

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
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** 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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10 01 2009 through 12 31 2009

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 Colin McKenzie

Signature of Treasurer Electronically Filed by Colin McKenzie Date 01 20 2010

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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
San Bernardino County Safety Employees Benefit Association Federal PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		15043.45
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	17894.37									
(c) Total Receipts (from Line 19) .....	1211.24	4833.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	19105.61	19876.45								
7. Total Disbursements (from Line 31) .....	500.00	1270.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18605.61	18605.61								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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

Write or Type Committee Name

San Bernardino County Safety Employees Benefit Association Federal PAC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	840.00	1000.00
(ii) Unitemized .....	360.00	3800.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1200.00	4800.00
(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) .....	1200.00	4800.00
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.) .....	11.24	33.00
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 Transfer (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)) .....	1211.24	4833.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1211.24	4833.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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	270.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	270.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	1000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	500.00	1270.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	1270.84

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	1200.00	4800.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1200.00	4800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	270.84
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	270.84

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

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

FOR LINE NUMBER: PAGE 6 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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.** Full Name (Last, First, Middle Initial)  
William Abernathie

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 09 / 2009  
Transaction ID: SA11AI.6516  
Amount of Each Receipt this Period 10.00  
Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
William Abernathie

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2009  
Transaction ID: SA11AI.6535  
Amount of Each Receipt this Period 10.00  
Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
William Abernathie

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 07 / 2009  
Transaction ID: SA11AI.6556  
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 7 / 32
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Abernathie	Date of Receipt MM / DD / YYYY 12 / 21 / 2009
	Mailing Address 735 E. Carnegie Dr. Ste. 125	<b>Transaction ID:</b> SA11AI.6576
	City State Zip Code San Bernardino CA 92408	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction
	Name of Employer County of San Bernardino Occupation Public Safety Official Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Amicone	Date of Receipt MM / DD / YYYY 11 / 09 / 2009
	Mailing Address 735 E. Carnegie Dr. Ste. 125	<b>Transaction ID:</b> SA11AI.6517
	City State Zip Code San Bernardino CA 92408	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction
	Name of Employer County of San Bernardino Occupation Public Safety Official Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Amicone	Date of Receipt MM / DD / YYYY 11 / 23 / 2009
	Mailing Address 735 E. Carnegie Dr. Ste. 125	<b>Transaction ID:</b> SA11AI.6536
	City State Zip Code San Bernardino CA 92408	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction
	Name of Employer County of San Bernardino 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	

<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: PAGE 8 / 32

(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.**

Full Name (Last, First, Middle Initial)  
Paul Amicone

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.6557

Amount of Each Receipt this Period 10.00

Payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Paul Amicone

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.6577

Amount of Each Receipt this Period 10.00

Payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.6518

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: PAGE 9 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2009

Transaction ID: SA11AI.6537

Amount of Each Receipt this Period 10.00

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 07 / 2009

Transaction ID: SA11AI.6558

Amount of Each Receipt this Period 10.00

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 21 / 2009

Transaction ID: SA11AI.6578

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: PAGE 10 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert Boone

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City State Zip Code  
San Bernardino CA 92408

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

Name of Employer County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 09 / 2009  
Transaction ID: SA11AI.6519  
Amount of Each Receipt this Period: 10.00  
Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Robert Boone

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City State Zip Code  
San Bernardino CA 92408

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

Name of Employer County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 23 / 2009  
Transaction ID: SA11AI.6538  
Amount of Each Receipt this Period: 10.00  
Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Robert Boone

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City State Zip Code  
San Bernardino CA 92408

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

Name of Employer County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 07 / 2009  
Transaction ID: SA11AI.6559  
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 11 / 32
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sherry Eversole-Patterson		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 9 / 2 0 0 9
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6520
Name of Employer County of San Bernardino		Occupation Public Safety Official	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 10.00
Payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Sherry Eversole-Patterson		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6539
Name of Employer County of San Bernardino		Occupation Public Safety Official	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 10.00
Payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Sherry Eversole-Patterson		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 7 / 2 0 0 9
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6560
Name of Employer County of San Bernardino		Occupation Public Safety Official	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 10.00
Payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 30.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 32						
	(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

