Recipient Committee Campaign Statement – Short Form	Type or print in ink.		Date Stamp	SHORT FORM CALIFORNIA 450
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable:	APR 22 2009	Page1 of2
For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not	from01/01/09	(Month, Day, Year)		For Official Use Only
received or made loans, and have no outstanding accrued expenses.	through03/31/09		IGTOR E SALAZAF	7,
1. Type of Recipient Committee:		2. Type of Stateme	ent:	í
Primarily Formed Sp	al Purpose Committee onsored nall Contributor Committee	☐ Pre-election State ☐ Semi-annual State ☐ Termination Stater	ement Sperment Sup	rterly Statement cial Odd-year Report plemental Pre-election ement - Attach Form 495
Primarily Formed Candidate/Officeholder Committee		Amendment (Explain (Also check type of state	ain)ement you are amending)	
3. Committee Information	I.D. NUMBER 1284250	Treasurer(s)		
COMMITTEE NAME		NAME OF TREASURER		
FRESNO SHERIFF'S SERGEANTS ASSOCIAT	TION	LORETTA KULLBERG	}	
POLITICAL ACTION COMMITTEE		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)				
STREET TRESTICES (NOT.S. DOX)		CITY	STATE ZIP CO	DDE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
		ERIC BROUGHTON		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	OX .	MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
5		CHY	STATE ZIFCC	DE AREA CODE/FITONC
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification				
I have used all reasonable diligence in preparing and runder penalty of perjury/under the laws of the State of Executed on DATE	eviewing this statement and to the California that the target ring is true	SUUTS	nation contained herein is tri	ue and complete. I certify
Executed on	BySIGNATURE OF CONTROLLING	G OFFICEHOLDER, CANDIDATE, STATE MEAS	SURE PROPONENT, OR RESPONSIBLE	OFFICER OF SPONSOR
Executed on	Ву			
DATE	SIGNATU	IRE OF CONTROLLING OFFICEHOLDER, CAN	NDIDATE, STATE MEASURE PROPONEN	π
Executed on	Bysignatu	IRE OF CONTROLLING OFFICEHOLDER, CAN	NDIDATE, STATE MEASURE PROPONEN	

Recipient Committee Campaign Statement

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

SHORT FORM Statement covers period **CALIFORNIA** 01/01/00

Summary Page	to whole dollars.	from01/01/09	FORM 450	
		through03/31/09	Page2	_ of2
NAME OF COMMITTEE	·		I.D. NUMBER	
FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITIC	CAL ACTION COMMITTEE		1284250	
Expenditures Made				· · · · · · · · ·
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		Add Lines 1 + 2	\$	0.00
Nonmonetary Adjustment		From Line 8 Below		0.00
5. Total expenditures made from previous statement (If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 6	\$	0.00
6. TOTAL EXPENDITURES MADE TO DATE		Add Lines 3 + 4 + 5	\$	0.00
Contributions Received				
7. Monetary contributions received this period			\$	727.50
Non-monetary contributions received this period				0.00
 Total contributions received from previous statement)	Previous Summary Page, Line 10	\$	0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 + 9	\$	727.50
Current Cash Statement				
11. Beginning cash balance		Previous Summary Page, Line 15	\$	3,403.74
12. Cash receipts this period				727.50
13. Miscellaneous increases to cash			\$	0.00
14. Cash expenditures this period				0.00
15. ENDING CASH BALANCE THIS PERIOD			\$	4,131.24

	cipient Committee Impaign Statement – Short Form	Type or print in ink.		ato Stamp		SHORT FORM LIFORNIA 450 FORM
For	INSTRUCTIONS ON REVERSE use by recipient committees that have not received a	Statement covers period from04/01/09	Date of election if applicable: (Month, Day, Year)	2009	Page	of 2 For Official Use Only
contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.		ot	VICTOR 5	ALAZAFI		
1.	Type of Recipient Committee:		2. Type of Statement:	DEPUTY		
	□ Ballot Measure Committee ○ Primarily Formed	neral Purpose Committee Sponsored Small Contributor Committee	☐ Pre-election Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ Amendment (Explain) (Also check type of statement you are		Supplemer	Statement Id-year Report ntal Pre-election - Attach Form 495
3.	Committee Information	I.D. NUMBER 1284250	Treasurer(s)			
	COMMITTEE NAME	1204200	NAME OF TREASURER			
	FRESNO SHERIFF'S SERGEANTS ASSOC	IATION	LORETTA KULLBERG			
	POLITICAL ACTION COMMITTEE		MAILING ADDRESS 1360 VAN NESS			
	STREET ADDRESS (NO P.O. BOX)		CITY		ZIP CODE	AREA CODE/PHONE
	1360 VAN NESS	P CODE AREA CODE/PHONE	FRESNO	CA 9	93721	(559) 268-3372
		3721 (559) 268-3372	NAME OF ASSISTANT TREASURER, IF ANY			
			ERIC BROUGHTON			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	J. BOX	MAILING ADDRESS			
		ADEA CODE/DUONE	1360 VAN NESS			ADEA CODE/DUONE
	CITY STATE ZIF	P CODE AREA CODE/PHONE	CITY FRESNO		ZIP CODE 9 3721	AREA CODE/PHONE (559) 268-3372
	OPTIONAL: FAX/E-MAIL ADDRESS	AND	OPTIONAL: FAX / E-MAIL ADDRESS			
4.	Verification I have used all reasonable diligence in preparing an	nd reviewing this statem∉nt and to the	best/of my knowledge the information cont	ained herein	is true and	I complete. I certify
	under penalty of perjury under the laws of the State	of California that the Aregoing is true	and correct.			
	Executed on	By / (NETTA)	SIGNATURE OF TREASURER OR ASSISTANT TREA	ASURER		
	Executed on	By	G OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPON	ENT, OR RESPON	ISIBLE OFFICER	R OF SPONSOR
	Executed on	BySIGNATU	IRE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATI	E MEASURE PRO	PONENT	<u> </u>
	Executed on	Ву	JRE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STAT			
	DATE	SIGNATU	INL OF CONTROLLING OFFICEHOLDER, CANDIDATE, STAT	- WILHOURE FRO		

