

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

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.

(Check if address is changed)

Ste. 125

San Bernardino

CA

92408

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

emonsalve@seba.biz

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.seba.biz

COMMITTEE'S FAX NUMBER

9093836600

2. DATE

03 / 21 / 2007

3. FEC IDENTIFICATION NUMBER

C C00408344

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

04 / 07 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**San Bernardino County Safety Employees' Benefit Association**

Mailing Address **735 E. Carnegie Dr.**

**Ste. 125**

**San Bernardino CA 92408**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected**

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**San Bernardino County Safety Employees Benefit Association Federal PAC**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Ellen Monsalve**

Mailing Address **735 E. Carnegie Dr.**

**Ste. 125**

**San Bernardino CA 92408**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Executive Assistant 909 885 6074**

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Colin McKenzie**

Mailing Address **735 E. Carnegie Dr.**

**Ste. 125**

**San Bernardino CA 92408**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Treasurer 909 885 6074**

Telephone number

Full Name of Designated Agent **William Abernathie**

Mailing Address **735 E. Carnegie Dr.**

**Ste. 125**

**San Bernardino CA 92408**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Assistant Treasurer 909 885 6074**

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Pacific Premier Bank

Mailing Address

1598 E. Highland Ave.

San Bernardino

CA

92404

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