					SHORT FORM
Recipient Committee Campaign Statement – Short Form	Type or print in ink.		Pate Stamp		FORNIA 450
SEE INSTRUCTIONS ON REVERSE	Cantaman and a summary of		ـــــــ		
For use by recipient committees that have not received a	Statement covers period	Date of election if applicable: (Month, Day, Year)	JUL 1220	12 Page	of
contribution or other receipt that must be itemized, have not	from		, 000 1 2		For Official Use Only
eceived or made loans, and have no outstanding accrued expenses.	through6/30/12		FRESNO COUNTY		-
1. Type of Recipient Committee:		2. Type of Stateme		DEPUTY	
	al Purpose Committee	☐ Pre-election Staten	nent [	☑ Quarterly St	atement
	onsored	Semi-annual Stater	ment [		l-year Report
<ul><li>○ Controlled</li><li>○ Sponsored</li></ul>	nall Contributor Committee	☐ Termination Ştatem	ent [		al Pre-election Attach Form 495
Primarily Formed Candidate/		☐ Amendment (Expla	in)		
Officeholder Committee	•	(Also check type of stater	nent you are amending)		
		"			<del></del>
3. Committee Information	1.D. NUMBER 1284250	Treasurer(s)			
COMMITTEE NAME		NAME OF TREASURER	<del></del>		.,,,,,,
FRESNO SHERIFF'S SERGEANTS ASSOCIAT	TON .	LORETTA KULLBERG			•
POLITICAL ACTION COMMITTEE		MAILING ADDRESS	· · · · ·	· · ·	
STREET ADDRESS (NO P.O. BOX)		CITY FRESNO	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	CA CA	93721	
FRESNO CA 9372	1	SHAWN ERWIN	EIX, II AIXI		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	ox.	MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		FRESNO	CA	93721	
OPTIONAL: FAX / E-MAIL ADDRESS	1	OPTIONAL: FAX / E-MAIL ADDRI	ESS		
1. Verification	,				
I have used all reasonable diligence in preparing and n		•	ation contained here	ein is true and o	complete. I certify
under penalty of perjury under the laws of the State of	Californi				•
Executed on	•	:		•	<u> </u>
	•	3	SISTANT TREASURER		
Executed on		• J	RE PROPONENT, OR RESP	ONSIBLE OFFICER C	F SPONSOR
Executed on	Ву	* *	, ,		
DATE		RE OF CONTROLLING OFFICEHOLDER, CAND	DIDATE, STATE MEASURE P	ROPONENT	ж
Executed on	Ву		<u></u>		
DATE	CICAIATIII	DE DE CONTROLLING DESIGNADO DER CAND	IDATE STATE MEASURES	DODONICNIT	

**Recipient Committee Campaign Statement** 

Type or print in ink. Amounts may be rounded

SHORT FORM Statement covers period **CALIFORNIA** 1/1/12 **FORM** 

to whole dollars. **Summary Page** 6/30/12 through \_ NAME OF COMMITTEE I.D. NUMBER FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE 1284250 **Expenditures Made** 0.00 0.00 2. Expenditures under \$100 made this period (Not itemized.) 0.00 0.00 0.00 (If this is the first statement for the calendar year, enter zero.) 0.00 **Contributions Received** 1.120.00 7. Monetary contributions received this period ...... 8. Non-monetary contributions received this period..... 0.00 1,120.00 (If this is the first statement for the calendar year, enter zero.) 1,120.00 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9 \$ \_\_\_\_\_ **Current Cash Statement** 8,632.44 1,120.00 13. Miscellaneous increases to cash 0.00 0.00 9.752.44 

Recipient Committee Campaign Statement – Short Form	Type or print in ink.			SHORT FORM FORNIA 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	Statement covers period from 7/01/12	Date of election if applicable: (Month, Day, Year)	N <b>2 8</b> 2013	1 of 2
received or made loans, and have no outstanding accrued expenses.	through 12/31/12		COUNTY CLERK	or Official Ose Offiy
1. Type of Recipient Committee:		2. Type of Statement	1 high	
○ Primarily Formed Sp	al Purpose Committee onsored all Contributor Committee	☐ Pre-election Statement ☑ Semi-annual Statement ☐ Termination Statement	DEPUTY  Quarterly Statement  Statement	
Primarily Formed Candidate/ Officeholder Committee		Amendment (Explain)(Also check type of statement you		
3. Committee Information	I.D. NUMBER 1284250	Treasurer(s)		
FRESNO SHERIFF'S SERGEANTS ASSOCIAT POLITICAL ACTION COMMITTEE	ION	NAME OF TREASURER  LORETTA KULLBERG  MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY FRESNO	STATE ZIP CODE	AREA CODE/PHONE
FRESNO CA 93721		NAME OF ASSISTANT TREASURER, IF A	CA 93721	
MAILING ADDRESS (IF DIFFERENT) NO: AND STREET OR P.O. BO	x	KEVIN DRAUGHON MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	спү FRESNO	STATE ZIP CODE  CA 93721	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	***	OPTIONAL: FAX / E-MAIL ADDRESS	CA 93721	
4. Verification I have used all reasonable diligence in preparing and re under penalty of perjury under the laws of the State of C  Executed on	viewir Califori	OR ASSISTANT TR	Intained herein is true and consequences  EASURER  DIENT, OR RESPONSIBLE OFFICER OF S	
Executed on	BySIGNATURE	E OF CONTROLLING OFFICEHOLDER, CANDIDATE, STA		- CHOOK
Executed onDATE	BySIGNATURE	OF CONTROLLING OFFICEHOLDER, CANDIDATE STA	TE MEASURE PROPONENT	· · · · · · · · · · · · · · · · · · ·

<b>Recipient Commi</b>	tt	ee
Campaign Staten	ne	nt
Summary Page	,	

Campaign Statement Summary Page  Type or print in ink. Amounts may be round to whole dollars.	statement covers period from7/01/12	CALIFORNIA FORM
THAT OF SOLUTION AND ADDRESS O	through12/31/12	Page 2 of 2
NAME OF COMMITTEE		+
FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE		I.D. NUMBER
Expenditures Made		1284250
Expenditures of \$100 or more made this period	_	
Expenditures under \$100 made this period (Not itemized.)		\$
o. CODITOTAL EXPENDITURES MADE THIS PERIOD	·	
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD  4. Nonmonetary Adjustment  5. Total expenditures mode from account.	Add Lines 1 + 2	
5. Total expenditures made from previous statement	From Line 8 Below	0.00
,		
6. TOTAL EXPENDITURES MADE TO DATE	Addition	
Contributions Received	Add Lilles 3 + 4 + 5	\$0.00
7. Monetary contributions received this period		
Non-monetary contributions received this period      Total contributions received from previous statement		0.00
9. Total contributions received from previous statement	Previous Summary Page, Line 10	\$1,120.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		
	Add Lines 7 + 8 + 9	\$
Current Cash Statement		
11. Beginning cash balance		•
2. Cash receipts this period	Previous Summary Page, Line 15	\$ 9,752.44
Miscellaneous increases to cash	Line 7 above	1,030.00
4. Cash expenditures this period		\$
5. ENDING CASH BALANCE THIS PERIOD	Line 3 above	0.00
5. ENDING CASH BALANCE THIS PERIOD	Lines 11 + 12 + 13, then subtract Line 14	\$10,782.44