

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Suffolk County Police Benevolent Association Federal PAC	2. DATE 7/12/93
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 868 Church Street	3. FEC IDENTIFICATION NUMBER: C00196055
(c) City, State and ZIP Code Bohemia, NY 11716	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Suffolk County Police Benevolent Association, Inc.	868 Church Street Bohemia, NY 11716	Connected

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
William Zaiser	S.C.P.B.A. Federal PAC 868 Church Street Bohemia, NY 11716	Secretary

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	Mailing Address	Title or Position
Patricia A. O'Donnell	S.C.P.B.A. Federal PAC	Treasurer
Thomas E. Tohill	868 Church Street	President
William Holmes	Bohemia, NY 11716	Vice President
Thomas Muratore & Robert C. Tucci		Authorized Signers (Bank)

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.	Mailing Address and ZIP Code
European American Bank	4175 Veterans Memorial Highway Ronkonkoma, NY 11779

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 Patricia A. O'Donnell	SIGNATURE OF TREASURER 	DATE 7/12/93
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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.

Federal Election Commission
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SLK

PREPARER

DATE PREPARED

7-15-93