

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	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		18605.61
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	22192.11									
(c) Total Receipts (from Line 19)	801.89	4388.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22994.00	22994.00								
7. Total Disbursements (from Line 31)	0.00	0.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22994.00	22994.00								
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

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	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A)	440.00	580.00
(ii) Unitemized	360.00	3790.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	800.00	4370.00
(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)	800.00	4370.00
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.)	1.89	18.39
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))	801.89	4388.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	801.89	4388.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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

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	800.00	4370.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	800.00	4370.00
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 / 19
(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 Public Safety Official Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt MM / DD / YYYY
11 / 08 / 2010

Transaction ID: SA11AI.4706

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 Public Safety Official Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.4728

Amount of Each Receipt this Period 10.00

Payroll Deduction

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

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 Public Safety Official Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt MM / DD / YYYY
11 / 08 / 2010

Transaction ID: SA11AI.4707

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 / 19
	<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) Paul Amicone		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 2 / 2 0 1 0
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4729
Name of Employer Public Safety Official		Occupation	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"/> 10.00
		<input type="text"/> 220.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Sebastian Barnes		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 / 0 8 / 2 0 1 0
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4708
Name of Employer Public Safety Official		Occupation	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"/> 10.00
		<input type="text"/> 210.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Sebastian Barnes		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 2 / 2 0 1 0
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4730
Name of Employer Public Safety Official		Occupation	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"/> 10.00
		<input type="text"/> 220.00	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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19
(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)
Robert Boone

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 Public Safety Official Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 08 / 2010
Transaction ID: SA11AI.4709
Amount of Each Receipt this Period 10.00
Payroll Deduction

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

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 Public Safety Official Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 22 / 2010
Transaction ID: SA11AI.4731
Amount of Each Receipt this Period 10.00
Payroll Deduction

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

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 Public Safety Official Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 08 / 2010
Transaction ID: SA11AI.4710
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 / 19
	<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
	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 2 / 2 0 1 0
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4732
Name of Employer Public Safety Official		Occupation	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"/> 10.00
		<input type="text"/> 220.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Daniel Finneran		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 / 0 8 / 2 0 1 0
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4711
Name of Employer Public Safety Official		Occupation	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"/> 10.00
		<input type="text"/> 210.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Daniel Finneran		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 2 / 2 0 1 0
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4733
Name of Employer Public Safety Official		Occupation	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"/> 10.00
		<input type="text"/> 220.00	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)
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FOR LINE NUMBER: PAGE 10 / 19
(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)
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 Public Safety Official Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 08 / 2010
Transaction ID: SA11AI.4712
 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 Public Safety Official Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 22 / 2010
Transaction ID: SA11AI.4734
 Amount of Each Receipt this Period 10.00
 Payroll Deduction

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

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 Public Safety Official Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 08 / 2010
Transaction ID: SA11AI.4713
 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 11 / 19
	<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) Jason Grantham		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.4735		
	City San Bernardino	State CA	Zip Code 92408	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer Public Safety Official	Occupation		Aggregate Year-to-Date 220.00	

B.	Full Name (Last, First, Middle Initial) Edward Jimenez		Date of Receipt MM / DD / YYYY 11 / 08 / 2010		
	Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.4714		
	City San Bernardino	State CA	Zip Code 92408	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer Public Safety Official	Occupation		Aggregate Year-to-Date 210.00	

C.	Full Name (Last, First, Middle Initial) Edward Jimenez		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 735 E. Carnegie Dr. Ste. 125		Transaction ID: SA11AI.4736		
	City San Bernardino	State CA	Zip Code 92408	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer Public Safety Official	Occupation		Aggregate Year-to-Date 220.00	

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 12 / 19
	<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) Robert Johnston		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 / 0 8 / 2 0 1 0
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4716
Name of Employer Public Safety Official		Occupation	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"/> 10.00
		<input type="text"/> 210.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Robert Johnston		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 2 / 2 0 1 0
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4737
Name of Employer Public Safety Official		Occupation	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"/> 10.00
		<input type="text"/> 220.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Laren Leichter		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 / 0 8 / 2 0 1 0
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4717
Name of Employer Public Safety Official		Occupation	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"/> 10.00
		<input type="text"/> 210.00	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 13 / 19	
	<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 Leichter		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 2 / 2 0 1 0
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4738
Name of Employer Public Safety Official		Occupation	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"/> 10.00
		<input type="text"/> 220.00	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"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4718
Name of Employer Public Safety Official		Occupation	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"/> 10.00
		<input type="text"/> 210.00	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"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	San Bernardino	CA	92408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4739
Name of Employer Public Safety Official		Occupation	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"/> 10.00
		<input type="text"/> 220.00	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 / 19
	<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 MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 735 E. Carnegie Dr. Ste. 125	Transaction ID: SA11AI.4719
	City San Bernardino State CA Zip Code 92408	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer Public Safety Official Occupation 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) Ken Lutz	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 735 E. Carnegie Dr. Ste. 125	Transaction ID: SA11AI.4740
	City San Bernardino State CA Zip Code 92408	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer Public Safety Official Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) Colin McKenzie	Date of Receipt MM / DD / YYYY 10 / 12 / 2010
	Mailing Address 735 E. Carnegie Dr. Ste. 125	Transaction ID: SA11AI.4681
	City San Bernardino State CA Zip Code 92408	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer Public Safety Official Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 19

