

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|
| 1. (a) Name of Individual, Organization or Corporation San Bernardino County Sheriff's Employees' Benefit Association Local PAC | | 3. FEC Identification Number C C90014523 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 735 East Carnegie Drive, Suite 125 | | |
| (c) City, State and ZIP Code San Bernardino, CA 92408 | | |
| 2. Occupation and Name of Employer (for Individual Filers Only) | | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

5. COVERING PERIOD: FROM

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

 10 / 01 / 2016
THROUGH

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|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

 12 / 31 / 2016

6. TOTAL CONTRIBUTIONS.....

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|------|
| 0.00 |
|------|

7. TOTAL INDEPENDENT EXPENDITURES.....

| |
|----------|
| 1,551.08 |
|----------|

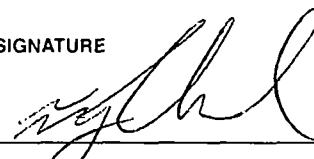
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Marcadon, Troy



01/26/17

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

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

2017-01-26 10:00 AM

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
San Bernardino County Safety Employees' Benefit Association Local PAC

| | | | |
|----------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Full Name (Last, First, Middle Initial) of Payee Minuteman Press | | Date of Public Distribution/Dissemination 10 / 25 / 2016 | |
| Mailing Address 10844 Edison Court City Rancho Cucamonga State CA Zip Code 91730 | | Amount 387.77 | |
| Purpose of Expenditure Mailer | Category/Type 24B | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: CA District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: Kamala Harris | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 387.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 16 <input type="checkbox"/> Other (specify) | |

| | | | |
|----------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Minuteman Press | | Date of Public Distribution/Dissemination 10 / 25 / 2016 | |
| Mailing Address 10844 Edison Court City Rancho Cucamonga State CA Zip Code 91730 | | Amount 387.77 | |
| Purpose of Expenditure Mailer | Category/Type 24B | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: CA District: 08 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Paul Cook | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 387.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 16 <input type="checkbox"/> Other (specify) | |

| | | | |
|----------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Minuteman Press | | Date of Public Distribution/Dissemination 10 / 25 / 2016 | |
| Mailing Address 10844 Edison Court City Rancho Cucamonga State CA Zip Code 91730 | | Amount 387.77 | |
| Purpose of Expenditure Mailer | Category/Type 24B | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: CA District: 31 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Pete Aguilar | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 387.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 16 <input type="checkbox"/> Other (specify) | |

| | |
|-----------------------------------------------------------|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures | 1,163.31 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| (carry total from last page forward to Line 7) | |

2016-10-25 10:00:00 AM

SCHEDULE 5-E

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
San Bernardino County Safety Employees' Benefit Association Local PAC

| | | | |
|---------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Minuteman Press | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2016 | |
| Mailing Address 10844 Edison Court City State Zip Code Rancho Cucamonga , CA 91730 | | Amount 387.77 | |
| Purpose of Expenditure Mailer | Category/Type 24B | Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 35 <input type="checkbox"/> President | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: Norma Torres | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 16 <input type="checkbox"/> Other (specify) | |
| Calendar Year-To-Date Per Election for Office Sought 387.77 | | | |

| | | | |
|----------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY | |
| Mailing Address City State Zip Code | | Amount | |
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| Calendar Year-To-Date Per Election for Office Sought | | | |

| | | | |
|----------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY | |
| Mailing Address City State Zip Code | | Amount | |
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| Calendar Year-To-Date Per Election for Office Sought | | | |

| | |
|-----------------------------------------------------------|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures | 387.77 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 1,551.08 |
| (carry total from last page forward to Line 7) | |

NON-CONFIDENTIAL

Via E-Mail

NOTHING BUT INFORMATION

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

| | |
|----------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Date of Receipt |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery | <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i> | Date of Receipt or Postmarked <i>1/30/17</i> |

[Signature]
 PREPARER *2/1/17*
 (3/2015) DATE PREPARED

NON-CONFIDENTIAL INFORMATION