

Political Organization Report of Contributions and Expenditures

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning **01-01**, 20 **13** and ending **06-30**, 20 **13**

B Check applicable boxes Initial report Change of address Amended report Final report

1 Name of organization **CSNO PAC** **Employer identification number** **26 0338918**

2 Mailing address (P. O. Box or number, street, and room or suite number)
1225 8th Street Suite 500

City or town, state, and ZIP code

Sacramento CA 95814

3 E-mail address of organization **csno@csno.org** **4** Date organization was formed

5a Name of custodian of records **Barbara Hankins** **5b** Custodian's address
P.O. Box 193 15915 D Street
Meridian CA 95957

6a Name of contact person **Same** **6b** Contact person's address
same

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number
Same

City or town, state, and ZIP code

8 Type of report (check only one box)

a First quarterly report (due by April 15)

b Second quarterly report (due by July 15)

c Third quarterly report (due by October 15)

d Year-end report (due by January 31)

e Mid-year report (Non-election year only-due by July 31)

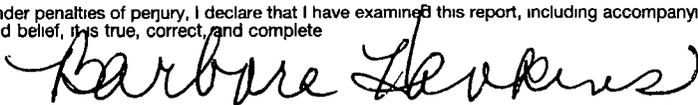
f Monthly report for the month of: _____
 (due by the 20th day following the month shown above, except the December report, which is due by January 31)

g Pre-election report (due by the 12th or 15th day before the election)
 (1) Type of election: _____
 (2) Date of election: _____
 (3) For the state of: _____

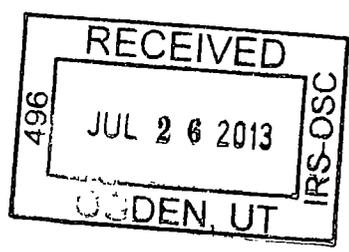
h Post-general election report (due by the 30th day after general election)
 (1) Date of election: _____
 (2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A)	9	12522.00
10 Total amount of reported expenditures (total from all attached Schedules B)	10	6879.98

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Sign Here  **Date** **7/22/13**

Signature of authorized official Date



SCANNED JUN 31 2013

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization		Employer identification number 23-0338918
Contributor's name, mailing address and ZIP code Coburn, Sheri 844 John Kamps Way Ripon, CA 95366	Name of contributor's employer San Joaquin County Office of Education	Amount of contribution
	Contributor's occupation Administrator Health Services	\$ 200
	Aggregate contributions year-to-date ▶ \$ 200	Date of contribution 3/1/2013
Contributor's name, mailing address and ZIP code Aggregate Below Threshold	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ 12322
	Aggregate contributions year-to-date ▶ \$	Date of contribution 6/30/2013
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$ 12522

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization CSNO PAC		Employer identification number 23 0338918
Recipient's name, mailing address and ZIP code Sloat Higgin Jensen and Associates 1215 K Street Sacramento CA 95814	Name of recipient's employer N/A	Amount of expenditure \$ 6000
	Recipient's occupation N/A	Date of expenditure
Purpose of expenditure Lobbyist		
Recipient's name, mailing address and ZIP code Kathleen Ryan P.O. Box 900623 San Diego 92190	Name of recipient's employer San Diego USD	Amount of expenditure \$ 647.98
	Recipient's occupation School Nurse	Date of expenditure 04/2013
Purpose of expenditure Conference expenses		
Recipient's name, mailing address and ZIP code Aggregate below threshold	Name of recipient's employer	Amount of expenditure \$ 232.00
	Recipient's occupation	Date of expenditure 6/30/2013
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872 .		\$ 6879.98