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Sherry Eversole-Patterson		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer County of San Bernardino		Occupation Public Safety Official	Transaction ID: SA11AI.6579
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="10.00"/>
		<input type="text" value="240.00"/>	Payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Finneran		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer County of San Bernardino		Occupation Public Safety Official	Transaction ID: SA11AI.6521
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="10.00"/>
		<input type="text" value="210.00"/>	Payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Finneran		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer County of San Bernardino		Occupation Public Safety Official	Transaction ID: SA11AI.6540
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="10.00"/>
		<input type="text" value="220.00"/>	Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="30.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32

(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.**

Full Name (Last, First, Middle Initial)

Daniel Finneran

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City State Zip Code  
San Bernardino CA 92408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
County of San Bernardino

Occupation  
Public Safety Official

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6561

Amount of Each Receipt this Period

10.00

Payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Daniel Finneran

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City State Zip Code  
San Bernardino CA 92408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
County of San Bernardino

Occupation  
Public Safety Official

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6580

Amount of Each Receipt this Period

10.00

Payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

William Forester

Mailing Address 735 E. Carnegie Dr.  
Ste. 125

City State Zip Code  
San Bernardino CA 92408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
County of San Bernardino

Occupation  
Public Safety Official

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.6522

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: PAGE 14 / 32  
(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.**

Full Name (Last, First, Middle Initial) William Forester		Date of Receipt MM / DD / YYYY 11 / 23 / 2009
Mailing Address 735 E. Carnegie Dr. Ste. 125		<b>Transaction ID:</b> SA11AI.6541
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer County of San Bernardino	Occupation Public Safety Official	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) William Forester		Date of Receipt MM / DD / YYYY 12 / 07 / 2009
Mailing Address 735 E. Carnegie Dr. Ste. 125		<b>Transaction ID:</b> SA11AI.6562
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer County of San Bernardino	Occupation Public Safety Official	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

**C.**

Full Name (Last, First, Middle Initial) William Forester		Date of Receipt MM / DD / YYYY 12 / 21 / 2009
Mailing Address 735 E. Carnegie Dr. Ste. 125		<b>Transaction ID:</b> SA11AI.6581
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer County of San Bernardino	Occupation Public Safety Official	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<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 15 / 32
	<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	

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jason Grantham		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 9 / 2 0 0 9
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6523
Name of Employer County of San Bernardino		Occupation Public Safety Official	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 10.00
Payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jason Grantham		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6542
Name of Employer County of San Bernardino		Occupation Public Safety Official	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 10.00
Payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Jason Grantham		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 7 / 2 0 0 9
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6563
Name of Employer County of San Bernardino		Occupation Public Safety Official	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 10.00
Payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 30.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

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

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 21 / 2009

Transaction ID: SA11AI.6582

Amount of Each Receipt this Period 10.00

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Edward Jimenez

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 09 / 2009

Transaction ID: SA11AI.6524

Amount of Each Receipt this Period 10.00

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Edward Jimenez

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2009

Transaction ID: SA11AI.6543

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: PAGE 17 / 32  
(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.**

Full Name (Last, First, Middle Initial)  
Edward Jimenez

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 07 / 2009

Transaction ID: SA11AI.6564

Amount of Each Receipt this Period: 10.00

Payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Edward Jimenez

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 21 / 2009

Transaction ID: SA11AI.6583

Amount of Each Receipt this Period: 10.00

Payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Robert Johnston

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 09 / 2009

Transaction ID: SA11AI.6525

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: PAGE 18 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert Johnston

