

# REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

For Other Than An Authorized Committee  
(Summary Page)

Jul 19 4 42 PM '93

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>SULLY COUNTY POLICE BENEVOLENT ASSOCIATION - FEDERAL PAC</b>		2. FEC IDENTIFICATION NUMBER <b>C00196055</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>868 CHURCH ST. - SUITE 1</b>		
CITY, STATE and ZIP CODE <b>BOHEMIA, NY 1171</b>		
3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date).		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>1/1/93</u> through <u>6/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>			\$ <u>932.31</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>932.31</u>	
(c) Total Receipts (from Line 18)		\$ <u>3409.00</u>	\$ <u>3409.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>4341.31</u>	\$ <u>4341.31</u>
7. Total Disbursements (from Line 30)		\$ <u>1300.00</u>	\$ <u>1300.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>3041.31</u>	\$ <u>3041.31</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>0</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>0</u>	

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 <b>PATRICIA A. O'DONNELL</b>	Date <b>7/14/93</b>
Signature of Treasurer <i>Patricia A. O'Donnell</i>	

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

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**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM	TO
	1/1/93	6/30/93
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	500.00	500.00
ii. Unitemized	2409.00	2409.00
iii. Total (add i and ii) >	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a ii, b and c) >	3409.00	3409.00
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3409.00	3409.00
20. Total Federal Receipts (subtract line 18 from line 19) >	3409.00	3409.00
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	0	0
c. Total Operating Expenditures (add a i, a ii, and b) >	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	1300.00	1300.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) >	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1300.00	1300.00
31. Total Federal Disbursements (subtract line 21 a II from line 30) >	1300.00	1300.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	3409.00	3409.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	3409.00	3409.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 11a, i

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

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<p>A. Full Name, Mailing Address and ZIP Code LAZIO FOR A NEW CONGRESS PO BOX 5063 BAY SHORE, NY 11706</p>	<p>Name of Employer 192 CAMPAIGN STOP PAYMENT ON UNCASHED CHECK (SEE ATTACHED)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period \$ 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date &gt; \$</p>		
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date &gt; \$</p>		
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date &gt; \$</p>		
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date &gt; \$</p>		
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date &gt; \$</p>		
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date &gt; \$</p>		
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date &gt; \$</p>		

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$ 500.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p>\$ 500.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

SUFFOLK COUNTY POLICE BENEVOLENT ASSOCIATION FEDERAL PAC

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LAZIO FOR CONGRESS '94 BOX 5063 DAY SHORE, NY 11706	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 1994 <input type="checkbox"/> Other (specify)	2/26/93	\$250.00
B. Full Name, Mailing Address and ZIP Code LAZIO FOR A NEW CONGRESS C/O LEE GOND & WHALER'S COVE BABYLON, NY 11702	1992 CAMPAIGN CONTRIBUTION (REPLACES LOST CHECK) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 1992 <input type="checkbox"/> Other (specify) (SEE ATTACHED)	3/8/93	\$500.00
C. Full Name, Mailing Address and ZIP Code ROMAINE FOR CONGRESS PO BOX 173 SHIRLEY, NY 11967	DEBT REDUCTION - 1992 CAMPAIGN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/93	\$350.00
D. Full Name, Mailing Address and ZIP Code ACKERMAN FOR CONGRESS 501 CAPITOL COURT NE SUITE 200 WASHINGTON, D.C. 20002	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 1994 <input type="checkbox"/> Other (specify)	5/28/93	\$200.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

\$1300.00

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

\$1300.00

# SUFFOLK COUNTY PATROLMEN'S BENEVOLENT ASSOCIATION

868 Church Street • Bohemia, New York 11716-5006 • (516) 563-4200

Tom Tohill  
President

March 12, 1993

Bill Holmes  
1st Vice President

Tom Muratore  
2nd Vice President

Bill Zaiser  
Treasurer

Bob Tuodi  
Financial Secretary

James E. Kaseas  
Recording Secretary

Jim Edmonds  
Sgt.-at-Arms

Winnie Hannigan  
Sgt.-at-Arms

Sai De Angelis  
1st Pct. Trustee

William M. Tricarico  
2nd Pct. Trustee

Bill Mauck  
3rd Pct. Trustee

Bill Small  
4th Pct. Trustee

John Gang  
5th Pct. Trustee

Christopher J. Weigert  
6th Pct. Trustee

Jeff Frayler  
Headquarters-West

Jim DiGiorgio  
Headquarters-East

Kranz, Davis & Hersh  
Legal Counsel

Public Records Office  
Federal Election Commission  
999 E. Street N.W.  
Washington, DC 20463

Dear Sir/Madam:

I am writing regarding a contribution to the "Lazio For A New Congress" committee which we made on October 13, 1992 and reported on our pre-general report which was mailed on October 19, 1992.

