

**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 01/01/14  
through 06/30/14

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

Page 1 of 3

For Official Use Only

FRESNO COUNTY CLERK  
By [Signature]  
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  
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

THOMAS MENDOZA

MAILING ADDRESS

1360 VAN NESS

CITY STATE ZIP CODE AREA CODE/PHONE

FRESNO CA 93721 559.268.3372

NAME OF ASSISTANT TREASURER, IF ANY

LORETTA KULLBERG

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 7/17/14  
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 PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

**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	01/01/14	
through	06/30/14	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>250.00</u>
2. Expenditures under \$100 made this period (Not itemized.) .....		<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	\$	<u>250.00</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>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>250.00</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>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>443.84</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>250.00</u> <i>Line 3 above</i>
15. ENDING CASH BALANCE THIS PERIOD .....	\$	<u>193.84</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 06/30/14

SHORT FORM

**CALIFORNIA FORM 450**

Page 3 of 3

I.D. NUMBER  
1328151

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO SHERIFF'S CORRECTIONAL SERGEANTS 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*
01/16/14	CALIFORNIA SECRETARY OF STATE 1500 11TH STREET SACRAMENTO, CA 95814	FILING FEES & PENALTY		\$250.00	Calendar Year \$ <u>250.00</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>				250.00	

\* 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**

CALIFORNIA  
FORM **460**

Page \_\_\_\_\_ of \_\_\_\_\_

FRESNO COUNTY CLERK For Official Use Only  
By *Juanes S.* DEPUTY

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.

- |   |   |
|---|---|
| <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<br><i>(Also Complete Part 5)</i>         | <input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i>  |
| <input checked="" type="checkbox"/> General Purpose Committee         | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><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 checked="" type="checkbox"/> Preelection Statement                                   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><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  
**1328151**

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

STREET ADDRESS (NO P.O. BOX)  
**1360 VAN NESS AVE**

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  
**THOMAS MENDOZA**

MAILING ADDRESS  
**1360 VAN NESS AVE**

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  
**TAMMY PANIAGUA**

MAILING ADDRESS  
**1360 VAN NESS AVE**

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 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

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 10/1/14	<b>CALIFORNIA FORM 460</b>
through 10/18/14	
Page _____ of _____	I.D. NUMBER 1328151

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE

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

**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**

6. Payments Made ..... Schedule E, Line 4	\$ _____	\$ 250.00
7. Loans Made ..... Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ _____	\$ 250.00
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	\$ _____	\$ 250.00

**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	\$ 193.84
13. Cash Receipts ..... Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	_____
15. Cash Payments ..... Column A, Line 8 above	_____
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 193.84

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.

**Cash Equivalents and Outstanding Debts**

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ _____
18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

**FILED**  
Date Stamp

COVER PAGE

CALIFORNIA FORM **460**

JAN 30 2015

Page \_\_\_\_\_ of \_\_\_\_\_

FRESNO COUNTY CLERK

By \_\_\_\_\_

DEPUTY

For Official Use Only

Statement covers period  
from 10/19/14  
through 12/31/14

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  
1328151

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

FRESNO SHERIFF'S CORRECTIONAL SERGEANTS ASSOC.  
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
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

THOMAS MENDOZA

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

TAMMY PANIAGUA

MAILING ADDRESS

1360 VAN NESS AVE

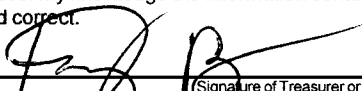
CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

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 1/30/15  
Date

By   
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>10/19/14</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/14</u>	
Page _____ of _____	I.D. NUMBER <b>1328151</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO SHERIFF'S CORRECTIONAL SERGEANTS ASSOC 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	\$ _____	\$ _____
2. Loans Received ..... Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ _____	\$ _____
4. Nonmonetary Contributions ..... Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ _____	\$ _____

**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**

6. Payments Made ..... Schedule E, Line 4	\$ _____	\$ _____
7. Loans Made ..... Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ _____	\$ _____
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	\$ _____	\$ _____

**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>193.84</u>
13. Cash Receipts ..... Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	_____
15. Cash Payments ..... Column A, Line 8 above	_____
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>193.84</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.

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ _____
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**Cash Equivalents and Outstanding Debts**

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