Recipient Committee Campaign Statement Summary Page Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | 1.D. NUMBER | 1284250 | SHORT FORM | 450 |

	through	Page	of
NAME OF COMMITTEE		I.D. NUMBER	
FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE		1284250	
Expenditures Made			0.00
1. Expenditures of \$100 or more made this period		\$	0.00
2. Expenditures under \$100 made this period (Not itemized.)			
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	Add Lines 1 + 2	\$	0.00
4. Nonmonetary Adjustment	From Line 8 Below		0.00
5. Total expenditures made from previous statement	Previous Summary Page, Line 6	\$	0.00
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5	\$	0.00
Contributions Received			687.50
7. Monetary contributions received this period		\$	
8. Non-monetary contributions received this period			0.00
9. Total contributions received from previous statement	revious Summary Page, Line 10	\$	687.50
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	Add Lines 7 + 8 + 9	\$	1,415.00
Current Cash Statement		_	4,131.24
11. Beginning cash balance			687.50
12. Cash receipts this period	Line 7 above		0.00
13. Miscellaneous increases to cash		\$	
14. Cash expenditures this period	Line 3 above		0.00
15. ENDING CASH BALANCE THIS PERIOD	+ 12 + 13, then subtract Line 14	\$	4,818.74

Recipient Committee Campaign Statement – Short Form	Type or print in ink.	T.	DateStamp	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	Statement covers period from10/01/09	Date of election if applicable: (Month, Day, Year)	JAN 1 5 2010	Page 1 of 2 For Official Use Only
received or made loans, and have no outstanding accrued expenses.	through12/31/09	By	FRESNO COULTY CLERK	, or official use offig
1. Type of Recipient Committee:		2. Type of Statemen	DE DE	TUTY
☐ Ballot Measure Committee ☐ Primarily Formed ☐ Some Some Some Some Some Some Some Some	al Purpose Committee onsored nall Contributor Committee	☐ Pre-election Stateme ☐ Semi-annual Stateme ☐ Termination Statemen	ent 🗷 Qua ent 🗀 Spec	rterly Statement cial Odd-year Report plemental Pre-election
Primarily Formed Candidate/ Officeholder Committee		Amendment (Explain) (Also check type of stateme))	ement - Attach Form 495
3. Committee Information	I.D. NUMBER 1284250	Treasurer(s)		
COMMITTEE NAME FRESNO SHERIFF'S SERGEANTS ASSOCIAT POLITICAL ACTION COMMITTEE	100	NAME OF TREASURER LORETTA KULLBERG MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COI	DE AREA CODE/RHONE
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO.		ERIC BROUGHTON MAILING ADDRESS		
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZIP COD	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	5	
I have used all reasonable diligence in preparing and re under penalty of perjury under the laws of the State of C Executed on	BySIGNATURE OF CONTROLLING OF SIGNATURE	est of my knowledge the information of correct. SIGNATURE OF TRASURER OR ASSISTA FFICEHOLDER, CANDIDATE, STATE MEASURE P OF CONTROLLING OFFICEHOLDER, CANDIDATE	ANT TREASURER PROPONENT, OR RESPONSIBLE OF	
DATE	BySIGNATURE	OF CONTROLLING OFFICEHOLDER, CANDIDATI	E, STATE MEASURE PROPONENT	

Recipient Committee Campaign Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 450

from **FORM** 12/31/09 through. NAME OF COMMITTEE I.D. NUMBER FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE 1284250 **Expenditures Made** Expenditures of \$100 or more made this period...... 0.00 2. Expenditures under \$100 made this period (Not itemized.) 23.80 23.80 Nonmonetary Adjustment From Line 8 Below 0.00 (If this is the first statement for the calendar year, enter zero.) 1,000.00 1,023,80 **Contributions Received** 7. Monetary contributions received this period\$ __ 787.50 8. Non-monetary contributions received this period..... 0.00 (If this is the first statement for the calendar year, enter zero.) 2,202.50 2.990.00 **Current Cash Statement** 4.606.24 787.50 13. Miscellaneous increases to cash..... 0.00 23.80 5.369.94

