

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.

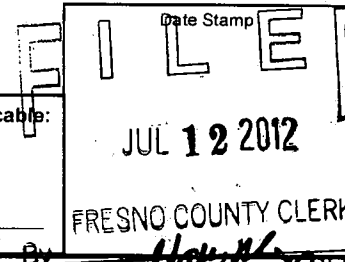
SHORT FORM

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 1/1/12
through 6/30/12

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



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
- 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
FRESNO CA 93721

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
FRESNO CA 93721

NAME OF ASSISTANT TREASURER, IF ANY
SHAWN ERWIN

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
FRESNO CA 93721

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

ation contained herein is true and complete. I certify

Executed on 7/11/12
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

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

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

SISTANT TREASURER

IRE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

Statement covers period
from 1/1/12
through 6/30/12

**CALIFORNIA
FORM 450**

Page 2 of 2

NAME OF COMMITTEE

FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER

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	<i>Add Lines 1 + 2</i>	\$ <u>0.00</u>
4. Nonmonetary Adjustment	<i>From Line 8 Below</i>	<u>0.00</u>
5. Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i>	\$ <u>0.00</u>
<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>	\$ <u>0.00</u>

Contributions Received

7. Monetary contributions received this period	\$	<u>1,120.00</u>
8. Non-monetary contributions received this period		<u>0.00</u>
9. Total contributions received from previous statement	<i>Previous Summary Page, Line 10</i>	\$ <u>1,120.00</u>
<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>	\$ <u>1,120.00</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i>	\$ <u>8,632.44</u>
12. Cash receipts this period	<i>Line 7 above</i>	<u>1,120.00</u>
13. Miscellaneous increases to cash		\$ <u>0.00</u>
14. Cash expenditures this period	<i>Line 3 above</i>	<u>0.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>9,752.44</u>

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 7/01/12
 through 12/31/12

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

FILED
 Date Stamp
JAN 28 2013
 FRESNO COUNTY CLERK

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
 FRESNO CA 93721

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
 FRESNO CA 93721

NAME OF ASSISTANT TREASURER, IF ANY

KEVIN DRAUGHON

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 FRESNO CA 93721

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1/24/13
 DATE
 Executed on _____
 DATE
 Executed on _____
 DATE
 Executed on _____
 DATE

Information contained herein is true and complete. I certify

OR ASSISTANT TREASURER

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.

Statement covers period		SHORT FORM	
from	7/01/12	CALIFORNIA FORM	450
through	12/31/12	Page	2 of 2
		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>	\$	0.00
<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>	\$	0.00

Contributions Received

7. Monetary contributions received this period		\$	1,030.00
8. Non-monetary contributions received this period			0.00
9. Total contributions received from previous statement	<i>Previous Summary Page, Line 10</i>	\$	1,120.00
<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>	\$	2,150.00

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i>	\$	9,752.44
12. Cash receipts this period	<i>Line 7 above</i>		1,030.00
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>	\$	10,782.44