

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC

ADDRESS (number and street) 735 E. Carnegie Dr.  
Ste. 125  
Check if different than previously reported. (ACC) San Bernardino CA 92408

2. **FEC IDENTIFICATION NUMBER** ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00408344 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on MM/DD/YYYY in the State of  
(d) 30-Day **POST-Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11/07/2012 in the State of CA

5. Covering Period MM/DD/YYYY through MM/DD/YYYY  
10/01/2012 through 11/26/2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Laren Leichter

Signature of Treasurer Laren Leichter [Electronically Filed] Date 11/28/2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only											<b>FEC FORM 3X</b> Rev. 12/2004
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="27258.92"/>	<input type="text" value="27258.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="22319.11"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="410.94"/>	<input type="text" value="3209.13"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="22730.05"/>	<input type="text" value="30468.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="550.00"/>	<input type="text" value="8288.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22180.05"/>	<input type="text" value="22180.05"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	290.00	470.00
(ii) Unitemized .....	120.00	2728.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	410.00	3198.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	410.00	3198.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.94	11.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	410.94	3209.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	410.94	3209.13

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	550.00	788.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	550.00	8288.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	550.00	8288.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	410.00	3198.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	410.00	3198.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC**

**A. Paul Amicone**  
Full Name (Last, First, Middle Initial)

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City San Bernardino State CA Zip Code 92408

FEC ID number of contributing federal political committee. **C**

Name of Employer San Bernardino County Occupation Public Safety Official

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 22 / 2012  
**Transaction ID : SA11AI.5505**

Amount of Each Receipt this Period  
10.00

Payroll Deduction

**B. Paul Amicone**  
Full Name (Last, First, Middle Initial)

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City San Bernardino State CA Zip Code 92408

FEC ID number of contributing federal political committee. **C**

Name of Employer San Bernardino County Occupation Public Safety Official

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
11 / 20 / 2012  
**Transaction ID : SA11AI.5518**

Amount of Each Receipt this Period  
10.00

Payroll Deduction

**C. Sebastian Barnes**  
Full Name (Last, First, Middle Initial)

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City San Bernardino State CA Zip Code 92408

FEC ID number of contributing federal political committee. **C**

Name of Employer San Bernardino County Occupation Public Safety Official

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 22 / 2012  
**Transaction ID : SA11AI.5506**

Amount of Each Receipt this Period  
10.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC**

Full Name (Last, First, Middle Initial)  
**A. Sebastian Barnes**

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City San Bernardino State CA Zip Code 92408

FEC ID number of contributing federal political committee. **C**

Name of Employer San Bernardino County Occupation Public Safety Official

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
11 / 20 / 2012  
**Transaction ID : SA11AI.5519**

Amount of Each Receipt this Period  
10.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Sherry Eversole-Patterson**

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City San Bernardino State CA Zip Code 92408

FEC ID number of contributing federal political committee. **C**

Name of Employer San Bernardino County Occupation Public Safety Official

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 22 / 2012  
**Transaction ID : SA11AI.5507**

Amount of Each Receipt this Period  
10.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Sherry Eversole-Patterson**

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City San Bernardino State CA Zip Code 92408

FEC ID number of contributing federal political committee. **C**

Name of Employer San Bernardino County Occupation Public Safety Official

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
11 / 20 / 2012  
**Transaction ID : SA11AI.5520**

Amount of Each Receipt this Period  
10.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC**

**A. Daniel Finneran**  
Full Name (Last, First, Middle Initial)

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City San Bernardino State CA Zip Code 92408

FEC ID number of contributing federal political committee. **C**

Name of Employer San Bernardino County Occupation Public Safety Official

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 22 / 2012**

**Transaction ID : SA11AI.5508**

Amount of Each Receipt this Period **10.00**

Payroll Deduction

**B. Daniel Finneran**  
Full Name (Last, First, Middle Initial)

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City San Bernardino State CA Zip Code 92408

FEC ID number of contributing federal political committee. **C**

Name of Employer San Bernardino County Occupation Public Safety Official

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 20 / 2012**

**Transaction ID : SA11AI.5534**

Amount of Each Receipt this Period **10.00**

Payroll Deduction

**C. Jason Grantham**  
Full Name (Last, First, Middle Initial)

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City San Bernardino State CA Zip Code 92408

FEC ID number of contributing federal political committee. **C**

Name of Employer San Bernardino County Occupation Public Safety Official

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 22 / 2012**

**Transaction ID : SA11AI.5509**

Amount of Each Receipt this Period **10.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC**

**A. Jason Grantham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 E. Carnegie Dr.  
 Ste. 125  
 City San Bernardino State CA Zip Code 92408  
 Name of Employer San Bernardino County Occupation Public Safety Official  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2012  
**Transaction ID : SA11AI.5521**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

**B. Edward Jimenez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 E. Carnegie Dr.  
 Ste. 125  
 City San Bernardino State CA Zip Code 92408  
 Name of Employer San Bernardino County Occupation Public Safety Official  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : SA11AI.5510**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

