRESNO, CA 93755	INDEPENDENT EXPENDITURE	JIM PATTERSON STATE ASSEMBLY  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	146.10	Calendar Year \$ <u>146.10</u> Other \$ _____
12/20/13	SAM'S PARTY RENTAL 1950 BROADWAY FRESNO, CA 93721	INDEPENDENT EXPENDITURE	JIM PATTERSON STATE ASSEMBLY  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	65.00	Calendar Year \$ <u>65.00</u> Other \$ _____
<b>SUBTOTAL \$</b>				<b>511.10</b>	

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