		·		SHORT FORM
Recipient Committee Campaign Statement – Short Form	Type or print in ink.		Date Stamp	CALIFORNIA 450
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 10/01/09 through 12/31/09	(, 22), 132.	2 3 2010 O COUNTY CLERK	Page 1 of 4 For Official Use Only
1. Type of Recipient Committee:		2. Type of Statement:		
☐ Ballot Measure Committee ☐ Primarily Formed ☐ Gener	al Purpose Committee onsored nall Contributor Committee	☐ Pre-election Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ Amendment (Explain) And (Also check type of statement you 10/01/09 THROUGH 12/3	☐ Specii ☐ Suppl Stater MENDING FORM 45	erly Statement al Odd-year Report emental Pre-election ment - Attach Form 495 50 FOR PERIOD
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE		NAME OF TREASURER LORETTA KULLBERG MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	-	CITY	STATE ZIP COD	E AREA CODE/PHONE
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF A ERIC SCHMIDT MAILING ADDRESS	INY	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	-	OPTIONAL: FAX/E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and runder penalty of perjury under the laws of the State of Executed on	By	est of row knowledge the information constitution of the correct. SIGNATURE OF TREASURER OR ASSISTANT TO STATE MEASURE PROFICE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROFICE OFFICE OFF	TREASURER PONENT, OR RESPONSIBLE OF	<u> </u>
Executed on	Bysignatur	E OF CONTROLLING OFFICEHOLDER, CANDIDATE, S	TATE 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** 10/01/09 **FORM**

Summary rage	through12/31/09	Page 2 of 4
NAME OF COMMITTEE	•	I.D. NUMBER
FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE	870153	
Expenditures Made	-	
Expenditures of \$100 or more made this period		\$
Expenditures under \$100 made this period (Not itemized.)		66.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	Add Lines 1 + 2	\$ 4,510.10
4. Nonmonetary Adjustment	From Line 8 Below	0.00
5. Total expenditures made from previous statement	Previous Summary Page, Line 6	\$3,867.82
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5	\$8,377.92
Contributions Received		
7. Monetary contributions received this period		\$\$
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement	Previous Summary Page, Line 10	\$12,419.50
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	Add Lines 7 + 8 + 9	\$16,877.50
Current Cash Statement		
11. Beginning cash balance	Previous Summary Page, Line 15	\$ 17,149.31
12. Cash receipts this period	Line 7 above	4,458.00
13. Miscellaneous increases to cash		\$0.00
14. Cash expenditures this period	Line 3 above	4,510.10
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11 + 12 + 13, then subtract Line 14	\$17,097.21

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

Amounts may be rounded to whole dollars.

	SHURT FURM
Statement covers period from10/01/09	california 450 form
through12/31/09	Page 3 of 4
	I.D. NUMBER
	870153

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S 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*
10/080/9	EGAN FOR DISTRICT ATTORNEY PO BOX 362 FRESNO, CA 93708-0362 FPPC #1235402	CONTRIBUTION	ELIZABETH EGAN DISTRICT ATTORNEY	500.00	Calendar Year 1,200.00 S Other
			Support Dppose		
			Contribution Ind. Exp.		\$
11/18/09	ALBERTO TORRICO FOR ATTORNEY GENERAL 1127 11TH STREET, SUITE 550 SACRAMENTO, CA 95814 FPPC #1315641	CONTRIBUTION	ALBERTO TORRICO ATTORNEY GENERAL	1,500.00	Calendar Year 1,750.00 Other
			Support Dppose		
			Contribution Ind. Exp.		\$
10/08/09	PEREA FOR ASSEMBLY 2010 6583 W. DOVEWOOD LANE FRESNO, CA 93723 FOOC #1319658	CONTRIBUTION	HENRY T. PEREA ASSEMBLY	1,500.00	Calendar Year \$Other
			Support Oppose Contribution Ind. Exp.		\$
			SUBTOTAL S	3,500.00	

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

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

Amounts may be rounded to whole dollars.

	SHURT FURM
Statement covers period from10/01/09	CALIFORNIA 450 FORM
through12/31/09	Page4 of4
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

870153

OLIODE FORM

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*	
12/09/09	FRIENDS OF HENRY R. PEREA PO BOX 4529 FRESNO, CA 93744 FPPC #1253628	CONTRIBUTION	HENRY R. PEREA SUPERVISOR Support Oppose Contribution Ind. Exp.	750.00	Calendar Year \$ Other	
11/20/09	LORETTA KULLBERG 1360 VAN NESS FRESNO, CA 93721	INDEPENDENT EXPENDITURE	ALBERTO TORRICO ATTORNEY GENERAL Support Oppose	194.10	Calendar Year 194.10 Other	
			Contribution Ind. Exp. Support Oppose Contribution Ind. Exp.		Calendar Year \$ Other	
	SUBTOTAL \$ 944.10					

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