

# Recipient Committee Campaign Statement – 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.

Type or print in ink.

**FILED**  
Date Stamp  
MAR 23 2010  
FRESNO COUNTY CLERK  
By *John Patten*  
DEPUTY

SHORT FORM

CALIFORNIA FORM **450**

Page 1 of 3

For Official Use Only

Statement covers period  
from 01/01/10  
through 03/17/10

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

## 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 03/19/10  
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		<b>CALIFORNIA FORM</b>	<b>450</b>
from	01/01/10		
through	03/17/10	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>500.00</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>500.00</u>
4. Nonmonetary Adjustment .....	From Line 8 Below	<u>0.0</u>
5. Total expenditures made from previous statement .....	Previous Summary Page, Line 6	\$ <u>0.00</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>500.00</u>

**Contributions Received**

7. Monetary contributions received this period .....	\$	<u>450.00</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>0.00</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>450.00</u>

**Current Cash Statement**

11. Beginning cash balance .....	Previous Summary Page, Line 15	\$ <u>5,369.94</u>
12. Cash receipts this period .....	Line 7 above	<u>450.00</u>
13. Miscellaneous increases to cash .....		\$ <u>0.00</u>
14. Cash expenditures this period .....	Line 3 above	<u>500.00</u>
15. ENDING CASH BALANCE THIS PERIOD .....	Add Lines 11 + 12 + 13, then subtract Line 14	\$ <u>5,319.94</u>

**Recipient Committee  
Campaign Statement – Short Form**

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

Statement covers period  
from 01/01/10  
through 03/17/10

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER

1284250

**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*
02/04/20	MIKE VILLINES/INSURANCE COMMISSIONER PO BOX 606 FRESNO, CA 93709 FPPC #1318700	CONTRIBUTION	MIKE VILLINES INSURANCE COMMISSIONER  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	500.00	Calendar Year \$ <u>500.00</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>				<b>500.00</b>	

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

# 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 01/01/10  
 through 03/17/10

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

MAR 23 2010

FRESNO COUNTY CLERK  
 By *[Signature]* DEPUTY

CALIFORNIA FORM **450**

Page 1 of 4

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  
 870153

COMMITTEE NAME

FRESNO DEPUTY SHERIFF'S 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 SCHMIDT

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 3/19/10  
 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 <b>450</b>
from	01/01/10	
through	03/17/10	Page <u>2</u> of <u>4</u>

NAME OF COMMITTEE

FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER

870153

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	2,300.00
2. Expenditures under \$100 made this period (Not itemized.) .....		50.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	\$	2,350.00
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 .....	\$	2,350.00

**Contributions Received**

7. Monetary contributions received this period .....	\$	3,175.00
8. Non-monetary contributions received this period .....		0.00
9. Total contributions received from previous statement .....	\$	3,175.00
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....	\$	3,175.00

**Current Cash Statement**

11. Beginning cash balance .....	\$	17,097.21
12. Cash receipts this period .....		3,175.00
13. Miscellaneous increases to cash .....	\$	0.00
14. Cash expenditures this period .....		2,350.00
15. ENDING CASH BALANCE THIS PERIOD .....	\$	17,922.71



**Recipient Committee  
Campaign Statement – Short Form**

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

Statement covers period		<b>CALIFORNIA FORM 450</b>
from	01/01/10	
through	03/17/10	Page <u>4</u> of <u>4</u>
NAME OF COMMITTEE		I.D. NUMBER
FRESNO DEPUTY SHERIFF'S ASSOCIATION POLITICAL ACTION COMMITTEE		870153