**C. Edward Jimenez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 E. Carnegie Dr.  
 Ste. 125  
 City San Bernardino State CA Zip Code 92408  
 Name of Employer San Bernardino County Occupation Public Safety Official  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2012  
**Transaction ID : SA11AI.5522**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC**

**A. Robert Johnston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 E. Carnegie Dr.  
 Ste. 125  
 City San Bernardino State CA Zip Code 92408  
 Name of Employer San Bernardino County Occupation Public Safety Official  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : SA11AI.5511**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

**B. Laren Lechliter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 E. Carnegie Dr.  
 Ste. 125  
 City San Bernardino State CA Zip Code 92408  
 Name of Employer San Bernardino County Occupation Public Safety Official  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : SA11AI.5512**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

**C. Laren Lechliter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 E. Carnegie Dr.  
 Ste. 125  
 City San Bernardino State CA Zip Code 92408  
 Name of Employer San Bernardino County Occupation Public Safety Official  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2012  
**Transaction ID : SA11AI.5523**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC**

**A. Roxanne Logan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 E. Carnegie Dr.  
 Ste. 125  
 City San Bernardino State CA Zip Code 92408  
 Name of Employer San Bernardino County Occupation Public Safety Official  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : SA11AI.5513**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

**B. Roxanne Logan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 E. Carnegie Dr.  
 Ste. 125  
 City San Bernardino State CA Zip Code 92408  
 Name of Employer San Bernardino County Occupation Public Safety Official  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2012  
**Transaction ID : SA11AI.5524**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

**C. Ken Lutz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 E. Carnegie Dr.  
 Ste. 125  
 City San Bernardino State CA Zip Code 92408  
 Name of Employer San Bernardino County Occupation Public Safety Official  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : SA11AI.5514**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC**

Full Name (Last, First, Middle Initial) <b>A. Ken Lutz</b>		Date of Receipt MM / DD / YYYY 11 / 20 / 2012 <b>Transaction ID : SA11AI.5525</b>
Mailing Address 735 E. Carnegie Dr. Ste. 125		Amount of Each Receipt this Period 10.00
City San Bernardino    State CA    Zip Code 92408	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer San Bernardino County    Occupation Public Safety Official	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00

Full Name (Last, First, Middle Initial) <b>B. Colin McKenzie</b>		Date of Receipt MM / DD / YYYY 10 / 09 / 2012 <b>Transaction ID : SA11AI.5501</b>
Mailing Address 735 E. Carnegie Dr. Ste. 125		Amount of Each Receipt this Period 20.00
City San Bernardino    State CA    Zip Code 92408	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer San Bernardino County    Occupation Public Safety Official	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Full Name (Last, First, Middle Initial) <b>C. Colin McKenzie</b>		Date of Receipt MM / DD / YYYY 10 / 22 / 2012 <b>Transaction ID : SA11AI.5515</b>
Mailing Address 735 E. Carnegie Dr. Ste. 125		Amount of Each Receipt this Period 20.00
City San Bernardino    State CA    Zip Code 92408	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer San Bernardino County    Occupation Public Safety Official	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC**

**A. Colin McKenzie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 E. Carnegie Dr.  
 Ste. 125  
 City San Bernardino State CA Zip Code 92408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer San Bernardino County Occupation Public Safety Official  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2012  
**Transaction ID : SA11AI.5526**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

**B. Dale Mondary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 E. Carnegie Dr.  
 Ste. 125  
 City San Bernardino State CA Zip Code 92408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer San Bernardino County Occupation Public Safety Official  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11AI.5516**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

**C. Dale Mondary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 E. Carnegie Dr.  
 Ste. 125  
 City San Bernardino State CA Zip Code 92408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer San Bernardino County Occupation Public Safety Official  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2012  
**Transaction ID : SA11AI.5527**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 15  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC**

**A. Dan Rice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 735 E. Carnegie Dr.  
Ste. 125  
City San Bernardino State CA Zip Code 92408  
FEC ID number of contributing federal political committee. **C**  
Name of Employer San Bernardino County Occupation Public Safety Official  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 22 / 2012  
Transaction ID : SA11AI.5517  
Amount of Each Receipt this Period 10.00  
Payroll Deduction

**B. Dan Rice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 735 E. Carnegie Dr.  
Ste. 125  
City San Bernardino State CA Zip Code 92408  
FEC ID number of contributing federal political committee. **C**  
Name of Employer San Bernardino County Occupation Public Safety Official  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2012  
Transaction ID : SA11AI.5528  
Amount of Each Receipt this Period 10.00  
Payroll Deduction

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20.00
<b>TOTAL</b> This Period (last page this line number only).....▶	290.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Smith Marion & Co.**

Mailing Address 22365 Barton Rd., #108

City State Zip Code  
Grand Terrace CA 92313

Purpose of Disbursement  
1120POL Tax Return Preparation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : SB29.5532**

Amount of Each Disbursement this Period

550.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

550.00

550.00