

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 <u>01/01/08</u> through <u>03/17/08</u>	Date of election if applicable: (Month, Day, Year) <u>06/03/08</u>	MAR 21 2008 VICTOR E. SALAZAR, County Clerk By: <i>[Signature]</i> Deputy	Page <u>1</u> of <u>2</u> For Official Use Only
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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
1284250

COMMITTEE NAME

FRESNO SHERIFF'S 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

ERIC BROUGHTON

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 3/21/08
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	01/01/08	
through	03/17/08	Page <u>2</u> of <u>2</u>
NAME OF COMMITTEE		I.D. NUMBER
FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE		1284250

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	\$	<u>0.00</u>
4. Nonmonetary Adjustment		<u>0.00</u>
5. Total expenditures made from previous statement	\$	<u>0.00</u>
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE	\$	<u>0.00</u>

Contributions Received

7. Monetary contributions received this period	\$	<u>700.00</u>
8. Non-monetary contributions received this period		<u>0.00</u>
9. Total contributions received from previous statement	\$	<u>0.00</u>
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	<u>700.00</u>

Current Cash Statement

11. Beginning cash balance	\$	<u>2561.94</u>
12. Cash receipts this period		<u>700.00</u>
13. Miscellaneous increases to cash	\$	<u>0.00</u>
14. Cash expenditures this period		<u>0.00</u>
15. ENDING CASH BALANCE THIS PERIOD	\$	<u>3261.94</u>

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.

FILED
Date Stamp
MAY 21 2008

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 03/18/08
through 05/17/08

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

06/03/08

By: VICTOR E. SALAZAR, County Clerk

Deputy

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
1284250

COMMITTEE NAME

FRESNO SHERIFF'S 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

ERIC BROUGHTON

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 5/20/08
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 450
from	03/18/08	
through	05/17/08	Page <u>2</u> of <u>3</u>
NAME OF COMMITTEE		I.D. NUMBER
FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE		

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	1,453.20
2. Expenditures under \$100 made this period (Not itemized.)		0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	1,453.20
4. Nonmonetary Adjustment		0.00
5. Total expenditures made from previous statement	\$	0.00
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	\$	1,453.20

Contributions Received

7. Monetary contributions received this period	\$	500.00
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement	\$	700.00
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	1,200.00

Current Cash Statement

11. Beginning cash balance	\$	3,261.94
12. Cash receipts this period		500.00
13. Miscellaneous increases to cash	\$	0.00
14. Cash expenditures this period		1,453.20
15. ENDING CASH BALANCE THIS PERIOD	\$	2,308.74

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period		SHORT FORM	
from	03/18/08	CALIFORNIA FORM 450	
through	05/17/08	Page	3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE	I.D. NUMBER
FRESNO SHERIFF'S 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*
03/18/08	GILMORE FOR ASSEMBLY PO BOX 2206 HANFORD, CA 93232 FPPC #1293625	CONTRIBUTION		250.00	Calendar Year \$ 250.00 Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
04/15/08	PORAC POLITICAL ACTION COMMITTEE 4010 TRUXEL ROAD SACRAMENTO, CA 95834-3725 FPPC #801830	CONTRIBUTION		203.20	Calendar Year \$ 203.20 Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
05/06/08	COMMITTEE TO ELECT NATHAN MAGSIG PO BOX 2391 CLOVIS, CA 93613 FPPC # 1300141	CONTRIBUTION		1,000.00	Calendar Year \$ 1,000.00 Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$				1,453.20	

* 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 5/18/08
through 6/30/08

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

JUL 28 2008

06/03/08

By

FRESNO COUNTY CLERK
Loretta M. Kullberg
DEPUTY

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
1284250

COMMITTEE NAME

FRESNO SHERIFF'S 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

ERIC BROUGHTON

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 7/28/08
DATE

By *Loretta Kullberg*
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

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

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, 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	5/18/08	
through	6/30/08	Page <u>2</u> of <u>2</u>
NAME OF COMMITTEE		I.D. NUMBER
FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE		1284250

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	\$	0.00
4. Nonmonetary Adjustment		0.00
5. Total expenditures made from previous statement	\$	1,453.20
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	\$	1,453.20

Contributions Received

7. Monetary contributions received this period	\$	500.00
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement	\$	1,200.00
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	1,700.00

Current Cash Statement

11. Beginning cash balance	\$	2,308.74
12. Cash receipts this period		500.00
13. Miscellaneous increases to cash	\$	0.00
14. Cash expenditures this period		0.00
15. ENDING CASH BALANCE THIS PERIOD	\$	2,808.74

**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 07/01/08
through 09/30/08

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

OCT 03 2008

FRESNO COUNTY CLERK
By *[Signature]* DEPUTY

CALIFORNIA FORM 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
1284250

COMMITTEE NAME

FRESNO SHERIFF'S 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

ERIC BROUGHTON

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 10/03/08
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	07/01/08		
through	09/30/08	Page <u>2</u> of <u>3</u>	
NAME OF COMMITTEE		I.D. NUMBER	
FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE		1284250	

