

**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 01/01/13
through 06/30/13

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

JUL 08 2013

By [Signature]
FRESNO COUNTY CLERK
DEPUTY

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

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 this under penalty of perjury under the laws of the State of California that

information contained herein is true and complete. I certify

Executed on 7/02/13 By [Signature]
DATE

ASSISTANT TREASURER

Executed on _____ By _____
DATE

SURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE

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
from 01/01/13
through 06/30/13

CALIFORNIA FORM	450
Page <u>2</u> of <u>2</u>	
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>	\$

Contributions Received

7. Monetary contributions received this period	\$	1,140.00
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement	<i>Previous Summary Page, Line 10</i>	\$ 0.00
<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>	\$ 1,140.00

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i>	\$ 10,782.44
12. Cash receipts this period	<i>Line 7 above</i>	1,140.00
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>	\$ 11,922.44

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

Date Stamp	CALIFORNIA FORM 450
	Page <u>1</u> of <u>3</u> 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 07/01/13
 through 12/31/13

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

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
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(Also check type of statement you are amending)
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- 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
FRESO 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 this statement under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify

on contained herein is true and complete. I certify

Executed on 01/23/14
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
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		CALIFORNIA FORM 450
from	07/01/13	
through	12/31/13	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>300.00</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>300.</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>300.00</u>

Contributions Received

7. Monetary contributions received this period	\$	<u>1,105.00</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>1,140.00</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>2,245.00</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i>	\$ <u>11,922.44</u>
12. Cash receipts this period	<i>Line 7 above</i>	<u>1,105.00</u>
13. Miscellaneous increases to cash		\$ <u>0.00</u>
14. Cash expenditures this period	<i>Line 3 above</i>	<u>300.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>12,727.44</u>

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.
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to whole dollars.

Statement covers period
from 07/01/13
through 12/31/13

SHORT FORM
CALIFORNIA FORM 450
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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*
10/24/13	MARGARET MIMS FOR SHERIFF FRESNO, CA 93721 FPPC #1283613	CONTRIBUTION	MARGARET MIMS FRESNO COUNTY SHERIFF <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	300.00	Calendar Year \$ <u>300.00</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 \$ _____
SUBTOTAL \$				300.00	

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