

Long Island Law Enforcement Foundation

868 Church Street- Suite 1

Bohemia, New York 11716

631-563-4200

Date: November 4, 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 Long Island Law Enforcement Foundation | | 3. FEC Identification Number Applied for C |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 868 Church Street - Suite 1 | | |
| (c) City, State and ZIP Code Bohemia, New York 11716 | | |
| 2. Occupation and Name of Employer (for Individual Filers Only) | | |

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

5. COVERING PERIOD:

FROM / /
 THROUGH / /

6. TOTAL CONTRIBUTIONS
 7. TOTAL INDEPENDENT EXPENDITURES

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. Little

11/4/14

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

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-6830, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE 1 OF 1

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

11/04/2014

Amount of Each Receipt this Period

100.00

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

11/04/2014

Amount of Each Receipt this Period

100.00

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

11/04/2014

Amount of Each Receipt this Period

100.00

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

11/04/2014

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

100.00
300.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE / OF /
FOR LINE 7 OF FORM 5

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

| | | |
|---|-----------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee <u>Billboards on Wheels</u> | | Date of Public Distribution/Dissemination <u>11/03/2014</u> |
| Mailing Address <u>2090 5th Avenue</u> | | Amount <u>4375.00</u> |
| City <u>Rosetonka</u> | State <u>N.Y.</u> | |
| Purpose of Expenditure <u>Mobile Billboards</u> | Category/Type <u>004</u> | Office Sought: <input checked="" type="checkbox"/> House State: <u>NY</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: <u>Tim Bishop</u> | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <u>17240.23</u> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination |
| Mailing Address | | Amount |
| City | State | |
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination |
| Mailing Address | | Amount |
| City | State | |
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | <u>4375.00</u> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <u>0</u> |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | <u>4375.00</u> |

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 |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <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 |
| <input checked="" type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| <p>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.</p> | |

N/A
 PREPARER
 (8/2013)

N/A
 DATE PREPARED