

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 11 25 2008 through 12 31 2008

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 William Abernathie

Signature of Treasurer Electronically Filed by William Abernathie Date 01 13 2009

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	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		10676.09
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	14538.54									
(c) Total Receipts (from Line 19)	604.91	4967.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15143.45	15643.45								
7. Total Disbursements (from Line 31)	100.00	600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15043.45	15043.45								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

San Bernardino County Safety Employees Benefit Association Federal PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	600.00	990.00
(i) Itemized (use Schedule A)	0.00	3950.00
(ii) Unitemized	600.00	4940.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	600.00	4940.00
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.)	4.91	27.36
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))	604.91	4967.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	604.91	4967.36

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	500.00
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.....	100.00	100.00
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))..	100.00	600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100.00	600.00

DETAILED SUMMARY PAGE
of Disbursements

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)	600.00	4940.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	600.00	4940.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 25
(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 ▼ 220.00

Date of Receipt 11 / 25 / 2008
Transaction ID: SA11AI.6036
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 ▼ 230.00

Date of Receipt 12 / 05 / 2008
Transaction ID: SA11AI.6055
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 ▼ 240.00

Date of Receipt 12 / 22 / 2008
Transaction ID: SA11AI.6056
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 / 25
	<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

A.	Full Name (Last, First, Middle Initial) Paul Amicone		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6037
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="220.00"/>	<input type="text" value="10.00"/>
			Payroll deduction

B.	Full Name (Last, First, Middle Initial) Paul Amicone		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6057
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="230.00"/>	<input type="text" value="10.00"/>
			Payroll deduction

C.	Full Name (Last, First, Middle Initial) Paul Amicone		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6058
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="240.00"/>	<input type="text" value="10.00"/>
			Payroll deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL 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 8 / 25
(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 / 25 / 2008
Transaction ID: SA11AI.6038
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 / 05 / 2008
Transaction ID: SA11AI.6075
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 / 22 / 2008
Transaction ID: SA11AI.6076
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 9 / 25
	<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) Robert Boone	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 735 E. Carnegie Dr. Ste. 125	Transaction ID: SA11AI.6039
	City State Zip Code San Bernardino CA 92408	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	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.	Full Name (Last, First, Middle Initial) Robert Boone	Date of Receipt MM / DD / YYYY 12 / 05 / 2008
	Mailing Address 735 E. Carnegie Dr. Ste. 125	Transaction ID: SA11AI.6089
	City State Zip Code San Bernardino CA 92408	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	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 ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) Robert Boone	Date of Receipt MM / DD / YYYY 12 / 22 / 2008
	Mailing Address 735 E. Carnegie Dr. Ste. 125	Transaction ID: SA11AI.6090
	City State Zip Code San Bernardino CA 92408	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	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	

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 10 / 25
	<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) Sherry Eversole-Patterson		Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.6040
	City San Bernardino	State CA	Zip Code 92408
	FEC ID number of contributing federal political committee. C		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) Sherry Eversole-Patterson		Date of Receipt MM / DD / YYYY 12 / 05 / 2008
	Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.6059
	City San Bernardino	State CA	Zip Code 92408
	FEC ID number of contributing federal political committee. C		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) Sherry Eversole-Patterson		Date of Receipt MM / DD / YYYY 12 / 22 / 2008
	Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.6060
	City San Bernardino	State CA	Zip Code 92408
	FEC ID number of contributing federal political committee. C		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
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

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 11 / 25
(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		Date of Receipt MM / DD / YYYY 11 / 25 / 2008
Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.6041
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. C		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) Daniel Finneran		Date of Receipt MM / DD / YYYY 12 / 05 / 2008
Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.6081
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. C		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) Daniel Finneran		Date of Receipt MM / DD / YYYY 12 / 22 / 2008
Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.6082
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. C		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	

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 12 / 25
(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

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 / 25 / 2008

Transaction ID: SA11AI.6042

Amount of Each Receipt this Period 10.00

Payroll deduction

B.

Full Name (Last, First, Middle Initial)
William Forester

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 / 05 / 2008

Transaction ID: SA11AI.6083

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 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 / 22 / 2008

Transaction ID: SA11AI.6084

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 13 / 25
	<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) 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 1 1 / 2 5 / 2 0 0 8
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6043
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"/> 220.00	<input type="text"/> 10.00
			Payroll deduction

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 1 2 / 0 5 / 2 0 0 8
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6077
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"/> 230.00	<input type="text"/> 10.00
			Payroll deduction

C.	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 1 2 / 2 2 / 2 0 0 8
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6078
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"/> 240.00	<input type="text"/> 10.00
			Payroll deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
TOTAL 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 14 / 25
	<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	

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) Edward Jimenez		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6044
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.	Full Name (Last, First, Middle Initial) Edward Jimenez		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6079
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			