(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)

Colin McKenzie

Mailing Address 735 E. Carnegie Dr.
Ste. 125

City State Zip Code
San Bernardino CA 92408

FEC ID number of contributing federal political committee.

C

Name of Employer
Public Safety Official

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

MM / DD / YYYY
10 / 25 / 2010

Transaction ID: SA11AI.4699

Amount of Each Receipt this Period

20.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)

Colin McKenzie

Mailing Address 735 E. Carnegie Dr.
Ste. 125

City State Zip Code
San Bernardino CA 92408

FEC ID number of contributing federal political committee.

C

Name of Employer
Public Safety Official

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

MM / DD / YYYY
11 / 08 / 2010

Transaction ID: SA11AI.4720

Amount of Each Receipt this Period

20.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)

Colin McKenzie

Mailing Address 735 E. Carnegie Dr.
Ste. 125

City State Zip Code
San Bernardino CA 92408

FEC ID number of contributing federal political committee.

C

Name of Employer
Public Safety Official

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.4742

Amount of Each Receipt this Period

20.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

60.00

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 16 / 19
	<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) Dale Monday	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 11 / 08 / 2010
	City State Zip Code San Bernardino CA 92408	Transaction ID: SA11AI.4721
	FEC ID number of contributing federal political committee. <input type="text"/> C	Amount of Each Receipt this Period <input type="text"/> 10.00
	Name of Employer Public Safety Official Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 210.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Dale Monday	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 11 / 22 / 2010
	City State Zip Code San Bernardino CA 92408	Transaction ID: SA11AI.4741
	FEC ID number of contributing federal political committee. <input type="text"/> C	Amount of Each Receipt this Period <input type="text"/> 10.00
	Name of Employer Public Safety Official Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 220.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Dan Rice	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 11 / 08 / 2010
	City State Zip Code San Bernardino CA 92408	Transaction ID: SA11AI.4724
	FEC ID number of contributing federal political committee. <input type="text"/> C	Amount of Each Receipt this Period <input type="text"/> 10.00
	Name of Employer Public Safety Official Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 210.00	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 17 / 19
(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)
 Dan Rice
 Mailing Address 735 E. Carnegie Dr.
 Ste. 125
 City San Bernardino State CA Zip Code 92408
 Date of Receipt 11 / 22 / 2010
Transaction ID: SA11AI.4743
 Amount of Each Receipt this Period 10.00
 Payroll Deduction
 Name of Employer Public Safety Official Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00
 FEC ID number of contributing federal political committee. C

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
 Date of Receipt 11 / 08 / 2010
Transaction ID: SA11AI.4725
 Amount of Each Receipt this Period 10.00
 Payroll Deduction
 Name of Employer Public Safety Official Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 FEC ID number of contributing federal political committee. C

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
 Date of Receipt 11 / 22 / 2010
Transaction ID: SA11AI.4744
 Amount of Each Receipt this Period 10.00
 Payroll Deduction
 Name of Employer Public Safety Official Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00
 FEC ID number of contributing federal political committee. C

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 18 / 19
	<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 / 08 / 2010
	Mailing Address 735 E. Carnegie Dr. Ste. 125	Transaction ID: SA11AI.4726
	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 Public Safety Official Occupation 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) Dean Swan	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 735 E. Carnegie Dr. Ste. 125	Transaction ID: SA11AI.4745
	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 Public Safety Official Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) Russell Weart	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 735 E. Carnegie Dr. Ste. 125	Transaction ID: SA11AI.4727
	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 Public Safety Official Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 19	
	(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"/> 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		Date of Receipt																					
	Mailing Address 735 E. Carnegie Dr. Ste. 125		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	2	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	2	/	2	0	1	0														
	City	State	Zip Code	Transaction ID: SA11AI.4746																				
	San Bernardino	CA	92408	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	10.00																					
Name of Employer Public Safety Official		Occupation	Payroll Deduction																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	220.00																					

SUBTOTAL of Receipts This Page (optional)	▶	10.00
TOTAL This Period (last page this line number only)	▶	440.00