

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FIRE ISLAND PINES PROPERTY OWNERS ASSOCIATION Political Action Committee

Report Covering the Period: From:

07 / 01 / 2009

To:

12 / 31 / 2009

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2009 | | 100108 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 26035 | |
| (c) Total Receipts (from Line 19) | 505000 | 1245000 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 631035 | 1345108 |
| 7. Total Disbursements (from Line 31) | 525010 | 1339083 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 6025 | 6025 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 000 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 000 | |

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

10030241375

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FIRE ISLAND PINES PROPERTY OWNERS PAC

Report Covering the Period: From: **07 / 01 / 2009** To: **12 / 31 / 2009**

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)).....▶

405000
100000
505000

980000
265000
1245000

- (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)

505000

1245000

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)).....▶

505000

1245000

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

505000

1245000

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-
penditures**

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)

| |
|---------|
| 505000 |
| |
| |
| |
| |
| |
| 5050.00 |

| |
|---------|
| 1245000 |
| |
| |
| |
| |
| |
| 1245000 |

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE / OF 2 | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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)
FIRE ISLAND GINEB PROPERTY OWNERS ASSOCIATION PAC

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

Mailing Address
12 E 86th ST

City **NEW YORK** State **NY** Zip Code **10028**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **500.00**

Date of Receipt
07 / 16 / 2009

Amount of Each Receipt this Period
250.00

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

Mailing Address
176 PERRY ST

City **NEW YORK** State **NY** Zip Code **10014**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SINGLE DECREASED** Occupation **▼**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **2,500.00**

Date of Receipt
08 / 04 / 2009

Amount of Each Receipt this Period
2,500.00

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

Mailing Address
2128 SPRING ST

City **PHILADELPHIA** State **PA** Zip Code **19103**

FEC ID number of contributing federal political committee. **C**

Name of Employer **U. OF PENNSYLVANIA** Occupation **DEAN**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **1,200.00**

Date of Receipt
08 / 08 / 2009

Amount of Each Receipt this Period
1,000.00

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

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

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **2** OF **2**
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FIRE ISLAND PINES PROPERTY OWNERS ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
ECKEL, JOHN
 Mailing Address
176 PERRY ST
 City **NY** State **NY** Zip Code **10014**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **SINCE DECEASED** Occupation
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date **28000**

Date of Receipt
09 / 05 / 2009
 Amount of Each Receipt this Period
30000

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
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period

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
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **40500**
TOTAL This Period (last page this line number only)..... **40500**

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**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 2 |
| | <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | |
| | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b | |

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NAME OF COMMITTEE (In Full)
FIRE ISLAND PINES PROPERTY OWNERS PAC

A. FRIENDS OF SCHUMER

Full Name (Last, First, Middle Initial)

Mailing Address: **509 MADISON AVE #1902**

City: **NEW YORK** State: **NY** Zip Code: **10022**

Purpose of Disbursement: **CHARLES SCHUMER CONTRIBUTION**

Candidate Name: **CHARLES SCHUMER**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement: **08 / 01 / 2009**

Amount of Each Disbursement this Period: **430000**

Category/Type: **011**

B. CITIZENS FOR GINNY FIELDS

Full Name (Last, First, Middle Initial)

Mailing Address: **PO BOX 623**

City: **SAKDAIR** State: **NY** Zip Code: **11769**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **GINNY FIELDS P/S Assembly**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement: **09 / 08 / 2009**

Amount of Each Disbursement this Period: **30000**

Category/Type: **011**

C. LESKO FOR SUPERVISOR

Full Name (Last, First, Middle Initial)

Mailing Address: **PO BOX 324**

City: **FARMINGVILLE** State: **NY** Zip Code: **11738**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **MARK LESKO-TOWN SUPERVISOR**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement: **09 / 08 / 2009**

Amount of Each Disbursement this Period: **20000**

Category/Type: **011**

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

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

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**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 2 OF 2 |
| | <input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input checked="" type="checkbox"/> 29 <input type="checkbox"/> 30b | |

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NAME OF COMMITTEE (In Full)
FIRE ISLAND PINES PROPERTY OWNERS ASSOC. PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FRIENDS OF TIM MAZZEI | | Date of Disbursement 10 / 10 / 2009 |
| Mailing Address PO BOX 58 | | Amount of Each Disbursement this Period 25000 |
| City BLUE POINT | State NY Zip Code | |
| Purpose of Disbursement CONTRIBUTION | | Category/Type 011 |
| Candidate Name TIM MAZZEI TOWN COUNCIL | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. JP MORGAN CHASE | | Date of Disbursement 10 / 15 / 2009 |
| Mailing Address PO BOX 260180 | | Amount of Each Disbursement this Period 010 |
| City BATON ROUGE | State LA Zip Code 70826-0180 | |
| Purpose of Disbursement | | Category/Type 003 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. CITIZENS FOR GIMMY FIELDS | | Date of Disbursement 10 / 17 / 2009 |
| Mailing Address PO BOX 623 | | Amount of Each Disbursement this Period 20000 |
| City OAKDALE | State NY Zip Code 11769 | |
| Purpose of Disbursement CONTRIBUTION | | Category/Type 011 |
| Candidate Name GIMMY FIELDS NYS ASSEMBLY | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|---|---------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 525010 |
| TOTAL This Period (last page this line number only).....▶ | 525010 |

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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.

| | |
|--|------------------------------------|
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| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) <i>1/29/10</i> |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery <input type="checkbox"/> | |
| <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 |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

Ed
 PREPARER *2/2/10*
 (3/2005) DATE PREPARED

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