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2009

Transaction ID: SA11AI.6544

Amount of Each Receipt this Period 10.00

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Robert Johnston

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 07 / 2009

Transaction ID: SA11AI.6565

Amount of Each Receipt this Period 10.00

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Robert Johnston

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 21 / 2009

Transaction ID: SA11AI.6584

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: PAGE 19 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Laren Leichliter

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 09 / 2009

Transaction ID: SA11AI.6526

Amount of Each Receipt this Period 10.00

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Laren Leichliter

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2009

Transaction ID: SA11AI.6545

Amount of Each Receipt this Period 10.00

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Laren Leichliter

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 07 / 2009

Transaction ID: SA11AI.6566

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:	PAGE 20 / 32
	(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"/> 15
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Laren Leichter		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer County of San Bernardino		Occupation Public Safety Official	Transaction ID: SA11AI.6585
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="10.00"/>
			Payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Roxanne Logan		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer County of San Bernardino		Occupation Public Safety Official	Transaction ID: SA11AI.6527
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="10.00"/>
			Payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Roxanne Logan		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer County of San Bernardino		Occupation Public Safety Official	Transaction ID: SA11AI.6546
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.00"/>	<input type="text" value="10.00"/>
			Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="30.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 21 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Roxanne Logan

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 07 / 2009  
Transaction ID: SA11AI.6567  
Amount of Each Receipt this Period: 10.00  
Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Roxanne Logan

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 21 / 2009  
Transaction ID: SA11AI.6586  
Amount of Each Receipt this Period: 10.00  
Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Ken Lutz

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 09 / 2009  
Transaction ID: SA11AI.6528  
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: PAGE 22 / 32  
(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.**

Full Name (Last, First, Middle Initial) Ken Lutz		Date of Receipt MM / DD / YYYY 11 / 23 / 2009
Mailing Address 735 E. Carnegie Dr. Ste. 125		<b>Transaction ID:</b> SA11AI.6547
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer County of San Bernardino	Occupation Public Safety Official	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) Ken Lutz		Date of Receipt MM / DD / YYYY 12 / 07 / 2009
Mailing Address 735 E. Carnegie Dr. Ste. 125		<b>Transaction ID:</b> SA11AI.6568
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer County of San Bernardino	Occupation Public Safety Official	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

**C.**

Full Name (Last, First, Middle Initial) Ken Lutz		Date of Receipt MM / DD / YYYY 12 / 21 / 2009
Mailing Address 735 E. Carnegie Dr. Ste. 125		<b>Transaction ID:</b> SA11AI.6587
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer County of San Bernardino	Occupation Public Safety Official	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<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 23 / 32		
	<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

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Colin McKenzie		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6489
Name of Employer County of San Bernardino		Occupation Public Safety Official	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>	<input type="text" value="20.00"/>
			Payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Colin McKenzie		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6510
Name of Employer County of San Bernardino		Occupation Public Safety Official	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="20.00"/>
			Payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Colin McKenzie		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6529
Name of Employer County of San Bernardino		Occupation Public Safety Official	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>	<input type="text" value="20.00"/>
			Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 24 / 32		
	<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

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Colin McKenzie			Date of Receipt MM / DD / YYYY 11 / 23 / 2009		
	Mailing Address 735 E. Carnegie Dr. Ste. 125			<b>Transaction ID:</b> SA11AI.6548		
	City San Bernardino		State CA	Zip Code 92408		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 20.00		
	Name of Employer County of San Bernardino		Occupation Public Safety Official			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00				
Payroll deduction						

<b>B.</b>	Full Name (Last, First, Middle Initial) Colin McKenzie			Date of Receipt MM / DD / YYYY 12 / 07 / 2009		
	Mailing Address 735 E. Carnegie Dr. Ste. 125			<b>Transaction ID:</b> SA11AI.6569		
	City San Bernardino		State CA	Zip Code 92408		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 20.00		
	Name of Employer County of San Bernardino		Occupation Public Safety Official			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00				
Payroll deduction						

