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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

SAN BERNARDINO COUNTY SAFETY EMPLOYEES' BENEFIT ASSOCIATION FEDERAL PAC

ADDRESS (number and street) ☐ (Check if address is changed)

555 NORTH E STREET

SAN BERNARDINO — CA — 92401

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

NONE

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

909-381-9364

2. DATE 11 30 2004

3. FEC IDENTIFICATION NUMBER ▶ C

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 Colin S. McKenzie Date 12 08 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

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)

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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 555 NORTH E STREET

SAN BERNARDINO CA 92401

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship SPONSORING ORGANIZATION

Type of Connected Organization:

☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

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: JAMES H ERWIN

Mailing Address: 555 NORTH E STREET

SAN BERNARDINO | CA | 92401-

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: ASSOCIATION PRESIDENT

Telephone number: 909-885-6074

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: 555 NORTH E STREET

SAN BERNARDINO | CA | 92401-

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: TREASURER

Telephone number: 909-885-6074

Full Name of Designated Agent:

Mailing Address:

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼:

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 PREMIERE 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 ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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☐ Other (Specify):	Date of Receipt or Postmarked
JMJ PREPARER	12-15-04 DATE PREPARED

(5/2004)