

**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 <u>01/01/14</u> through <u>05/20/14</u>	Date of election if applicable: (Month, Day, Year) <u>06/03/14</u>
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SHORT FORM

Date Stamp: **F I L E**

CALIFORNIA FORM 450

MAY 22 2014 of 3

For Official Use Only
By FRESNO 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)
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
ERIC SCHMIDT

MAILING ADDRESS
1360 VAN NESS

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

NAME OF ASSISTANT TREASURER, IF ANY
ISAAC TORRES

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 05/20/14
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	01/01/14	
through	05/20/14	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	\$	<u>11,678.35</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	<u>11,678.35</u> <i>Add Lines 1 + 2</i>
4. Nonmonetary Adjustment		<u>0.00</u> <i>From Line 8 Below</i>
5. Total expenditures made from previous statement	\$	<u>0.00</u> <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>
6. TOTAL EXPENDITURES MADE TO DATE	\$	<u>11,678.35</u> <i>Add Lines 3 + 4 + 5</i>

Contributions Received

7. Monetary contributions received this period	\$	<u>6,538.00</u>
8. Non-monetary contributions received this period		<u>0.00</u>
9. Total contributions received from previous statement	\$	<u>0.00</u> <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	<u>6,538.00</u> <i>Add Lines 7 + 8 + 9</i>

Current Cash Statement

11. Beginning cash balance	\$	<u>35,153.73</u> <i>Previous Summary Page, Line 15</i>
12. Cash receipts this period		<u>6,538.00</u> <i>Line 7 above</i>
13. Miscellaneous increases to cash	\$	<u>0.00</u>
14. Cash expenditures this period		<u>11,678.35</u> <i>Line 3 above</i>
15. ENDING CASH BALANCE THIS PERIOD	\$	<u>30,013.38</u> <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period
from 01/01/14
through 05/20/14

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*
02/12/14	FCEOC FOOD SERVICES 3100 W. NIELSEN FRESNO, CA 93706	INDEPENDENT EXPENDITURE	JAMES PATTERSON STATE ASSEMBLY <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	178.35	Calendar Year \$ <u>178.35</u> Other \$ _____
5/20/14	EGAN FOR DISTRICT ATTORNEY P.O. BOX 606 FRESNO, CA 93709-0606 FPPC # 1235402	CAMPAIGN CONTRIBUTION	BETH EGAN DISTRICT ATTORNEY <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	11,500.	Calendar Year \$ <u>11,500.00</u> Other \$ _____
			 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$				11,678.35	

* 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 05/21/14
 through 06/30/14

Date of election if applicable:
 (Month, Day, Year) JUL 17 2014

Page 1 of 3

For Official Use Only

By [Signature]
 FRESNO 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)

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

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>

NAME OF ASSISTANT TREASURER, IF ANY

ISAAC TORRES

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 07/17/14
 DATE

By [Signature]
 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	05/21/14	
through	06/30/14	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	\$	<u>5,000.00</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	<u>5,000.00</u>
4. Nonmonetary Adjustment		<u>0.00</u>
5. Total expenditures made from previous statement	\$	<u>11,678.35</u>
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE	\$	<u>16,678.35</u>

Contributions Received

7. Monetary contributions received this period	\$	<u>1,967.50</u>
8. Non-monetary contributions received this period		<u>0.00</u>
9. Total contributions received from previous statement	\$	<u>6,538.00</u>
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	<u>8,505.50</u>

Current Cash Statement

11. Beginning cash balance	\$	<u>30,013.38</u>
12. Cash receipts this period		<u>1,967.50</u>
13. Miscellaneous increases to cash	\$	<u>0.00</u>
14. Cash expenditures this period		<u>5,000.00</u>
15. ENDING CASH BALANCE THIS PERIOD	\$	<u>26,980.88</u>

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period
from 05/21/14
through 06/30/14

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*
06/24/14	BUDDY MENDES FOR SUPERVISOR 2014 P.O. BOX 387 RIVERDALE, CA 93656	CAMPAIGN CONTRIBUTION	BUDDY MENDES FRESNO CO.SUPERVISOR <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$5,000.00	Calendar Year \$ 5,000.00 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 \$				5,000.00	

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

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

FILE
Date Stamp
OCT 06 2014
FRESNO COUNTY CLERK

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 07/01/14
 through 09/30/14

Date of election if applicable:
 (Month, Day, Year)
11/04/14
 By _____

Page _____ of _____
 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 AVE

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
ERIC SCHMIDT

MAILING ADDRESS
1360 VAN NESS AVE

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

NAME OF ASSISTANT TREASURER, IF ANY
ISAAC TORRES

MAILING ADDRESS
1360 VAN NESS AVE

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 10/06/14
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

By _____
 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	07/01/14	
through	09/30/14	Page _____ of _____
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	\$	1,279.50
2. Expenditures under \$100 made this period (Not itemized.)		
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	1,279.50
4. Nonmonetary Adjustment		
5. Total expenditures made from previous statement	\$	
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	\$	1,279.50

Contributions Received

7. Monetary contributions received this period	\$	4,051.25
8. Non-monetary contributions received this period		
9. Total contributions received from previous statement	\$	
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	4,051.25

Current Cash Statement

11. Beginning cash balance	\$	26,980.88
12. Cash receipts this period		4,051.25
13. Miscellaneous increases to cash	\$	
14. Cash expenditures this period		1,279.50
15. ENDING CASH BALANCE THIS PERIOD	\$	29,752.63

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period
from 07/01/14
through 09/30/14

SHORT FORM
CALIFORNIA FORM 450
Page _____ of _____
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*
09/18/14	LISA GAMOIAN FPPC# 1364143 504 VAN NESS AVE FRESNO, CA 93711	CONTRIBUTION	LISA GAMOIAN JUDGE <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	1,279.50	Calendar Year \$ 1,279.50 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 \$				1,279.50	

