FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1	Name of Individual, Organization or Corporation San Bernardino County Safety Employees' Benefit Association Local PAC	
(p)	Address (number and street) Check if different than previously reported	
	735 East Carmegie Drive, Suite 125	
(c)	City, State and ZIP Code	3. FEC Identification Number
	San Bernardino , CA 92408	de la company de
2. O	ccupation and Name of Employer (for individual Filers Only)	CCO0014523
	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? X No Yes, It amends the report filed on	
	5. COVERING PERIOD: FROM 05 16 2014	
	THROUGH 05 / 15 / 2014	•
	6. TOTAL CONTRIBUTIONS	grander of the second s
	7. TOTAL INDEPENDENT EXPENDITURES	17,896.02
Under p	penalty of penury I certify that the independent expenditures reported herein were not made in cooperation, consultation, consul	or concert with, or at the request or suggestion
TYPE	OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
:	NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to	05/15/2014 he penalties of 2 U.S.C. §437g.
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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

SCHEDULE 5-E TEMIZED INDEPENDENT EXPENDITURES	FAGE 1 OF 1 FOR LINE 7 OF FORM 5
NAME OF FILER (In Full) San Bernardino County Safety Employees' Benefit Association Local RAC	
Full Name (Last, First, Middle Initial) of Payee Marketplace Communications, MPC	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	S. 667.00
Sacramento , CA 95814 Purpose of Expenditure Calegory/	Office Sought: X House State: CA
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District:21 President
Pete Aguiler	Check One: Z Support Oppose
Calendar Year-To-Date Per Election 8,687,00	Disbursement For: X Primary 14 General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Marketplace Communications. MPC	Date of Public Distribution/Dissemination 05 16 2014
Mailing Address	Amount
City State Zip Code Sacramento , CA 95814	3,209.02
Purpose of Expenditure Category/	Office Sought: X House State: CA
Mailer Type 004 Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District:os
Paul Cook	Check One: x Support Oppose
Celendar Year-To-Date Per Election 9,209_02 for Office Sought	Disbursement For: x Primary14 General 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: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For. Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	124 and the residence who are a property of the second sec
(b) SUBTOTAL of Unitemized Independent Expenditures	Secure Se
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	Copenhamilian and the second record to the second s
FERANDAR POF	FEC Schedule S-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 receive	ed.
Hand Delivered	Date of Recei	pt
USPS First Class Mail	Postmarked	
USPS Registered/Certified	Postmarked (I	R/C)
USPS Priority Mail Delivery Confirm	Postmarked nation [™] Label	
USPS Express Mail	Postmarked	
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Received from House Records & Registration Office	Date of Recei	pt
Received from Senate Public Records Office	Date of Recei	pt
Received from Electronic Filing Office	Date of Recei	pt
Other (Specify):	leceipt or Postmar	ked
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N/A PREPARER (5/2004)	N/A DATE PREPA	RED
(0,000)		