

# 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.

<p><b>FILE</b></p> <p>Date Stamp</p> <p><b>JUL 27 2016</b></p> <p>FRESNO COUNTY CLERK</p> <p>By <i>Shanich</i> DEPUTY</p>	<p><b>CALIFORNIA FORM 425</b></p> <p>For Official Use Only</p>

<b>1. Committee Information</b>	I.D. NUMBER 1284250		
COMMITTEE NAME <b>FRESNO SHERIFF'S SERGEANTS ASSOCIATION POLITICAL ACTION COMMITTEE</b>			
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 			

<b>Treasurer(s)</b>			
NAME OF TREASURER <b>LEO LOPEZ</b>			
MAILING ADDRESS 			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93722	559-268-3372
NAME OF ASSISTANT TREASURER, IF ANY <b>TAMMY PANIAGUA</b>			
MAILING ADDRESS 			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93722	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 16       July 1, through December 31, 20 \_\_\_\_\_

## 3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 7/27/16  
DATE

By \_\_\_\_\_  
ASSISTANT TREASURER

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FILED	Date Stamp	<b>CALIFORNIA FORM 425</b>
	JAN 30 2017	For Official Use Only
By <i>Warick</i> FRESNO COUNTY CLERK		
		DEPUTY

## 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
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OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

LEO LOPEZ

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

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Check one of the following boxes and complete the year.  January 1, through June 30, 20\_\_  July 1, through December 31, 20\_\_16

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Executed on 01/30/17  
DATE

By \_\_\_\_\_ ✓