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED

Date Stamp

OCT 22 2014

By FRESNO COUNTY CLERK
DEPUTY

CALIFORNIA FORM **460**

Page _____ of _____

For Official Use Only

Statement covers period
from 10/1/14
through 10/18/14

Date of election if applicable:
(Month, Day, Year)
11/04/14

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
870153

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

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

STREET ADDRESS (NO P.O. BOX)

1360 VAN NESS AVE

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

ERIC SCHMIDT

MAILING ADDRESS

1360 VAN NESS AVE

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

NAME OF ASSISTANT TREASURER, IF ANY

ISAAC TORRES

MAILING ADDRESS

1360 VAN NESS AVE

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 and in the attached schedules 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 10/22/14
Date

By [Signature]
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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10/1/14</u>	CALIFORNIA FORM 460
through <u>10/18/14</u>	
Page _____ of _____	
I.D. NUMBER 870153	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>1,385.00</u>	\$ <u>13,941.75</u>
2. Loans Received	Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>1,385.00</u>	\$ <u>13,941.75</u>
4. Nonmonetary Contributions	Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>1,385.00</u>	\$ <u>13,941.75</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ <u>2,500.00</u>	\$ <u>19,178.35</u>
7. Loans Made	Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>2,500.00</u>	\$ <u>19,178.35</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment	Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>2,500.00</u>	\$ <u>19,178.35</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>30,950.57</u>
13. Cash Receipts	Column A, Line 3 above	<u>1,385.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	_____
15. Cash Payments	Column A, Line 8 above	<u>2,500.00</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>29,835.57</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
Cash Equivalents and Outstanding Debts		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/1/14</u> through <u>10/18/14</u>	CALIFORNIA FORM 460
Page _____ of _____	

SEE INSTRUCTIONS ON REVERSE

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

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/09/14	FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE FPPC# 870153	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		692.50		
10/16/14	FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE FPPC# 870153	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		692.50		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 1,385.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,385.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,385.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10/1/14</u> through <u>10/18/14</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER 870153

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LISA GAMOIAN FOR JUDGE 2014 FPPC# 1364143 504 VAN NESS AVE, FRESNO, CA 93711		CONTRIBUTION	2,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>2,500.00</u>
2. Unitemized payments made this period of under \$100	\$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>2,500.00</u>

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

<p>FILED</p> <p>Date Stamp</p> <p>JAN 30 2015</p> <p>FRESNO COUNTY CLERK</p> <p>By <i>Juanita</i></p> <p>DEPUTY</p>	<p>CALIFORNIA FORM 460</p>
	<p>Page _____ of _____</p> <p>For Official Use Only</p>

<p>Statement covers period</p> <p>from <u>10/19/14</u></p> <p>through <u>12/31/14</u></p>	<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>11/04/14</u></p>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input checked="" type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Preelection 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
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER 870/53

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

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

STREET ADDRESS (NO P.O. BOX)

1360 VAN NESS AVE

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

ERIC SCHMIDT

MAILING ADDRESS

1360 VAN NESS AVE

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

NAME OF ASSISTANT TREASURER, IF ANY

ISAAC TORRES

MAILING ADDRESS

1360 VAN NESS AVE

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 and in the attached schedules 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 01/30/15
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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10/19/14</u>	CALIFORNIA FORM 460
through <u>12/31/14</u>	
Page _____ of _____	I.D. NUMBER <u>87053</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>3,460.00</u>	\$ <u>17,401.75</u>
2. Loans Received Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3,460.00</u>	\$ <u>17,401.75</u>
4. Nonmonetary Contributions Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3,460.00</u>	\$ <u>17,401.75</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>7,500.00</u>	\$ <u>26,678.35</u>
7. Loans Made Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>7,500.00</u>	\$ <u>26,678.35</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment Schedule C, Line 3	<u>2,463.47</u>	<u>2,463.47</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>9,963.47</u>	\$ <u>29,141.82</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>29,835.57</u>
13. Cash Receipts Column A, Line 3 above	<u>3,460.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	_____
15. Cash Payments Column A, Line 8 above	<u>7,500.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>25,795.57</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____
-------------------------------------------------------	----------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/19/14</u>	CALIFORNIA FORM 460
through <u>12/31/14</u>	
Page _____ of _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER

870153

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/14	FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE FPPC# 870153	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		692.50		
11/14/14	FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE FPPC# 870153	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		695.00		
11/26/14	FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE FPPC# 870153	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		690.00		
12/10/14	FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE FPPC# 870153	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		687.50		
12/23/14	FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE FPPC# 870153	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		695.00		
SUBTOTAL \$				3,460.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,460.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,460.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period		SCHEDULED	
from	10/19/14	CALIFORNIA FORM 460	
through	12/31/14	Page	of
		I.D. NUMBER	
		870153	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/14	LISA GAMOIAN FOR JUDGE FPPC# 1364143 504 VAN NESS AVE FRESNO, CA 93721	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,231.74		
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/4/14	BUDDY MENDES FOR SUPERVISOR FPPC# 1359863 P.O. BOX 387 RIVERDALE, CA 93656	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,231.73		
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				2,463.47		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 2,463.47
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 2,463.47

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/19/14	
through	12/31/14	Page _____ of _____
NAME OF FILER		I.D. NUMBER
FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE		870153

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PACHECO FOR SUPERVISOR 2014 FPPC# 1360246 P.O. BOX 12451, FRESNO CA 93777		CONTRIBUTION	7,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 7,500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	7,500.00
2. Unitemized payments made this period of under \$100	\$	_____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	_____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	7,500.00