C.	Full Name (Last, First, Middle Initial) Edward Jimenez		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6080
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			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
TOTAL 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 15 / 25
(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)
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 / 25 / 2008

Transaction ID: SA11AI.6045

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 / 05 / 2008

Transaction ID: SA11AI.6061

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 / 22 / 2008

Transaction ID: SA11AI.6062

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 16 / 25
(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) Laren Leichliter		Date of Receipt MM / DD / YYYY 11 / 25 / 2008
Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.6046
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. C		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) Laren Leichliter		Date of Receipt MM / DD / YYYY 12 / 05 / 2008
Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.6063
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. C		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) Laren Leichliter		Date of Receipt MM / DD / YYYY 12 / 22 / 2008
Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.6064
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. C		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	

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 / 25
	(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

A.	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="25"/> / <input type="text" value="2008"/>
	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.6047
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.	Full Name (Last, First, Middle Initial) Roxanne Logan		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	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.6065
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="230.00"/>	<input type="text" value="10.00"/>
			Payroll deduction

C.	Full Name (Last, First, Middle Initial) Roxanne Logan		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	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.6066
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

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL 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 18 / 25
	<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
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6048
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="220.00"/>	<input type="text" value="10.00"/>
			Payroll deduction

B.	Full Name (Last, First, Middle Initial) Ken Lutz		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6085
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="230.00"/>	<input type="text" value="10.00"/>
			Payroll deduction

C.	Full Name (Last, First, Middle Initial) Ken Lutz		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6086
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="240.00"/>	<input type="text" value="10.00"/>
			Payroll deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL 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 19 / 25
	<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

A.	Full Name (Last, First, Middle Initial) Colin McKenzie		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 5 / 2 0 0 8
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	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 ▼ <input type="text"/> 440.00	Transaction ID: SA11AI.6049
			Amount of Each Receipt this Period <input type="text"/> 20.00
			Payroll deduction

B.	Full Name (Last, First, Middle Initial) Colin McKenzie		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 5 / 2 0 0 8
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	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 ▼ <input type="text"/> 460.00	Transaction ID: SA11AI.6067
			Amount of Each Receipt this Period <input type="text"/> 20.00
			Payroll deduction

C.	Full Name (Last, First, Middle Initial) Colin McKenzie		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 / 2 2 / 2 0 0 8
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	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 ▼ <input type="text"/> 480.00	Transaction ID: SA11AI.6068
			Amount of Each Receipt this Period <input type="text"/> 20.00
			Payroll deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL 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 20 / 25
(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 ▼ 220.00

Date of Receipt 11 / 25 / 2008
Transaction ID: SA11AI.6050
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 ▼ 230.00

Date of Receipt 12 / 05 / 2008
Transaction ID: SA11AI.6087
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 ▼ 240.00

Date of Receipt 12 / 22 / 2008
Transaction ID: SA11AI.6088
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 21 / 25
(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 ▼ 220.00

Date of Receipt 11 / 25 / 2008

Transaction ID: SA11AI.6051

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 ▼ 230.00

Date of Receipt 12 / 05 / 2008

Transaction ID: SA11AI.6069

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 ▼ 240.00

Date of Receipt 12 / 22 / 2008

Transaction ID: SA11AI.6070

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 / 25
(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)
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 / 25 / 2008

Transaction ID: SA11AI.6052

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 / 05 / 2008

Transaction ID: SA11AI.6071

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 / 22 / 2008

Transaction ID: SA11AI.6072

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 23 / 25
(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) Dean Swan		Date of Receipt MM / DD / YYYY 11 / 25 / 2008
Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.6053
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. C		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) Dean Swan		Date of Receipt MM / DD / YYYY 12 / 05 / 2008
Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.6091
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. C		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) Dean Swan		Date of Receipt MM / DD / YYYY 12 / 22 / 2008
Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.6092
City San Bernardino	State CA	Zip Code 92408
FEC ID number of contributing federal political committee. C		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	

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 24 / 25
	(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

A.	Full Name (Last, First, Middle Initial) Russell Weart		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	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.6054
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.	Full Name (Last, First, Middle Initial) Russell Weart		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	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.6073
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="230.00"/>	<input type="text" value="10.00"/>
			Payroll deduction

C.	Full Name (Last, First, Middle Initial) Russell Weart		Date of Receipt
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	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.6074
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

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="600.00"/>

**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 25 / 25

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

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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)

Smith Marion & Co.

Mailing Address 22365 Barton Rd., Ste. 108

City State Zip Code
Grand Terrace CA 92313

Purpose of Disbursement
Accountants - tax returns

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6097

Date of Disbursement

^M 1	^M 2	/	^D 0	^D 9	/	^Y 2	^Y 0	^Y 0	^Y 8
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Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) ▶

100.00

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

100.00
