

Recipient Committee Campaign Statement – Short Form

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	01/01/2022
through	06/30/2022

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

Date Stamp	CALIFORNIA FORM 450
Filed Date: 06/29/2022 02:40 PM	
Page <u>1</u> of <u>2</u>	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:

- Preelection Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain) _____
 (Also check type of statement you are amending)
- Quarterly Statement
 Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1328151

COMMITTEE NAME

Fresno Sheriff's Correctional Sergeant Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

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

tammy.paniagua@fresnodsa.org

Treasurer(s)

NAME OF TREASURER

Larry Galaviz

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Fresno	CA	93721	(559)268-3372

NAME OF ASSISTANT TREASURER, IF ANY

Tammy Paniagua

MAILING ADDRESS

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 06/29/2022
DATE

By Tammy Paniagua
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**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	01/01/2022	
through	06/30/2022	Page <u>2</u> of <u>2</u>

NAME OF COMMITTEE Fresno Sheriff's Correctional Sergeant Association Political Action Committee	I.D. NUMBER 1328151
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Expenditures Made

1. Expenditures of \$100 or more made this period	\$	0.00
2. Expenditures under \$100 made this period (Not itemized.)		50.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD <i>Add Lines 1 + 2</i>	\$	50.00
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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	0.00
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$	50.00

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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$	0.00

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$	843.84
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>		50.00
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	793.84

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SHORT FORM

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Statement covers period	
from	07/01/2022
through	12/31/2022

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

Date Stamp	CALIFORNIA FORM 450
Filed Date: 01/27/2023 03:17 PM	
Page <u>1</u> of <u>2</u>	For Official Use Only

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CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

tammy.paniagua@fresnodsa.org

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NAME OF TREASURER

Larry Galaviz

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Fresno	CA	93721	(559)268-3372

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Tammy Paniagua

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By Tammy Paniagua
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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

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By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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NAME OF COMMITTEE Fresno Sheriff's Correctional Sergeant Association Political Action Committee	I.D. NUMBER 1328151
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14. Cash expenditures this period <i>Line 3 above</i>		50.00
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	743.84