

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 NOV -9 AM 11:20
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

SUFFOLK COUNTY IPBA PAC

ADDRESS (number and street) 500 EXPRESS DRIVE S

Check if different than previously reported. (ACC) BND FIDORI BRENTWOOD NY 11717

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00196055

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on 11 / 08 / 2016 in the State of NY

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MFM / DWD / YYYYYY in the State of

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

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 Michael Simonelli

Signature of Treasurer

Michael Simonelli

Date

11 / 07 / 2016

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
Rev. 12/2004

NON-PROFIT CORPORATION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Suffolk County Police Benevolent Association Federal PAC

Report Covering the Period: From:

M	M	
1	0	

 /

D	D	
0	1	

 /

Y	Y	
2	0	1
6		

 To:

M	M	
1	0	

 /

D	D	
1	9	

 /

Y	Y	
2	0	1
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>2</td><td>0</td><td>1</td></tr><tr><td>6</td><td></td><td></td></tr></table>	2	0	1	6				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>4</td><td>1</td><td>2</td></tr><tr><td>4</td><td>2</td><td>4</td></tr><tr><td>2</td><td></td><td></td></tr></table>	4	1	2	4	2	4	2					
2	0	1																		
6																				
4	1	2																		
4	2	4																		
2																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>9</td><td>4</td></tr><tr><td>3</td><td>4</td><td>2</td></tr><tr><td></td><td></td><td></td></tr></table>	1	9	4	3	4	2													
1	9	4																		
3	4	2																		
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td></tr><tr><td></td><td></td><td></td></tr></table>	0	0	0				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>8</td><td>3</td></tr><tr><td>1</td><td>0</td><td>0</td></tr><tr><td></td><td></td><td></td></tr></table>	2	8	3	1	0	0						
0	0	0																		
2	8	3																		
1	0	0																		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>9</td><td>4</td></tr><tr><td>3</td><td>4</td><td>2</td></tr><tr><td></td><td></td><td></td></tr></table>	1	9	4	3	4	2				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>4</td><td>4</td></tr><tr><td>3</td><td>4</td><td>2</td></tr><tr><td></td><td></td><td></td></tr></table>	2	4	4	3	4	2			
1	9	4																		
3	4	2																		
2	4	4																		
3	4	2																		
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td></tr><tr><td></td><td></td><td></td></tr></table>	0	0	0				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>0</td><td>0</td></tr><tr><td>0</td><td>0</td><td>0</td></tr><tr><td></td><td></td><td></td></tr></table>	5	0	0	0	0	0						
0	0	0																		
5	0	0																		
0	0	0																		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>9</td><td>4</td></tr><tr><td>3</td><td>4</td><td>2</td></tr><tr><td></td><td></td><td></td></tr></table>	1	9	4	3	4	2				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>9</td><td>4</td></tr><tr><td>3</td><td>4</td><td>2</td></tr><tr><td></td><td></td><td></td></tr></table>	1	9	4	3	4	2			
1	9	4																		
3	4	2																		
1	9	4																		
3	4	2																		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																			
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																			

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Suffolk County Police Benevolent Association Federal PAC

Report Covering the Period:

From:

10 01 2016

To:

10 19 2016

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).....

(ii) Unitemized.....

(iii) TOTAL (add
Lines 11(a)(i) and (ii)..... ▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5)..... ▶

12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

20. Total Federal Receipts
(subtract Line 18(c) from Line 19)..... ▶

0000

0000

0000

0000

0000

203100

203100

203100

203100

203100

NOT TO BE REPRODUCED WITHOUT PERMISSION

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share			
(ii) Non-Federal Share			
(b) Other Federal Operating Expenditures			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	▶		
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		0.000	500.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	▶		
29. Other Disbursements			
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share			
(ii) "Levin" Share			
(b) Federal Election Activity Paid Entirely With Federal Funds			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		0.000	500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	▶	0.000	500.00

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3).....
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

0000
0000

203100
203100

NON-COMMERCIAL

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 1
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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)
Suffolk County Police Benevolent Association Federal PAC

A.

Full Name (Last, First, Middle Initial)
Zeldin For Congress

Mailing Address
PO Box 618

City
Shirley State **NY** Zip Code **11967**

Purpose of Disbursement
contribution

Candidate Name
Lee Zeldin

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NY** District:

Date of Disbursement
06 / 03 / 2016

Amount of Each Disbursement this Period
500.00

Category/Type
11

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶ **500.00**

TOTAL This Period (last page this line number only).....▶ **00.00**

2016-11-01 10:00:00

FedEx 1800.463.3339

Company SUFFOLK COUNTY PBA
Address 500 Express Dr S 2nd Floor
868 Church St Ste 1
City Brentwood State NY ZIP 11717
City BONHEIA State NY ZIP 11716-5040

2 Your Internal Billing Reference

3 To Recipient's Name _____ Phone _____

Company Public Records Office
Address Federal Election Commission
We cannot deliver to P.O. boxes or P.O. ZIP codes.
Address 999 E Street NW
Use this line for the HOLD location address or for continuation of your shipping address.
City Washington State DC ZIP 20463

HOLD Weekday
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.
 HOLD Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.

0113950685



8057 6406 4910

Next business morning. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 Second business afternoon. * Thursday shipment will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Standard Overnight
Next business afternoon. * Saturday Delivery NOT available.
 FedEx Express Saver
Third business day. * Saturday Delivery NOT available.

5 Packaging * Declared value limit \$500.
 FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube

6 Special Handling and Delivery Signature Options
 SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
 No Signature Required
Package may be left without obtaining a signature for delivery.
 Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.
 Indirect Signa
If no one is available address, someone's address may sign to residential delivery.

Does this shipment contain dangerous goods?
One box must be checked.
 No Yes As per attached Shipper's Declaration. Yes Shipper's Declaration not required. Dry Ice Dry Ice, 9 UN 1845
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box. Cargo Aircraft O

7 Payment: Bill to: _____
Sender Acct. No. in Section 1 will be billed. Recipient Third Party Credit Card Other A
Total Packages _____ Total Weight _____ lbs. Credit Card Auth. _____

*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.
Rev. Date 2/12 - Part #163134 - © 1994-2012 FedEx - PRINTED IN U.S.A. SRS

FedEx
TRK#
0215 8057 6406 4910

WED - 09 NOV 10:30A
PRIORITY OVERNIGHT

EP RDVA

20463
DC-US
IAD



FID 187401 08NOV16 1SPA 539C3/CBB1/8EBA

The Wo

2016 NOV -9 AM 11:20

Express

FEDEX

R7 677
6
10:30
4910
11:09

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): *Fed Ex* Shipping Date
11/18/16
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER
 (3/2015)

11/19/16
 DATE PREPARED

2015-11-19 10:00:00 AM