Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Suffolk Correction Officers Association PAC 1001 Midddle Country Road ADDRESS (number and street) (Check if address is changed) Ridge 11961 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS blopiccolo@sccoa.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00612218 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Brian LoPiccolo Type or Print Name of Treasurer Brian LoPiccolo [Electronically Filed] 03 17 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Fc	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE & Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Corr	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.		
	1	
3.		

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Write or Type Committee Name		i ago o
• •	on Officers Association PAC	
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Suffolk County Correct	tion Officers Association, Inc.	
Mailing Address	1001 Middle Country Road	
		11961
Relationship: X Connected	CITY STATE d Organization Affiliated Committee Joint Fundraising Representative	ZIP CODE Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number optional) and position of the perso	on in possession of committee
Brian LoPid		
Mailing Address	1001 Middle Country Road	
	Ridge	11961
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 631	
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name Brian LoPic of Treasurer	ecolo	
Mailing Address	1001 Middle Country Road	
	Ridge NY CITY STATE	11961 ZIP CODE
Title or Position Treasurer		

FEC FOR	n 1 (Payisad 0.2/2000)	Daga 1
	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit bo Name of Bank,	 Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds. Depository, etc. 	
	Suffolk County National Bank	
Mailing Address	Suffolk County National Bank P.O. Box 9000	
Mailing Address		
Mailing Address	P.O. Box 9000	ZIP CODE
Mailing Address Name of Bank,	P.O. Box 9000 Riverhead NY 11901 CITY STATE	ZIP CODE
	P.O. Box 9000 Riverhead NY 11901 CITY STATE	
	P.O. Box 9000 Riverhead CITY STATE Depository, etc.	
Name of Bank,	P.O. Box 9000 Riverhead CITY STATE Depository, etc.	
Name of Bank,	P.O. Box 9000 Riverhead CITY STATE Depository, etc.	