SEE INSTRUCTIONS ON REVERSE

**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*
02/04/10	MIKE VILLINES/INSURANCE COMMISSIONER PO BOX 606 FRESNO, CA 93709 FPPC #1318700	CONTRIBUTION	MIKE VILLINES INSURANCE COMMISSIONER	500.00	Calendar Year \$ 500.00
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Other \$ _____
02/10/10	LINCOLN CLUB OF FRESNO COUNTY 4618 N. 1ST STREET PMB#311 FRESNO, CA 93726 FPPC #1251995	INDEPENDENT EXPENDITURE		50.00	Calendar Year \$ 50.00
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Other \$ _____
03/15/10	HENRY T. PEREA FOR ASSEMBLY 6583 W. DOVEWOOD LANE FRESNO, CA 93723 FPPC #1319658	CONTRIBUTION	HENRY T. PEREA ASSEMBLY	500.00	Calendar Year \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Other \$ _____
<b>SUBTOTAL \$</b>				<b>1,050.00</b>	

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

# 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 03/18/10  
 through 05/22/10

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

06/08/10

Date Stamp  
 MAY 26 2010  
 FRESNO COUNTY CLERK  
 By *Ruth Bellis*  
 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)

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 1/25/10  
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		<b>CALIFORNIA FORM</b>	<b>450</b>
from	03/18/10		
through	05/22/10	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 .....	\$	(500.00)
2. Expenditures under \$100 made this period (Not itemized.) .....		0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	Add Lines 1 + 2	\$ (500.00)
4. Nonmonetary Adjustment .....	From Line 8 Below	0.00
5. Total expenditures made from previous statement .....	Previous Summary Page, Line 6	\$ 500.00
<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 .....	\$	0.00
8. Non-monetary contributions received this period .....		0.00
9. Total contributions received from previous statement .....	Previous Summary Page, Line 10	\$ 450.00
<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	\$ 450.00

**Current Cash Statement**

11. Beginning cash balance .....	Previous Summary Page, Line 15	\$ 5,319.94
12. Cash receipts this period .....	Line 7 above	0.00
13. Miscellaneous increases to cash .....		\$ 500.00
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	\$ 5,819.94

**Recipient Committee  
Campaign Statement – Short Form**

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

Statement covers period  
from 03/18/10  
through 05/22/10

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*
5/18/10	VILLINES FOR ASSEMBLY 2008 1127 11TH STREET, SUITE 310 SACRAMENTO, CA 93581 FPPC #1293100	CHECK VOIDED  CONTRIBUTION REPORTED 09/30/08		(500.00)	Calendar Year \$ (500.00) 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 \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>				(500.00)	

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

# Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SHORT FORM

**FILED**

Date Stamp  
**AUG 04 2010**

**FRESNO COUNTY CLERK**  
*[Signature]*  
**DEPUTY**

**CALIFORNIA FORM 450**

Page 1 of 2

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.

<p style="text-align: center;"><b>Statement covers period</b></p> <p>from <u>05/23/10</u></p> <p>through <u>06/30/10</u></p>	<p><b>Date of election if applicable:</b> (Month, Day, Year)</p> <p><u>06/08/10</u> By <u>[Signature]</u></p>
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## 1. Type of Recipient Committee:

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

## 2. Type of Statement:

- |  |  |
|--|--|
| <input type="checkbox"/> Pre-election Statement<br><input checked="" type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><br><input type="checkbox"/> Amendment (Explain) _____<br><small>(Also check type of statement you are amending)</small> | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-year Report<br><input type="checkbox"/> 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 <b>FRESNO</b>	STATE <b>CA</b>	ZIP CODE <b>93721</b>	AREA CODE/PHONE [REDACTED]
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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 <b>FRESNO</b>	STATE <b>CA</b>	ZIP CODE <b>93721</b>	AREA CODE/PHONE <b>559.268.3372</b>
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NAME OF ASSISTANT TREASURER, IF ANY  
**ERIC BROUGHTON**

MAILING ADDRESS  
**1360 VAN NESS**

CITY <b>FRESNO</b>	STATE <b>CA</b>	ZIP CODE <b>937251</b>	AREA CODE/PHONE <b>559.268.3372</b>
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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 <u>8/03/10</u>	DATE	By <u>[Signature]</u>	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 <b>450</b>
from	05/23/10	
through	06/30/10	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 .....	\$	0.00
8. Non-monetary contributions received this period .....		0.00
9. Total contributions received from previous statement .....	Previous Summary Page, Line 10	\$ 450.00
<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	\$ 450.00

**Current Cash Statement**

11. Beginning cash balance .....	Previous Summary Page, Line 15	\$ 5,819.94
12. Cash receipts this period .....	Line 7 above	0.00
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	\$ 5,819.94

# Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SHORT FORM

FILED

Date Stamp  
**OCT 01 2010**

FRESNO COUNTY CLERK  
*[Signature]*  
DEPUTY

**CALIFORNIA FORM 450**

Page 1 of 3

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.