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	Add Lines 1 + 2	\$ <u>1,000.00</u>
4. Nonmonetary Adjustment	From Line 8 Below	<u>0.00</u>
5. Total expenditures made from previous statement	Previous Summary Page, Line 6	\$ <u>1,453.20</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5	\$ <u>2,453.20</u>

Contributions Received

7. Monetary contributions received this period	\$	<u>737.50</u>
8. Non-monetary contributions received this period		<u>0.00</u>
9. Total contributions received from previous statement	Previous Summary Page, Line 10	\$ <u>1,700.00</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	Add Lines 7 + 8 + 9	\$ <u>2,437.50</u>

Current Cash Statement

11. Beginning cash balance	Previous Summary Page, Line 15	\$	<u>2,808.74</u>
12. Cash receipts this period	Line 7 above		<u>737.50</u>
13. Miscellaneous increases to cash		\$	<u>0.00</u>
14. Cash expenditures this period	Line 3 above		<u>1,000.00</u>
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11 + 12 + 13, then subtract Line 14	\$	<u>2,546.24</u>

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period
from 07/01/08
through 09/30/08

SHORT FORM
CALIFORNIA FORM 450
Page 3 of 3
I.D. NUMBER
1284250

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO SHERIFF'S 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*
08/04/08	GILMORE FOR ASSEMBLY PO BOX 2206 HANFORD, CA 93232 FPPC #1293625	CONTRIBUTION		500.00	Calendar Year \$ <u>750.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
08/20/08	VILLINES FOR ASSEMBLY 2008 1127 11TH STREET, SUITE 310 SACRAMENTO, CA 93581 FPPC #1293100	CONTRIBUTION		500.	Calendar Year \$ <u>500.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
			<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.

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SHORT FORM

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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>10/01/08</u> through <u>10/18/08</u>	Date of election if applicable: (Month, Day, Year) <u>11/04/08</u>	Date Stamp FILED OCT 23 2008	CALIFORNIA FORM 450 Page <u>1</u> of <u>2</u> For Official Use Only
		By <u>FRESNO COUNTY CLERK</u> <i>[Signature]</i>	

1. Type of Recipient Committee:

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

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Pre-election Statement | <input 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) _____
(Also check type of statement you are amending) | |

3. Committee Information

I.D. NUMBER
1284250

COMMITTEE NAME
**FRESNO SHERIFF'S SERGEANTS ASSOCIATION
POLITICAL ACTION COMMITTEE**

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	[REDACTED]

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
ERIC BROUGHTON

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 10/22/08
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 from <u>10/01/08</u>	CALIFORNIA FORM 450
through <u>10/18/08</u>	
Page <u>2</u> of <u>2</u>	I.D. NUMBER
	1284250

NAME OF COMMITTEE

FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE

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>	\$ 2,453.20
<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>	\$ 2,453.20

Contributions Received

7. Monetary contributions received this period	\$	122.50
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement	<i>Previous Summary Page, Line 10</i>	\$ 2,437.50
<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>	\$ 2,560.00

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i>	\$ 2,546.24
12. Cash receipts this period	<i>Line 7 above</i>	122.50
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>	\$ 2,668.74

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 10/19/08
 through 12/31/08

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

SHORT FORM

FILED
Date Stamp

JAN 27 2009

By Loretta M. Kullberg
FRESNO COUNTY CLERK
DEPUTY

CALIFORNIA FORM 450

Page 1 of 2

For Official Use Only

1. Type of Recipient Committee:

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

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Pre-election 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 | <input type="checkbox"/> Supplemental Pre-election
Statement - Attach Form 495 |
|
 | |
| <input type="checkbox"/> Amendment (Explain) _____
(Also check type of statement you are amending) | |

3. Committee Information

I.D. NUMBER
1284250

COMMITTEE NAME

FRESNO SHERIFF'S 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
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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

ERIC BROUGHTON

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 1/27/09
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 <u>10/19/08</u>	CALIFORNIA FORM	450
through <u>12/31/08</u>		
Page <u>2</u> of <u>2</u>		

NAME OF COMMITTEE FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE	I.D. NUMBER 1284250
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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	\$	<u>0.00</u>
4. Nonmonetary Adjustment		<u>0.00</u>
5. Total expenditures made from previous statement	\$	<u>2,453.20</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	\$	<u>2,453.20</u>

Contributions Received

7. Monetary contributions received this period	\$	<u>735.00</u>
8. Non-monetary contributions received this period		<u>0.00</u>
9. Total contributions received from previous statement	\$	<u>735.</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	<u>3,295.00</u>

Current Cash Statement

11. Beginning cash balance	\$	<u>2,668.74</u>
12. Cash receipts this period		<u>735.00</u>
13. Miscellaneous increases to cash	\$	<u>0.00</u>
14. Cash expenditures this period		<u>0.00</u>
15. ENDING CASH BALANCE THIS PERIOD	\$	<u>3,403.74</u>