This check was never returned with our bank statements and I recently contacted Congressman Lazio's people who told me that they had no record of this contribution. I put a stop payment on our October 13th check (#1023 in the amount of \$500) and issued a replacement check on March 8, 1993 (#1026 also in the amount of \$500) to be credited to Mr. Lazio's 1992 campaign.

Please let me know if this letter satisfies all reporting requirements regarding this contribution or if I have to supply additional documentation.

I've enclosed copies of the stop payment, the replacement check and my letter to Mr. Lazio's 1992 committee treasurer for your records.

Thank you for your kind attention and prompt response.

Sincerely,

Patricia A. O'Donnell, Treasurer  
Political Action Committee  
SUFFOLK COUNTY P.B.A., INC.

:po'd  
Enclosures

**SUFFOLK COUNTY  
PATROLMEN'S BENEVOLENT ASSOCIATION**

888 Church Street • Bohemia, New York 11716-5005 • (516) 563-4200

Tom Tohill  
President

March 8, 1993

Earl Holmes  
1st Vice President

Tom Muralore  
2nd Vice President

BIR Zalaw  
Treasurer

Bob Tucci  
Financial Secretary

James E. Hansen  
Recording Secretary

Jim Edmonds  
Sgt.-At-Arms

Vinny Manning  
Sgt.-At-Arms

Sal De Angelis  
1st Pct. Trustee

William M. Tricarico  
2nd Pct. Trustee

Bill March  
3rd Pct. Trustee

Bill Small  
4th Pct. Trustee

John Camp  
5th Pct. Trustee

Christopher J. Weigert  
6th Pct. Trustee

Jeff Foyler  
Headquarters-West

Jim DiGiorgio  
Headquarters-East

Krane, David & Harsh  
Legal Counsel

Lazio For A New Congress  
c/o Leo Genov  
6 Whaler's Cove  
Babylon, NY 11702

Dear Leo:

Per my conversation today with John Maloney, please find enclosed our check #1026 in the amount of \$500 made payable to Lazio For A New Congress which replaces a check we forwarded in October 1992 for the 1992 campaign which was obviously lost.

I had previously reported this donation on a Federal PAC report and wanted to get this check to you quickly so that our records match and are accurate. I did put a stop payment on the earlier check in the event it ever does surface.

If you have any questions, please feel free to contact me.

Sincerely,

Patricia A. O'Donnell, Treasurer  
SUFFOLK COUNTY P.B.A. POLITICAL ACTION COMMITTEE

pe'd  
Enclosure

2 3 0 3 8 4 3 5 2 4 4

<p align="center"><b>SUFFOLK COUNTY P.B.A.</b> FEDERAL PAC 888 CHURCH STREET BOHEMIA, NY 11716</p>		<p>1026</p>
<p>PAY TO THE ORDER OF <u>LAZIO FOR A NEW CONGRESS</u></p>		<p><u>3/8</u> 19<u>93</u> 1-141000</p>
<p><u>FIVE HUNDRED AND <sup>00</sup>/<sub>100</sub></u> DOLLARS</p>		<p>\$ 500.00</p>
<p><b>EAB</b> 4178 Veterans Memorial Hwy. Bohemia, NY 11716</p>		
<p>FOR <u>1992 CAMPAIGN (REPLACES LOST CHECK)</u></p>		<p><u>Patricia A. O'Donnell</u></p>
<p align="center">⑈001026⑈ ⑆028001489⑆ 024⑆03765 7⑈</p>		



# Stop Payment — Confirmation For Telephone Requests

Branch Name <i>Slip Mac Arthur</i>	Number <i>2221</i>	Date <i>3/1/93</i>
Customer's Name <i>1111 County BA</i>	Log/Control No.	Account Number <i>0-11037677</i>

