

**Long Island Law Enforcement Foundation**

**868 Church Street- Suite 1**

**Bohemia, New York 11716**

**631-563-4200**

**Date: November 3, 2014**

**To: Federal Elections Commission**

**Attn: Records**

**Fax No: 202-219-0174**

**RE: FEC Form 5**

**Number pages: 4, Including transmittal**

**Notes:**

**Enclosed please find a Form 5. Thank you for your cooperation and assistance with regard to this matter. If you have any questions, please do not hesitate to contact us directly.**

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Long Island Law Enforcement Foundation</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>868 Church Street - Suite 1</b>	
(c) City, State and ZIP Code <b>Bohemia, New York</b>	3. FEC Identification Number <b>Applied for</b> <b>C</b>
2. Occupation and Name of Employer (for Individual Filers Only) <b>-</b>	

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

8. COVERING PERIOD:

FROM **10** / **31** / **2014**

THROUGH **11** / **04** / **2014**

6. TOTAL CONTRIBUTIONS..... **0**

7. TOTAL INDEPENDENT EXPENDITURES..... **12,865.23**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

**Joseph A. Link**

**11/3/14**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 8437g.

For further information, contact: Federal Election Commission, 899 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-894-1100

# SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE OF

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 FILER (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page carry total to Line 8) .....

0  
0

SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
**Long Island Law Enforcement Foundation**

Full Name (Last, First, Middle Initial) of Payee  
**Sunrise Outdoor Advertising**  
Date of Public Distribution/Dissemination  
**10/31/2014**  
Mailing Address  
**251 Main Street**  
Amount  
**1079.60**  
City  
**Huntington NY 11743**

Purpose of Expenditure  
**Billboard Advertising** Category/Type **004**  
Office Sought:  House State: **NY**  
 Senate District: **1**  
 President  
Name of Federal Candidate Supported or Opposed by Expenditure:  
**Tim Bishop**  
Check One:  Support  Oppose  
Calendar Year-To-Date Per Election for Office Sought  
**1079.60**  
Disbursement For:  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
**Billboards on Wheels**  
Date of Public Distribution/Dissemination  
**10/31/2014**  
Mailing Address  
**2090 5th Avenue**  
Amount  
**7285.63**  
City  
**Ronkonkoma NY 11779**

Purpose of Expenditure  
**Mobile Billboard** Category/Type **004**  
Office Sought:  House State: **NY**  
 Senate District: **1**  
 President  
Name of Federal Candidate Supported or Opposed by Expenditure:  
**Tim Bishop**  
Check One:  Support  Oppose  
Calendar Year-To-Date Per Election for Office Sought  
**12865.23**  
Disbursement For:  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Date of Public Distribution/Dissemination  
Mailing Address  
Amount  
City State Zip Code

Purpose of Expenditure Category/Type  
Office Sought:  House State:   
 Senate District:   
 President  
Name of Federal Candidate Supported or Opposed by Expenditure:  
Check One:  Support  Oppose  
Calendar Year-To-Date Per Election for Office Sought  
Disbursement For:  Primary  General  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... **12865.23**  
(b) SUBTOTAL of Unitemized Independent Expenditures..... **0**  
(c) TOTAL Independent Expenditures..... **12865.23**  
(carry total from last page forward to Line 7)

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt

Other (Specify): Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A N/A  
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