

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 01/01/14
through 06/30/14

Date of election if applicable: JUL 17 2014
(Month, Day, Year)

By [Signature]
FRESNO COUNTY CLERK
DEPUTY

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
12842501

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 review under penalty of perjury under the laws of the State of Calif

tained herein is true and complete. I certify

Executed on 07/17/14
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

ASURER

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	01/01/14	
through	06/30/14	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	\$	200.00
2. Expenditures under \$100 made this period (Not itemized.)		99.68
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	299.68
4. Nonmonetary Adjustment		0.00
5. Total expenditures made from previous statement	\$	0.00
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE	\$	299.68

Contributions Received

7. Monetary contributions received this period	\$	1155.00
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement	\$	0.00
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	0.00

Current Cash Statement

11. Beginning cash balance	\$	12,727.44
12. Cash receipts this period		1155.00
13. Miscellaneous increases to cash	\$	0.00
14. Cash expenditures this period		299.68
15. ENDING CASH BALANCE THIS PERIOD	\$	13,582.76

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period
from 01/01/14
through 06/30/14

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*
02/10/14	PACHECO FOR SUPERVISOR FRESNO, CA 93777	CONTRIBUTION	BRIAN PACHECO FRESNO CO. SUPERVISOR <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$200.00	Calendar Year \$ 200.00 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 \$				200.00	

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED

Date Stamp
OCT 22 2014

By FRESNO COUNTY CLERK
DEPUTY

CALIFORNIA FORM **460**

Page _____ of _____
For Official Use Only

Statement covers period
from 10/1/14
through 10/18/14

Date of election if applicable:
(Month, Day, Year)
11/04/14

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee
<input checked="" type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
12842501

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

**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

KEVIN DRAUGHON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	

NAME OF ASSISTANT TREASURER, IF ANY

TAMMY PANIAGUA

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 and to the under penalty of perjury under the laws of the State of California that the foregoing is true

and in the attached schedules is true and complete. I certify

Executed on 10/22/14
Date

By _____
or

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

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>10/1/14</u>	CALIFORNIA FORM 460
through <u>10/18/14</u>	
Page _____ of _____	I.D. NUMBER 12842501

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>175.00</u>	\$ <u>1,845.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>175.00</u>	\$ <u>1,845.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>175.00</u>	\$ <u>1,845.00</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made <i>Schedule E, Line 4</i>	\$ _____	\$ <u>200.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	_____	_____
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ _____	\$ <u>200.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	_____	_____
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	_____	_____
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ _____	\$ <u>200.00</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>14,097.76</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>175.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	_____
15. Cash Payments <i>Column A, Line 8 above</i>	_____
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>14,272.76</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/1/14</u> through <u>10/18/14</u>	CALIFORNIA FORM 460
	Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE	I.D. NUMBER 12842501
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/09/14	FRESNO SHERIFF'S SGTS ASSOCIATON POLITICAL ACTION COMMITTEE FPPC# 12842501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		87.50		
10/16/14	FRESO SHERIFF'S SGTS ASSOCIATION POLITICAL ACTION COMMITTEE FPPC# 12842501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		87.50		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				175.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 175.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 175.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER FRESNO SHERIFF'S SERGEANTS ASSOCIATION PAC			Date of This Filing 10/24/14	Date Stamp F I L OCT 24 2014 FRESNO COUNTY CLERK By: <i>[Signature]</i> DEPUTY	CALIFORNIA FORUM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1284250		Report No. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1		
FRESNO	CA	93721			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/23/14	BUDDY MENDES FOR SUPERVISOR FPPC# 1359863 RIVERDALE, CA 93656	BUDDY MENDES SUPERVISOR	2,500.00	11/04/14
10/23/14	PACHECO FOR SUPERVISOR FPPC# 1360246 FRESNO, CA 93777	BRIAN PACHECO SUPERVISOR	3,000.00	11/04/14

Reason for Amendment: _____

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED
Date Stamp
JAN 30 2015

By *[Signature]*
FRESNO COUNTY CLERK,
DEPUTY

CALIFORNIA FORM 460

Page _____ of _____
For Official Use Only

Statement covers period
from 10/19/14
through 12/31/14

Date of election if applicable:
(Month, Day, Year)
11/04/14

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
12842501

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
**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
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
KEVIN DRAUGHON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	

NAME OF ASSISTANT TREASURER, IF ANY

TAMMY PANIAGUA

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 and to the under penalty of perjury under the laws of the State of California that the foregoing is true

and in the attached schedules is true and complete. I certify

Executed on 1/30/15
Date

By _____

Treasurer

Executed on _____
Date

By _____

Sponsor 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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10/19/14</u>	CALIFORNIA FORM 460
through <u>12/31/14</u>	
Page _____ of _____	I.D. NUMBER 12842501

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>422.50</u>	\$ <u>2,267.50</u>
2. Loans Received Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>422.50</u>	\$ <u>2,267.50</u>
4. Nonmonetary Contributions Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>422.50</u>	\$ <u>2,267.50</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ <u>5,500.00</u>	\$ <u>5,700.00</u>
7. Loans Made Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>5,500.00</u>	\$ <u>5,700.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>5,500.00</u>	\$ <u>5,700.00</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>14,272.76</u>
13. Cash Receipts Column A, Line 3 above	<u>422.50</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	_____
15. Cash Payments Column A, Line 8 above	<u>5,500.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9,195.26</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/19/14</u> through <u>12/31/14</u>	CALIFORNIA FORM 460
	Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE	I.D. NUMBER 12842501
---	--------------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/14	FRESNO SHERIFF'S SERGEANTS ASSOC. POLITICAL ACTION COMMITTEE FPPC# 12842501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		85.00		
11/14/14	FRESNO SHERIFF'S SERGEANTS ASSOC. POLITICAL ACTION COMMITTEE FPPC# 12842501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		85.00		
11/26/14	FRESNO SHERIFF'S SERGEANTS ASSOC. POLITICAL ACTION COMMITTEE FPPC# 12842501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		85.00		
12/10/14	FRESNO SHERIFF'S SERGEANTS ASSOC. POLITICAL ACTION COMMITTEE FPPC# 12842501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		85.00		
12/23/14	FRESNO SHERIFF'S SERGEANTS ASSOC. POLITICAL ACTION COMMITTEE FPPC# 12842501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		82.50		
SUBTOTAL \$				422.50		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 422.50
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 422.50

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460	
from	10/19/14	Page	of
through	12/31/14		
NAME OF FILER		I.D. NUMBER	
FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE		12842501	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PACHECO FOR SUPERVISOR 2014 FPPC# 1360246 FRESNO CA 93777		CONTRIBUTION	3,000.00
BUDDY MENDES FOR SUPERVISOR 2014 FPPC# 1359863 RIVERDALE CA 93656		CONTRIBUTION	2,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 5,500.00

Schedule E Summary

- | | |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 5,500.00 |
| 2. Unitemized payments made this period of under \$100 | \$ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 5,500.00 |