<b>C.</b>	Full Name (Last, First, Middle Initial) Colin McKenzie			Date of Receipt MM / DD / YYYY 12 / 21 / 2009		
	Mailing Address 735 E. Carnegie Dr. Ste. 125			<b>Transaction ID:</b> SA11AI.6588		
	City San Bernardino		State CA	Zip Code 92408		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 20.00		
	Name of Employer County of San Bernardino		Occupation Public Safety Official			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00				
Payroll deduction						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<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 25 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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.** Full Name (Last, First, Middle Initial)  
Dale Mondary

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 09 / 2009  
Transaction ID: SA11AI.6534  
Amount of Each Receipt this Period 10.00  
Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dale Mondary

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2009  
Transaction ID: SA11AI.6551  
Amount of Each Receipt this Period 10.00  
Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dale Mondary

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 07 / 2009  
Transaction ID: SA11AI.6571  
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: PAGE 26 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Dale Mondary

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY 12 / 21 / 2009

**Transaction ID:** SA11AI.6590

Amount of Each Receipt this Period 10.00

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dan Rice

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt MM / DD / YYYY 11 / 09 / 2009

**Transaction ID:** SA11AI.6530

Amount of Each Receipt this Period 10.00

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dan Rice

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt MM / DD / YYYY 11 / 23 / 2009

**Transaction ID:** SA11AI.6552

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: PAGE 27 / 32  
(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.**

Full Name (Last, First, Middle Initial)  
Dan Rice

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.6572

Amount of Each Receipt this Period 10.00

Payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Dan Rice

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY  
12 / 21 / 2009

**Transaction ID:** SA11AI.6591

Amount of Each Receipt this Period 10.00

Payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Kristen Riegel

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt MM / DD / YYYY  
11 / 09 / 2009

**Transaction ID:** SA11AI.6531

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: PAGE 28 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Kristen Riegel

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2009

Transaction ID: SA11AI.6553

Amount of Each Receipt this Period 10.00

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Kristen Riegel

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 07 / 2009

Transaction ID: SA11AI.6573

Amount of Each Receipt this Period 10.00

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Kristen Riegel

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 21 / 2009

Transaction ID: SA11AI.6592

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: PAGE 29 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Kristen Riegel

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 12 / 21 / 2009

**Transaction ID:** SA11AI.6593

Amount of Each Receipt this Period 10.00

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dean Swan

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt MM / DD / YYYY 11 / 09 / 2009

**Transaction ID:** SA11AI.6532

Amount of Each Receipt this Period 10.00

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dean Swan

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt MM / DD / YYYY 11 / 23 / 2009

**Transaction ID:** SA11AI.6554

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: PAGE 30 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Dean Swan

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 07 / 2009  
Transaction ID: SA11AI.6574  
Amount of Each Receipt this Period 10.00  
Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dean Swan

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 21 / 2009  
Transaction ID: SA11AI.6594  
Amount of Each Receipt this Period 10.00  
Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Russell Weart

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 09 / 2009  
Transaction ID: SA11AI.6533  
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: PAGE 31 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
San Bernardino County Safety Employees Benefit Association Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Russell Weart

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2009

Transaction ID: SA11AI.6555

Amount of Each Receipt this Period 10.00

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Russell Weart

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 07 / 2009

Transaction ID: SA11AI.6575

Amount of Each Receipt this Period 10.00

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Russell Weart

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 County of San Bernardino Occupation Public Safety Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 21 / 2009

Transaction ID: SA11AI.6595

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) ..... ▶ 840.00

**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)

PAGE 32 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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.

Full Name (Last, First, Middle Initial)

Friends of Joe Baca

Mailing Address P.O. Box 362

City San Bernardino State CA Zip Code 92402

Purpose of Disbursement

Candidate Name  
Friends of Joe Baca

Office Sought:  House  
 Senate  
 President

State: CA District: 43

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.6473

Date of Disbursement

10 / 13 / 2009

Amount of Each Disbursement this Period

500.00

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

500.00

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

500.00