

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

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

12FE4M5

SAN BERNARDINO COUNTY SHERIFF'S EMPLOYEES' BENEFIT ASSOCIATION FEDERAL PAC

ADDRESS (number and street)

735 E. Carnegie Dr.

☐ (Check if address is changed)

Ste. 125

San Bernardino

CITY ▲

CA

STATE ▲

92408

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

gward@seba.biz

Optional Second E-Mail Address

emonsalve@seba.biz

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

www.seba.com

2. DATE

MM / DD / YYYY  
11 / 05 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00408344

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ward, Grant, , ,

Signature of Treasurer Ward, Grant, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
11 / 05 / 2020

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

c

Write or Type Committee Name

## SAN BERNARDINO COUNTY SHERIFF'S EMPLOYEES' BENEFIT ASSOCIATION FEDERAL PAC

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

SAN BERNARDINO COUNTY SHERIFF'S EMPLOYEES' BENEFIT ASSOCIATION FEDERAL PAC

Mailing Address

735 E. Carnegie Dr.

Ste. 125

San Bernardino

CA

92408

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Ward, Grant, , ,

Mailing Address

735 E Carnegie Dr

Ste 125

San Bernardino

CA

92408

Title or Position

CITY

STATE

ZIP CODE

Asst Treasurer

Telephone number

909

885

6074

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Mabry, Thomas, , ,

Mailing Address

735 E Carnegie Dr

Ste 125

San Bernardino

CA

92408

Title or Position  
Treasurer

CITY

STATE

ZIP CODE

Telephone number

909

885

6074

Full Name of  
Designated  
Agent

Ward, Grant, , ,

Mailing Address

735 E Carnegie Dr

Ste 125

San Bernardino

CA

92408

CITY

STATE

ZIP CODE

Title or Position

President

Telephone number

909

885

6074

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Pacific Premier Bank

Mailing Address

1598 E. Highland Ave.

San Bernardino

CA

92404

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE