

# Recipient Committee Campaign Statement – Short Form

SHORT FORM

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.

<b>Statement covers period</b>		<b>Date of election if applicable:</b> (Month, Day, Year)
from	01/01/2018	
through	04/21/2018	06/05/2018

Date Stamp	<b>CALIFORNIA FORM 450</b>
<b>Filed Date:</b> 04/27/2018 02:13 PM	
Page <u>1</u> of <u>2</u>	
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:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) \_\_\_\_\_  
*(Also check type of statement you are amending)*
- Quarterly Statement
- Special Odd-Year Report

### 3. Committee Information

I.D. NUMBER 1284250

COMMITTEE NAME

Fresno Sheriff's Sergeants Association PAC

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

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

### 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 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 04/27/2018  
DATE

By Leo Lopez  
SIGNATURE OF TREASURER 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

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period		<b>CALIFORNIA FORM 450</b>
from	01/01/2018	
through	04/21/2018	Page <u>2</u> of <u>2</u>

NAME OF COMMITTEE Fresno Sheriff's Sergeants Association PAC	I.D. NUMBER 1284250
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**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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	0.00
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$	0.00

**Contributions Received**

7. Monetary contributions received this period.....	\$	0.00
8. Non-monetary contributions received this period .....		0.00
9. Total contributions received from previous statement ..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$	0.00

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$	8,321.82
12. Cash receipts this period ..... <i>Line 7 above</i>		0.00
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>	\$	8,321.82

# Recipient Committee Campaign Statement – Short Form

SHORT FORM

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 04/22/2018

through 05/19/2018

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

06/05/2018

Date Stamp

**Filed Date:**  
**05/24/2018 11:40 AM**

**CALIFORNIA FORM 450**

Page 1 of 3

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:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) \_\_\_\_\_  
*(Also check type of statement you are amending)*
- Quarterly Statement
- Special Odd-Year Report

## 3. Committee Information

I.D. NUMBER 1284250

COMMITTEE NAME

Fresno Sheriff's Sergeants Association PAC

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

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

## 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 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 05/24/2018  
DATE

By Leo Lopez  
SIGNATURE OF TREASURER 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

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period		<b>CALIFORNIA FORM 450</b>
from	04/22/2018	
through	05/19/2018	Page <u>2</u> of <u>3</u>

NAME OF COMMITTEE Fresno Sheriff's Sergeants Association PAC	I.D. NUMBER 1284250
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**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	<u>500.00</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>500.00</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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0.00</u>
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$	<u>500.00</u>

**Contributions Received**

7. Monetary contributions received this period.....	\$	<u>0.00</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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$	<u>0.00</u>

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$	<u>8,321.82</u>
12. Cash receipts this period ..... <i>Line 7 above</i>		<u>0.00</u>
13. Miscellaneous increases to cash .....	\$	<u>0.00</u>
14. Cash expenditures this period ..... <i>Line 3 above</i>		<u>500.00</u>
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>7,821.82</u>

# Recipient Committee Campaign Statement – Short Form

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 450</b>
from	04/22/2018	
through	05/19/2018	Page <u>3</u> of <u>3</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Fresno Sheriff's Sergeants Association PAC

I.D. NUMBER

1284250

## 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 *
04/27/2018	Terrence for Judge 2018 ID#1402863  Fresno CA 93704	monetary contribution	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	500.00	<b>Calendar Year</b> \$ <u>500.00</u> Other \$ <u>500.00 P-18</u>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0	<b>Calendar Year</b> \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0	<b>Calendar Year</b> \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>				500.00	

# 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.

Date Stamp	<b>CALIFORNIA FORM 425</b>
<b>Filed Date: 07/17/2018 12:52 PM</b>	
For Official Use Only	

## 1. Committee Information

I.D. NUMBER 1284250

COMMITTEE NAME

Fresno Sheriff's Sergeants Association PAC

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

tammy.paniagua@fresnodsa.org

## 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, 2018  July 1, through December 31, \_\_\_\_\_

## 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 07/17/2018  
DATE

By Leo Lopez  
SIGNATURE OF TREASURER/ASSISTANT TREASURER

FPPC Form 425 (Jan/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
866/275-3772

# Recipient Committee Campaign Statement – Short Form

SHORT FORM

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 07/01/2018

through 12/31/2018

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

\_\_\_\_\_

Date Stamp

**Filed Date:**  
**01/29/2019 03:42 PM**

**CALIFORNIA FORM 450**

Page 1 of 3

For Official Use Only

## 1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
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- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

## 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) \_\_\_\_\_  
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-Year Report

## 3. Committee Information

I.D. NUMBER 1284250

COMMITTEE NAME

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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

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

## 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 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 01/29/2019  
DATE

By Leo Lopez  
SIGNATURE OF TREASURER 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

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period		<b>CALIFORNIA FORM 450</b>
from	07/01/2018	
through	12/31/2018	Page <u>2</u> of <u>3</u>

NAME OF COMMITTEE Fresno Sheriff's Sergeants Association PAC	I.D. NUMBER 1284250
---	------------------------

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	500.00
2. Expenditures under \$100 made this period (Not itemized.) .....		0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... <i>Add Lines 1 + 2</i>	\$	500.00
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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	500.00
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$	1,000.00

**Contributions Received**

7. Monetary contributions received this period.....	\$	0.00
8. Non-monetary contributions received this period .....		0.00
9. Total contributions received from previous statement ..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$	0.00

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$	7,821.82
12. Cash receipts this period ..... <i>Line 7 above</i>		0.00
13. Miscellaneous increases to cash .....	\$	0.00
14. Cash expenditures this period ..... <i>Line 3 above</i>		500.00
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	7,321.82



# Recipient Committee Campaign Statement – Short Form

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 450</b>
from	07/01/2018	
through	12/31/2018	Page <u>3</u> of <u>3</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Fresno Sheriff's Sergeants Association PAC

I.D. NUMBER

1284250

## 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 *
07/03/2018	Terrence for Judge 2018 ID#1402863  Fresno CA 93704	monetary contribution	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	500.00	<b>Calendar Year</b> \$ <u>1,000.00</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0	<b>Calendar Year</b> \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0	<b>Calendar Year</b> \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>				500.00	