

**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 05/19/12

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

Date Stamp  
**RECEIVED**  
MAY 21 2012  
Fresno County Clerk  
By *[Signature]*

**CALIFORNIA FCRM 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  
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
<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  
**JEFFREY PENRY**

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 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.

SHORT FORM

Statement covers period		<b>CALIFORNIA FORM</b>	<b>450</b>
from	01/01/12		
through	05/19/12	Page <u>2</u> of <u>3</u>	
NAME OF COMMITTEE		I.D. NUMBER	
FRESNO SHERIFF'S CORRECTIONAL SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE		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>59.77</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	\$	<u>1,059.77</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>1,059.77</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>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>0.00</u> <i>Add Lines 7 + 8 + 9</i>

**Current Cash Statement**

11. Beginning cash balance .....	\$	<u>1,522.48</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>0.00</u>
14. Cash expenditures this period .....		<u>1,059.77</u> <i>Line 3 above</i>
15. ENDING CASH BALANCE THIS PERIOD .....	\$	<u>462.71</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 <u>01/01/12</u>		<b>CALIFORNIA FORM 450</b>
through <u>05/19/12</u>		
		Page <u>3</u> of <u>3</u>
NAME OF COMMITTEE <b>FRESNO SHERIFF'S CORRECTIONAL SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		I.D. NUMBER <b>1328151</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF 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*
4/18/12	FRIENDS OF ANDREAS BORGEAS FOR COUNTY SUPERVISOR 7081 N. MAKRS AVE., SUITE 104 FRESNO, CA 93711	CONTRIBUTION	ANDREAS BORGEAS  <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 \$ _____
<b>SUBTOTAL \$</b>				<b>1,000.00</b>	

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

# Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SHORT FORM

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)

FILED  
Date Stamp  
JUL 12 2012  
FRESNO COUNTY CLERK

CALIFORNIA FORM 450  
Page 1 of 2  
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
- Quarterly Statement  
 Special Odd-year Report  
 Supplemental Pre-election Statement - Attach Form 495
- Amendment (Explain) \_\_\_\_\_  
 (Also check type of statement you are amending)

## 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 7/11/12  
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  
from 5/20/12  
through 6/30/12

**CALIFORNIA  
FORM 450**

Page 2 of 2

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>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>1,059.77</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>1059.77</u>

**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 .....	<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>0.00</u>

**Current Cash Statement**

11. Beginning cash balance .....	<i>Previous Summary Page, Line 15</i>	\$ <u>443.84</u>
12. Cash receipts this period .....	<i>Line 7 above</i>	<u>0.00</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>443.84</u>

# 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 07/01/12  
 through 09/30/12

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

11/06/12

Date Stamp  
**FILE**  
 OCT 3 - 2012

CALIFORNIA FORM **450**

Page 1 of 3

For Official Use Only

FRESNO COUNTY CLERK

By Mary Napp DEPUTY

## 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

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 10/02/12  
 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		<b>CALIFORNIA FORM 450</b>
from	07/01/12	
through	09/30/12	Page <u>2</u> of <u>3</u>
NAME OF COMMITTEE		I.D. NUMBER
FRESNO SHERIFF'S CORRECTIONAL SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE		1328151

**Expenditures Made**

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

**Contributions Received**

7. Monetary contributions received this period .....	\$	1,500.00
8. Non-monetary contributions received this period .....		0.00
9. Total contributions received from previous statement .....	\$	0.00
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....	\$	1,500.00

**Current Cash Statement**

11. Beginning cash balance .....	\$	443.84
12. Cash receipts this period .....		1,500.00
13. Miscellaneous increases to cash .....	\$	0.00
14. Cash expenditures this period .....		1,500.00
15. ENDING CASH BALANCE THIS PERIOD .....	\$	443.84

**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**

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO SHERIFF'S CORRECTIONAL SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE

Page 3 of 3

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*
07/03/12	FRIENDS OF ANDREAS BORGEAS FOR COUNTY SUPERVISOR 7081 N. MARKS, SUITE 104 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.	1,500.00	Calendar Year \$ <u>1,500.00</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 \$ _____
<b>SUBTOTAL \$</b>				<b>1,500.00</b>	

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



# Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SHORT FORM

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 <b>JAN 28 2013</b>	CALIFORNIA FORM <b>450</b>
		Page <u>1</u> of <u>2</u>	
		For Official Use Only	
		FRESNO COUNTY CLERK	

## 1. Type of Recipient Committee:

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

## 2. Type of Statement: *Hay Napp* DEPUTY

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

## 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 1/24/13  
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		CALIFORNIA FORM <b>450</b>
from	10/01/12	
through	12/31/12	Page <u>2</u> of <u>2</u>
NAME OF COMMITTEE		I.D. NUMBER
FRESNO SHERIFF'S CORRECTIONAL SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE		1328151

**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 .....	<i>Add Lines 1 + 2</i>	\$ 0.00
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>	\$ 1,500.00
<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>	\$ 1,500.00

**Contributions Received**

7. Monetary contributions received this period .....	\$	0.00
8. Non-monetary contributions received this period .....		0.00
9. Total contributions received from previous statement .....	<i>Previous Summary Page, Line 10</i>	\$ 1,500.00
<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>	\$ 1,500.00

**Current Cash Statement**

11. Beginning cash balance .....	<i>Previous Summary Page, Line 15</i>	\$ 443.84
12. Cash receipts this period .....	<i>Line 7 above</i>	0.00
13. Miscellaneous increases to cash .....		\$ 0.00
14. Cash expenditures this period .....	<i>Line 3 above</i>	0.00
15. ENDING CASH BALANCE THIS PERIOD .....	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 443.84