<p style="text-align: center;"><b>Statement covers period</b></p> <p>from <u>07/01/10</u></p> <p>through <u>09/30/10</u></p>	<p style="text-align: center;"><b>Date of election if applicable:</b> (Month, Day, Year)</p> <p style="text-align: center;"><u>11/02/10</u> By <u>[Signature]</u></p>
--	---

### 1. Type of Recipient Committee:

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

### 2. Type of Statement:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><br><input type="checkbox"/> Amendment (Explain) _____<br><small>(Also check type of statement you are amending)</small> | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-year Report<br><input type="checkbox"/> 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

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 <u>10/01/10</u> DATE	By <u>[Signature]</u> 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 <b>450</b>
from	07/01/10	
through	09/30/10	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 .....	\$	1,000.00
2. Expenditures under \$100 made this period (Not itemized.) .....		0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	Add Lines 1 + 2	\$ 1,000.00
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	\$ 1,000.00

**Contributions Received**

7. Monetary contributions received this period .....	\$	525.00
8. Non-monetary contributions received this period .....		0.00
9. Total contributions received from previous statement .....	Previous Summary Page, Line 10	\$ 450.00
<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	\$ 975.00

**Current Cash Statement**

11. Beginning cash balance .....	Previous Summary Page, Line 15	\$ 5,819.94
12. Cash receipts this period .....	Line 7 above	525.00
13. Miscellaneous increases to cash .....		\$ 0.00
14. Cash expenditures this period .....	Line 3 above	1,000.00
15. ENDING CASH BALANCE THIS PERIOD .....	Add Lines 11 + 12 + 13, then subtract Line 14	\$ 5,344.94

**Recipient Committee  
Campaign Statement – Short Form**

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

Statement covers period  
from 07/01/10  
through 09/30/10

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*
09/24/10	MIKE VILLINES FOR INSURANCE COMMISSIONER PO BOX 606 FRESNO, CA 93709 FPPC #1318700	MONETARY CONTRIBUTION	MIKE VILLINES CA INSURANCE COMMISSIONER  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	1,000.00	Calendar Year \$ <u>1,500.00</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>				<b>1,000.00</b>	

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

# Recipient Committee Campaign Statement – 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.

Type or print in ink.

**Statement covers period**

from 10/01/10

through 12/31/10

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

Date Stamp

**FILE**

JAN 26 2011

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
- 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)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>FRESNO</b>	<b>CA</b>	<b>93721</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

**LORETTA KULLBERG**

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>FRESNO</b>	<b>CA</b>	<b>93721</b>	

NAME OF ASSISTANT TREASURER, IF ANY

**ERIC BROUGHTON**

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>FRESNO</b>	<b>CA</b>	<b>93721</b>	

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement under penalty of perjury under the laws of the State of California

contained herein is true and complete. I certify

Executed on 01/24/11  
DATE

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

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

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

\_\_\_\_\_  
TREASURER

\_\_\_\_\_  
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 <b>450</b>
from	10/01/10	
through	12/31/10	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	\$ 1,000.00
<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	\$ 1,000.00

**Contributions Received**

7. Monetary contributions received this period .....	\$	730.00
8. Non-monetary contributions received this period .....		0.00
9. Total contributions received from previous statement .....	Previous Summary Page, Line 10	\$ 975.00
<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	\$ 1,705.00

**Current Cash Statement**

11. Beginning cash balance .....	Previous Summary Page, Line 15	\$ 5,344.94
12. Cash receipts this period .....	Line 7 above	730.00
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	\$ 6,074.94