

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FILE</div> <p style="font-size: 0.8em;">Date Stamp</p> <p style="font-size: 1.5em; font-weight: bold;">JUL 22 2015</p> <p style="font-size: 0.8em;">FRESNO COUNTY CLERK</p> <p style="font-size: 0.8em;">DEPUTY</p>	<p style="font-weight: bold;">CALIFORNIA FORM 460</p> <p>Page _____ of _____</p> <p style="font-size: 0.8em;">For Official Use Only</p>
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Statement covers period

from 02/15/15

through 06/30/15

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

11/03/15 By _____

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 type="checkbox"/> Preelection Statement
<input checked="" type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i>
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> 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 SERGEANT'S ASSOCIATION
POLITICAL ACTION COMMITTEE**

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

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 SMITH

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

NAME OF ASSISTANT TREASURER, IF ANY

TAMMY PANIAGUA

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559.268.3372

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 and belief the information contained herein and in the attached schedules 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 7/21/15
Date

By _____
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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>02/15/15</u>	CALIFORNIA FORM 460
through <u>06/30/15</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 Schedule A, Line 3	\$ _____	\$ _____
2. Loans Received Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ _____	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ _____	\$ _____

**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 \$ _____ \$ _____

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ _____	\$ _____
7. Loans Made Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ _____	\$ _____
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	\$ _____	\$ _____

**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>9,445.66</u>
13. Cash Receipts Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash Schedule I, Line 4	_____
15. Cash Payments Column A, Line 8 above	_____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9,445.66</u>

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

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.

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	\$ _____

General Ledger Detail Report

FSSA POLITICAL ACTION COMMITTEE (600)

Detail Postings for Dates 2/15/2015 Thru 6/30/2015

Account Number/Description		Source	Batch	Beginning Balance	Debit	Credit	Net Change	Ending Balance
Period	Date	Journal						
1000				9,445.66				
								9,445.66
		-	/					
Comments:								
				<u>9,445.66</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>9,445.66</u>
Report Total:				<u><u>9,445.66</u></u>	<u><u>0.00</u></u>	<u><u>0.00</u></u>	<u><u>0.00</u></u>	<u><u>9,445.66</u></u>

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

FILED
Date Stamp

COVER PAGE

CALIFORNIA FORM **460**

Statement covers period
from 01/01/15
through 06/30/15

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

AUG 05 2015

11/03/15

By [Signature]
FRESNO COUNTY CLERK
DEPUTY

Page _____ of _____
For Official Use Only

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

Original statement filed did not cover the full filing period.

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 559.289.3910

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 SMITH

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
FRESNO CA 93721 559.289.3910

NAME OF ASSISTANT TREASURER, IF ANY

TAMMY PANIAGUA

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
FRESNO CA 93721 559.289.3910

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 and in the attached schedules 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 8/5/15
Date

By _____
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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>01/01/15</u>	CALIFORNIA FORM 460
through <u>06/30/15</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>250.00</u>	\$ <u>250.00</u>
2. Loans Received Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>250.00</u>	\$ <u>250.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>250.00</u>	\$ <u>250.00</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 Schedule E, Line 4	\$ _____	\$ _____
7. Loans Made Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ _____	\$ _____
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	\$ _____	\$ _____

**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>9,195.66</u>
13. Cash Receipts Column A, Line 3 above	<u>250.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	_____
15. Cash Payments Column A, Line 8 above	_____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9,445.66</u>

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

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

Semi-Annual Statement of No Activity

Type or print in ink

STATEMENT OF NO ACTIVITY

For use by recipient committees that have not received any contributions and have not made any expenditures during the six-month period covered by a semi-annual statement. **Candidate controlled committees formed for an elective office may not use this form.**

See the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for additional information and information required to be provided to you pursuant to the Information Practices Act of 1977.

FILED Date Stamp
 JAN 25 2016
 By [Signature] FRESNO COUNTY CLERK
 DEPUTY

CALIFORNIA FORM 425
 For Official Use Only

1. 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	559-268-3372

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
 KEVIN SMITH

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559-268-3372

NAME OF ASSISTANT TREASURER, IF ANY
 TAMMY PANIAGUA

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559-268-3372

OPTIONAL: FAX / E-MAIL ADDRESS

2. Period of No Activity

No contributions have been received and no expenditures have been made during the period covering the dates below:

Check one of the following boxes and complete the year. January 1, through June 30, 20__ July 1, through December 31, 20__15

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is

Executed on 01/25/16
DATE

By _____
RER