

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) 555 North E Street
 Check if different than previously reported. (ACC)
San Bernardino CA 92401

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 11 07 2006 in the State of CA

5. Covering Period 10 01 2006 through 11 27 2006

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 Colin McKenzie

Signature of Treasurer Electronically Filed by Colin McKenzie Date 12 06 2006

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

**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	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		1214.07
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	5271.83									
(c) Total Receipts (from Line 19)	706.74	5214.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5978.57	6428.57								
7. Total Disbursements (from Line 31)	0.00	450.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5978.57	5978.57								
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	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	160.00	291.30
(i) Itemized (use Schedule A)		
(ii) Unitemized	545.00	4585.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	705.00	4876.30
(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)	705.00	4876.30
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.)	1.74	338.20
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))	706.74	5214.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	706.74	5214.50

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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	200.00
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.....	0.00	250.00
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))..	0.00	450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	450.00

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)	705.00	4876.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	705.00	4876.30
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 11
	<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)
William Abernathie

Mailing Address 555 North E Street

City San Bernardino State CA Zip Code 92401

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4882

Amount of Each Receipt this Period
10.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Paul Amicone

Mailing Address 555 North E Street

City San Bernardino State CA Zip Code 92401

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4883

Amount of Each Receipt this Period
10.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Sherry Eversole-Patterson

Mailing Address 555 North E Street

City San Bernardino State CA Zip Code 92401

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4887

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 11
	<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

Full Name (Last, First, Middle Initial) A. Gordon Gregg		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4893	
City State Zip Code San Bernardino CA 92401	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	Aggregate Year-to-Date ▼ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert Johnston		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4897	
City State Zip Code San Bernardino CA 92401	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	Aggregate Year-to-Date ▼ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Laren Leichter		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4898	
City State Zip Code San Bernardino CA 92401	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	Aggregate Year-to-Date ▼ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 11
	<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) Roxanne Logan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4899	
City State Zip Code San Bernardino CA 92401	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 ▼ 210.00		

B. Full Name (Last, First, Middle Initial) Colin McKenzie		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4853	
City State Zip Code San Bernardino CA 92401	Amount of Each Receipt this Period 20.00		
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 ▼ 351.30		

C. Full Name (Last, First, Middle Initial) Colin McKenzie		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4876	
City State Zip Code San Bernardino CA 92401	Amount of Each Receipt this Period 20.00		
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 ▼ 371.30		

SUBTOTAL of Receipts This Page (optional) ▶	50.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 11
	<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

Full Name (Last, First, Middle Initial) A. Colin McKenzie		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4901	
City State Zip Code San Bernardino CA 92401	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 391.30		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dan Rice		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4903	
City State Zip Code San Bernardino CA 92401	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	Aggregate Year-to-Date ▼ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kristen Riegel		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4904	
City State Zip Code San Bernardino CA 92401	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	Aggregate Year-to-Date ▼ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	40.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 11	
	(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)
Russell Weart

Mailing Address 555 North E Street

City	State	Zip Code
San Bernardino	CA	92401

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 ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	6

Transaction ID: SA11A1.4906

Amount of Each Receipt this Period
10.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	10.00
TOTAL This Period (last page this line number only)	▶	160.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 11
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
San Bernardino County Safety Employees Benefit Association Federal PAC

Full Name (Last, First, Middle Initial) Pacific Premier Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 6	
Mailing Address 1598 E. Highland Ave.		Transaction ID: SA17.4907	
City State Zip Code San Bernardino CA 92404	Amount of Each Receipt this Period 0.81		
FEC ID number of contributing federal political committee. C	Interest		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 337.27		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) Pacific Premier Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 1598 E. Highland Ave.		Transaction ID: SA17.4910	
City State Zip Code San Bernardino CA 92404	Amount of Each Receipt this Period 0.93		
FEC ID number of contributing federal political committee. C	Interest		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 338.20		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1.74
TOTAL This Period (last page this line number only) ▶	1.74