

555 Capitol Mall, Suite 1425
Sacramento, California 95814

Phone: (916) 442-2952
Fax: (916) 442-1280
info@olsonhagel.com
www.olsonhagel.com



Fax

To: FEC **From:** Lace Keys

Fax: 202-219-0174 **Date:** October 24, 2014

Phone: **Pages:** 3 (Including Cover Page)

Re: San Bernardino County Safety **CC:**
Employees' Benefit Association Local PAC

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Comments:

Please see the attached FEC Form 5 for the above PAC.

WARNING TO RECIPIENT

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Operator: Mona	Time: 11:54 AM
Client Name:	Client Number: 24368.03

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 Safety Employees' Benefit Association Local PAC		3. FEC Identification Number 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
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

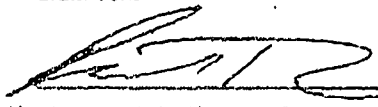
b) Is this Report an amendment? No Yes, it amends the report filed on [] [] []

5. COVERING PERIOD:
 FROM [] [] []
 THROUGH [] [] []

6. TOTAL CONTRIBUTIONS **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **7,474.66**

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
Robert Trostle		10/23/2014

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, 899 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530. Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 1
FOR LINE 7 OF FORM 5

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

Full Name (Last, First, Middle Initial) of Payee Marketplace Communications, MPC	Date of Public Distribution/Dissemination 10 / 23 / 2014
Mailing Address 1415 I Street, Suite 1100	Amount 7,474.66
City State Zip Code Sacramento CA 95814	

Purpose of Expenditure Mailer	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> President
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 7,474.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 14 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures	7,474.66
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	7,474.66

FE3AN04.PDF

FEC Schedule 5-E

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
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<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
<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):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	

N/A PREPARER	N/A DATE PREPARED
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