STOP PAYMENT on the item described below:

Amount <i>500.00</i>	Type of Item (e.g. ODA Check) <i>Official Check</i>	Item Dated <i>10/1/92</i>	Check (Serial No. (If Certified, enter Cert No.)) <i>1023</i>
Payable To <i>Luigi for New Computer</i>			Reason for Stop Payment <i>lost</i>

Date/Time Request Received <i>3/1/93 12:50</i>	Source <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Bank <input type="checkbox"/> Written <input type="checkbox"/> ARP	Inquiry By <i>CK</i>	Input By <i>CK</i>	Date Released By Customer <input type="checkbox"/> At Branch <input type="checkbox"/> Via Mail
Date/Time Payment Stopped	Date Placed	Release Authorized By		
Tellers Review	Authorized Signature <i>[Signature]</i>			

**COPY 3**      If Telephone request — mail to customer for signature.      Customer

EAB 0392 JAN 92 (L1 192) 100119

Telephone Orders for Stop Payments are effective only for 14 calendar days, unless confirmed in writing. If your order was requested by telephone, please sign below and return this copy to your branch of account.

An Official Check or Certified Check is the equivalent of cash and EAB may refuse to Stop Payment on it unless one of the following conditions is met:

1. A court order restraining payment is made;
2. A letter of indemnity is signed and (a) a satisfactory indemnity bond is obtained or (b) satisfactory security is deposited with EAB

I (We) agree to indemnify EAB against any expense or loss suffered as a result of refusing to pay an Official Check or Certified Check when any of the above conditions are not met.

In the event of any litigation in which EAB and the undersigned are adverse parties arising out of or relating to this authorization and indemnity agreement or any of the provisions thereof, EAB and the undersigned waive trial by jury and, additionally, the undersigned waives the right to interpose any set off or counterclaim of any nature or description.

This request supersedes any prior oral Stop Payment request and is effective for six months. It is effective only if the item has not been paid, even if accepted by EAB on the mistaken belief that it has not been paid, provided that the error is due to normal delay in processing the item through EAB's bookkeeping system and not due to EAB's negligence.

You must provide the **EXACT SERIAL NUMBER** of the check to enable us to Stop Payment.

*X Patricia J. O'Donnell*  
Customer Signature

Customer Signature

*Please sign & return to Branch*

SUFFOLK COUNTY P.B.A.

FEDERAL PAC

988 CHURCH STREET  
BOHEMIA, NY 11716

1023

1-146/280

10/13 1992

PAY  
TO THE  
ORDER OF

*Pay to a New Congress*  
*Five hundred and <sup>40</sup>/<sub>100</sub>*

\$ 500.00

DOLLARS

**EAB**

4175 Veterans Memorial Hwy.  
Ronkonkoma, NY 11779

OR

*Campaign Contribution*

*Patricia A. O'Donnell*

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**SENDER:**  
 Complete Return Receipt  
 Print your name and address  
 Return this receipt to the addressee  
 Attach to the envelope  
 Write "Return Receipt" on the envelope  
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Article Addressed to: *Public Records Office*  
*FEB*  
*999 E Street NW*  
*Washington DC 20013*

2. Article Number: *1557-3860*

3. Service Type:  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

4. Date of Delivery: *11 6 11 11*

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

7. Addressee's Address (if different from 1 and fee is paid):

PS Form 3811, December 1981. Public Use of PS. **DOMESTIC RETURN RECEIPT**

P 359-830 460



**Receipt for Certified Mail**

No Insurance Coverage Provided  
 Do not use for International Mail  
 (See Reverse)

Send to: *PUBLIC RECORDS OFFICE*  
*999 E ST. NW*

From and to: *WASHINGTON DC 20013*

P. O. Name and ZIP Code

Postage	\$ .29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Storage to Whom & Date Delivered	1.00
Return Receipt Storage to Whom, Date, and Addressee's Address	
FD Tax Postage & Fund	\$ 2.29

Postmark of Date: *NOV 11 1981*

PS Form 3800, June 1981

over top of envelope

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

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

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-15-93
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	<del>DATE OF RECEIPT</del>
T.M.H. PREPARER	7-20-93 DATE PREPARED

7 5 0 3 8 4 3 0 2 4 8