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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. 12FE4M5

SAN BERNARDINO COUNTY SAFETY EMPLOYEES BENEFIT ASSOCIATION FEDERAL PAC

ADDRESS (number and street) 555 NORTH E STREET

(Check if address is changed)

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 02 07 2005

3. FEC IDENTIFICATION NUMBER ▶ C 00408244

4. IS THIS STATEMENT NEW (N) OR X 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 02 07 2005

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 03/2003)

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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) X 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 SHERIFF EMPLOYEES' BENEFIT ASSOCIATION

Mailing Address 655 NORTH E STREET

SAN BERNARDINO CA 92401-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONDUITED

Type of Connected Organization

X 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 WILLIAM ABERNATHIE

Mailing Address 555 NORTH E STREET

SAN BERNARDINO CA 92401-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 MORENZIE

Mailing Address 555 NORTH E STREET

SAN BERNARDINO CA 92401-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 909-885-6074

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 92401-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

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PREPARER

3-8-05
DATE PREPARED

(5/2004)