

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

FILE

AUG 01 2011

By Penry DEPUTY
FRESNO COUNTY CLERK

CALIFORNIA 2001/02 FORM 460

Page 1 of 46

For Official Use Only

Statement covers period

from 01/01/2011

through 06/30/2011

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

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

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement
<input checked="" type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small>
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

3. Committee Information

I.D. NUMBER
1328151

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
**FRESNO SHERIFF'S CORRECTIONAL SERGEANT ASSOCIATION
 POLITICAL ACTION COMMITTEE (FSCSA PAC)**

STREET ADDRESS (NO P.O. BOX)
2200 Fresno Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Fresno	CA	93721	559-309-3344

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 1668

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Fresno	CA	93717	

OPTIONAL: FAX / E-MAIL ADDRESS
FSCSA37@gmail.com

Treasurer(s)

NAME OF TREASURER
Jeffrey Penry

MAILING ADDRESS
2200 Fresno Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Fresno	CA	93721	

NAME OF ASSISTANT TREASURER, IF ANY
David Hildreth

MAILING ADDRESS
2200 Fresno Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Fresno	CA	93721	559-309-3344

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 7/18/11
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Jeffrey Penry
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
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary



**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>01/01/2011</u>	CALIFORNIA FORM 460
through <u>06/30/2011</u>	
Page <u>3</u> of <u>6</u>	I.D. NUMBER 1328151

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO SHERIFF'S CORRECTIONAL SERGEANT ASSOCIATION POLITICAL ACTION COMMITTEE (FSCSA PAC)

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>0.00</u>	\$ <u>0.00</u>
2. Loans Received Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0.00</u>	\$ <u>0.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0.00</u>	\$ <u>0.00</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>100.00</u>	\$ <u>100.00</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>100.00</u>	\$ <u>100.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>100.00</u>	\$ <u>100.00</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>2620.09</u>
13. Cash Receipts Column A, Line 3 above	<u>0.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>1.26</u>
15. Cash Payments Column A, Line 8 above	<u>100.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2521.35</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

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.



**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	01/01/2011	CALIFORNIA FORM 460	
through	06/30/2011	Page <u>4</u> of <u>6</u>	
		I.D. NUMBER 1328151	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO SHERIFF'S CORRECTIONAL SERGEANT ASSOCIATION POLITICAL ACTION COMMITTEE (FSCSA PAC)

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)
02/14/2011	Phil Larson County Supervisor County- of Fresno, District 1	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	
	<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					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				100.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 100.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 100.00



**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	01/01/2011	
through	06/30/2011	Page <u>5</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
FRESNO SHERIFF'S CORRECTIONAL SERGEANT ASSOCIATION POLITICAL ACTION COMMITTEE (FSCSA PAC)		1328151

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO SHERIFF'S CORRECTIONAL SERGEANT ASSOCIATION POLITICAL ACTION COMMITTEE (FSCSA PAC)

I.D. NUMBER

1328151

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
Friends of Phil Larson - Supervisor 2010 12886 W North Ave Kerman, CA 93930 ID :1239125	CTB		100.00

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

SUBTOTAL \$ 100.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	100.00
2. Unitemized payments made this period of under \$100	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	100.00



**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>01/01/2011</u> through <u>06/30/2011</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>6</u>
I.D. NUMBER 1328151	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

FRESNO SHERIFF'S CORRECTIONAL SERGEANT ASSOCIATION POLITICAL ACTION COMMITTEE (FSCSA PAC)

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule I Summary

1. Itemized increases to cash this period.	\$ 0.00
2. Unitemized increases to cash of under \$100 this period.	\$ 1.26
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 1.26



Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SHORT FORM

FILED

Date Stamp

JAN 31 2012

FRESNO COUNTY CLERK

By *[Signature]* DEPUTY

CALIFORNIA FORM 450

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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)

By _____

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
1328151

COMMITTEE NAME
FRESNO SHERIFF'S CORRECTIONAL SERGEANTS 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
JEFFREY PENRY

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 1/31/12
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.

SHORT FORM

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

**CALIFORNIA
FORM 450**

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NAME OF COMMITTEE

FRESNO SHERIFF'S CORRECTIONAL SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER

1328151

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>1,000.00</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	<u>1,000.00</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>100.00</u>
<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	\$	<u>1,100.00</u>
<i>Add Lines 3 + 4 + 5</i>		

Contributions Received

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

Current Cash Statement

11. Beginning cash balance	\$	<u>2,521.35</u>
<i>Previous Summary Page, Line 15</i>		
12. Cash receipts this period		<u>0.00</u>
<i>Line 7 above</i>		
13. Miscellaneous increases to cash	\$	<u>1.13</u>
14. Cash expenditures this period		<u>1,000.00</u>
<i>Line 3 above</i>		
15. ENDING CASH BALANCE THIS PERIOD	\$	<u>1,522.48</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 07/01/11
through 12/31/11

SHORT FORM
CALIFORNIA FORM 450

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO SHERIFF'S CORRECTIONAL SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER

1328151

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*
09/13/11	FRIENDS OF HENRY R. PEREA FPPC#1253628	MONETARY CONTRIBUTION	HENRY R. PEREA 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>1,000.00</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 \$				1,000.00	

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