

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 28 2006 through 12 31 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 01 05 2007

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	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

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	5978.57									
(c) Total Receipts (from Line 19)	705.98	5920.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6684.55	7134.55								
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))	6684.55	6684.55								
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	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

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	560.00	851.30
(i) Itemized (use Schedule A)	145.00	4730.00
(ii) Unitemized	705.00	5581.30
(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)	705.00	5581.30
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.)	0.98	339.18
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))	705.98	5920.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	705.98	5920.48

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	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	5581.30
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	5581.30
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 / 24
	<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

Full Name (Last, First, Middle Initial) A. William Abernathie		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4966	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. William Abernathie		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4943	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 230.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. William Abernathie		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4915	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 240.00		
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 7 / 24
	<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. Paul Amicone		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4967	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Paul Amicone		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4944	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 230.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Paul Amicone		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4919	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 240.00		
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 / 24
	<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. Sebastian Barnes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 555 North E Street		Transaction ID: SA11A1.4945
City San Bernardino State CA Zip Code 92401	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	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	payroll deduction contribution
Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) B. Sebastian Barnes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 555 North E Street		Transaction ID: SA11A1.4920
City San Bernardino State CA Zip Code 92401	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	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	payroll deduction contribution
Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Robert Boone		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 555 North E Street		Transaction ID: SA11A1.4946
City San Bernardino State CA Zip Code 92401	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	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	payroll deduction contribution
Aggregate Year-to-Date ▼ 210.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<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. Robert Boone		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4921	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sherry Eversole-Patterson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4971	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sherry Eversole-Patterson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4948	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 230.00		
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 10 / 24
	<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. Sherry Eversole-Patterson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4924	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Daniel Finneran		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4949	
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 contribution		
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. Daniel Finneran		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4925	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 220.00		
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 11 / 24
	<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)
William Forester

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 2 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4950

Amount of Each Receipt this Period
10.00

payroll deduction contribution

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

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 ▼ 220.00

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

Transaction ID: SA11A1.4927

Amount of Each Receipt this Period
10.00

payroll deduction contribution

C. Full Name (Last, First, Middle Initial)
Brian Fratt

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 2 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4951

Amount of Each Receipt this Period
10.00

payroll deduction contribution

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 12 / 24
	<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)
Brian Fratt

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 ▼ 220.00

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

Transaction ID: SA11A1.4928

Amount of Each Receipt this Period
10.00

payroll deduction contribution

B. Full Name (Last, First, Middle Initial)
Jason Grantham

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 2 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4952

Amount of Each Receipt this Period
10.00

payroll deduction contribution

C. Full Name (Last, First, Middle Initial)
Jason Grantham

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 ▼ 220.00

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

Transaction ID: SA11A1.4929

Amount of Each Receipt this Period
10.00

payroll deduction contribution

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 13 / 24
	<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. Gordon Gregg		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4976	
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 contribution	
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	

Full Name (Last, First, Middle Initial) B. Gordon Gregg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4953	
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 contribution	
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	

Full Name (Last, First, Middle Initial) C. Gordon Gregg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4930	
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 contribution	
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 24
	<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. Edward Jimenez		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 555 North E Street		Transaction ID: SA11A1.4955
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 contribution	
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. Edward Jimenez		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 555 North E Street		Transaction ID: SA11A1.4932
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 contribution	
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Johnston		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 555 North E Street		Transaction ID: SA11A1.4979
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 contribution	
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 220.00	
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 15 / 24
	<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 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 ▼ 230.00

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

Transaction ID: SA11A1.4956

Amount of Each Receipt this Period
10.00

payroll deduction contribution

B. Full Name (Last, First, Middle Initial)
Robert Johnston

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 ▼ 240.00

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

Transaction ID: SA11A1.4933

Amount of Each Receipt this Period
10.00

payroll deduction contribution

C. Full Name (Last, First, Middle Initial)
Laren Leichter

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 ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4980

Amount of Each Receipt this Period
10.00

payroll deduction contribution

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 16 / 24
	<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. Laren Leichter		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4957	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 230.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Laren Leichter		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4934	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Roxanne Logan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4981	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 220.00		
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 17 / 24
	<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

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 ▼ 230.00

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

Transaction ID: SA11A1.4958

Amount of Each Receipt this Period
10.00

payroll deduction contribution

B. Full Name (Last, First, Middle Initial)
Roxanne Logan

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 ▼ 240.00

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

Transaction ID: SA11A1.4935

Amount of Each Receipt this Period
10.00

payroll deduction contribution

C. Full Name (Last, First, Middle Initial)
Ken Lutz

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 2 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4959

Amount of Each Receipt this Period
10.00

payroll deduction contribution

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 18 / 24
	<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) Ken Lutz Mailing Address 555 North E Street City San Bernardino State CA Zip Code 92401 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.4936 Amount of Each Receipt this Period 10.00 payroll deduction contribution
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) Colin McKenzie Mailing Address 555 North E Street City San Bernardino State CA Zip Code 92401 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.4983 Amount of Each Receipt this Period 20.00 payroll deduction contribution
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 ▼ 411.30		

C. Full Name (Last, First, Middle Initial) Colin McKenzie Mailing Address 555 North E Street City San Bernardino State CA Zip Code 92401 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.4960 Amount of Each Receipt this Period 20.00 payroll deduction contribution
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 ▼ 431.30		

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 19 / 24
	<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 1 2 / 2 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4937	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 451.30		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dale Mondary		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4961	
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 contribution		
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. Dale Mondary		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4938	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 220.00		
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: (check only one)	PAGE 20 / 24
	<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. Dan Rice		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4985	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 220.00		
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 1 2 / 0 6 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4962	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 230.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dan Rice		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4939	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 240.00		
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 21 / 24
	<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. Kristen Riegel		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4986	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kristen Riegel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4963	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 230.00		
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 2 / 2 0 / 2 0 0 6	
Mailing Address 555 North E Street		Transaction ID: SA11A1.4940	
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 contribution		
Name of Employer County of San Bernardino Occupation Public Safety Official	Aggregate Year-to-Date ▼ 240.00		
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 22 / 24
	<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)
Dean Swan

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 2 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4964

Amount of Each Receipt this Period
10.00

payroll deduction contribution

B. Full Name (Last, First, Middle Initial)
Dean Swan

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 ▼ 220.00

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

Transaction ID: SA11A1.4941

Amount of Each Receipt this Period
10.00

payroll deduction contribution

C. Full Name (Last, First, Middle Initial)
Russell Weart

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 ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4988

Amount of Each Receipt this Period
10.00

payroll deduction contribution

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:	PAGE 23 / 24
	(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 ▼
230.00

Date of Receipt

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

Transaction ID: SA11A1.4965

Amount of Each Receipt this Period
10.00

payroll deduction contribution

B. 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 ▼
240.00

Date of Receipt

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

Transaction ID: SA11A1.4942

Amount of Each Receipt this Period
10.00

payroll deduction contribution

SUBTOTAL of Receipts This Page (optional)	▶	20.00
TOTAL This Period (last page this line number only)	▶	560.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 24
(check only one)

<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

A. Full Name (Last, First, Middle Initial)
Pacific Premier Bank

Mailing Address 1598 E. Highland Ave.

City	State	Zip Code
San Bernardino	CA	92404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼
339.18

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: SA17.4989

Amount of Each Receipt this Period
0.98

Interest

SUBTOTAL of Receipts This Page (optional)	▶	0.98
TOTAL This Period (last page this line number only)	▶	0.98