

# 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.

<b>Statement covers period</b> from <u>01/01/09</u> through <u>03/31/09</u>	<b>Date of election if applicable:</b> (Month, Day, Year) APR 22 2009 By <u>VICTOR E. SALAZAR</u> DEPUTY
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:

- 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)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
**LORETTA KULLBERG**

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
**ERIC BROUGHTON**

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

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 4/21/09 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</b>	<b>450</b>
from	01/01/09		
through	03/31/09	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 .....	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
<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	\$ 0.00

**Contributions Received**

7. Monetary contributions received this period .....	\$	727.50
8. Non-monetary contributions received this period .....		0.00
9. Total contributions received from previous statement .....	Previous Summary Page, Line 10	\$ 0.00
<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	\$ 727.50

**Current Cash Statement**

11. Beginning cash balance .....	Previous Summary Page, Line 15	\$ 3,403.74
12. Cash receipts this period .....	Line 7 above	727.50
13. Miscellaneous increases to cash .....		\$ 0.00
14. Cash expenditures this period .....	Line 3 above	0.00
15. ENDING CASH BALANCE THIS PERIOD .....	Add Lines 11 + 12 + 13, then subtract Line 14	\$ 4,131.24

# 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 04/01/09  
through 06/30/09

Date of election if applicable:  
(Month, Day, Year) JUL 20 2009

Page 1 of 2

For Official Use Only

By VICTOR E SALAZAR

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  
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
<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
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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
<b>FRESNO</b>	<b>CA</b>	<b>93721</b>	<b>(559) 268-3372</b>

NAME OF ASSISTANT TREASURER, IF ANY

**ERIC BROUGHTON**

MAILING ADDRESS

**1360 VAN NESS**

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 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 07/17/09  
DATE

By *Loretta Kullberg*  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_  
DATE

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

Executed on \_\_\_\_\_  
DATE

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	04/01/09	
through	06/30/09	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 .....	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
<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	\$ 0.00

**Contributions Received**

7. Monetary contributions received this period .....	\$	687.50
8. Non-monetary contributions received this period .....		0.00
9. Total contributions received from previous statement .....	Previous Summary Page, Line 10	\$ 687.50
<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	\$ 1,415.00

**Current Cash Statement**

11. Beginning cash balance .....	Previous Summary Page, Line 15	\$ 4,131.24
12. Cash receipts this period .....	Line 7 above	687.50
13. Miscellaneous increases to cash .....		\$ 0.00
14. Cash expenditures this period .....	Line 3 above	0.00
15. ENDING CASH BALANCE THIS PERIOD .....	Add Lines 11 + 12 + 13, then subtract Line 14	\$ 4,818.74

**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 10/01/09  
through 12/31/09

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

Date Stamp  
JAN 15 2010  
FRESNO COUNTY CLERK  
By [Signature]  
DEPUTY

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  
1284250

COMMITTEE NAME

FRESNO SHERIFF'S SERGEANTS ASSOCIATION  
POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

ERIC BROUGHTON

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 01/13/10  
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 450</b>
from	10/01/09	
through	12/31/09	Page <u>2</u> of <u>2</u>
NAME OF COMMITTEE		I.D. NUMBER
FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE		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.) .....			23.80
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	<i>Add Lines 1 + 2</i>	\$	23.80
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>	\$	1,000.00
<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>	\$	1,023.80

**Contributions Received**

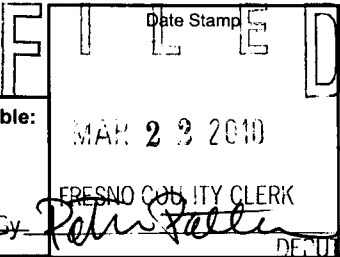
7. Monetary contributions received this period .....		\$	787.50
8. Non-monetary contributions received this period .....			0.00
9. Total contributions received from previous statement .....	<i>Previous Summary Page, Line 10</i>	\$	2,202.50
<i>(If this is the first statement for the calendar year, enter zero.)</i>			
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....	<i>Add Lines 7 + 8 + 9</i>	\$	2,990.00

**Current Cash Statement**

11. Beginning cash balance .....	<i>Previous Summary Page, Line 15</i>	\$	4,606.24
12. Cash receipts this period .....	<i>Line 7 above</i>		787.50
13. Miscellaneous increases to cash .....		\$	0.00
14. Cash expenditures this period .....	<i>Line 3 above</i>		23.80
15. ENDING CASH BALANCE THIS PERIOD .....	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	5,369.94

# Recipient Committee Campaign Statement – Short Form

Type or print in ink.



CALIFORNIA FORM **450**

Page 1 of 4

For Official Use Only

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 10/01/09  
 through 12/31/09

Date of election if applicable:  
 (Month, Day, Year)  
MAR 23 2010

### 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
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495
- Amendment (Explain) AMENDING FORM 450 FOR PERIOD  
 (Also check type of statement you are amending)  
10/01/09 THROUGH 12/31/09

### 3. Committee Information

I.D. NUMBER

COMMITTEE NAME  
FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
 CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER  
LORETTA KULLBERG

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
ERIC SCHMIDT

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

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 3/19/10  
 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 450</b>
from	10/01/09	
through	12/31/09	Page <u>2</u> of <u>4</u>
NAME OF COMMITTEE		I.D. NUMBER
FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE		870153

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	<u>4,444.10</u>
2. Expenditures under \$100 made this period (Not itemized.) .....		<u>66.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	\$	<u>4,510.10</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>3,867.82</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>8,377.92</u> <i>Add Lines 3 + 4 + 5</i>

**Contributions Received**

7. Monetary contributions received this period .....	\$	<u>4,458.00</u>
8. Non-monetary contributions received this period .....		<u>0.00</u>
9. Total contributions received from previous statement .....	\$	<u>12,419.50</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>16,877.50</u> <i>Add Lines 7 + 8 + 9</i>

**Current Cash Statement**

11. Beginning cash balance .....	\$	<u>17,149.31</u> <i>Previous Summary Page, Line 15</i>
12. Cash receipts this period .....		<u>4,458.00</u> <i>Line 7 above</i>
13. Miscellaneous increases to cash .....	\$	<u>0.00</u>
14. Cash expenditures this period .....		<u>4,510.10</u> <i>Line 3 above</i>
15. ENDING CASH BALANCE THIS PERIOD .....	\$	<u>17,097.21</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 10/01/09  
through 12/31/09

SHORT FORM

**CALIFORNIA  
FORM 450**

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 \$ <u>1,200.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> 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 \$ <u>1,750.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> 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 \$ <u>1,900.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
<b>SUBTOTAL \$</b>				<b>3,500.00</b>	

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

**Recipient Committee  
Campaign Statement – Short Form**

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Statement covers period  
from 10/01/09  
through 12/31/09

SHORT FORM  
**CALIFORNIA FORM 450**

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER

870153

**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	750.00	<b>Calendar Year</b> \$ <u>750.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
11/20/09	LORETTA KULLBERG 1360 VAN NESS FRESNO, CA 93721	INDEPENDENT EXPENDITURE	ALBERTO TORRICO ATTORNEY GENERAL	194.10	<b>Calendar Year</b> \$ <u>194.10</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
					<b>Calendar Year</b> \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
<b>SUBTOTAL \$</b>				<b>944.10</b>	

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