

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION COMMISSION
ADMIN. SERVICE CENTER
Jul 18 2 28 PM '94

1. NAME OF COMMITTEE (in full)
SUFFOLK COUNTY POLICE BENEVOLENT ASSOCIATION FEDERAL PAC

ADDRESS (number and street) Check if different than previously reported
868 CHURCH ST.

CITY, STATE and ZIP CODE
BOHEMIA, NY 11716-5040

2. FEC IDENTIFICATION NUMBER
C00196055

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
SATISFIED CRITERIA PRIOR TO 11/94.

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

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SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period	<u>4/1/94</u> through <u>6/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>			\$ 2641.31
(b) Cash on Hand at Beginning of Reporting Period		\$ 3666.31	
(c) Total Receipts (from Line 19)		\$ 0	\$ 1715.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 3666.31	\$ 4356.31
7. Total Disbursements (From Line 30)		\$ 475.00	\$ 1165.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 3191.31	\$ 3191.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	

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
PATRICIA A. O'DONNELL

Signature of Treasurer
Patricia A. O'Donnell

Date
7/13/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM	TO
	4/1/94	6/30/94
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	0	0
ii. Unitemized	0	\$ 1715
iii. Total (add i and ii) >	0	\$ 1715
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a ii, b and c) >	0	\$ 1715
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) >	0	\$ 1715
20. Total Federal Receipts (subtract line 16 from line 19) >	0	\$ 1715
II. Disbursements		
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, ii, and b) >	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$ 475	\$ 1165
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. Individual/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) >	\$ 475	\$ 1165
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$ 475	\$ 1165
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	0	\$ 1715
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from line 32)	0	\$ 1715
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 35 from line 36) >	0	0

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF CONGRESSMAN HOCHBRUECKNER PO BOX 2884 WASHINGTON, DC 20013	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/94	\$250.00
LAZIO FOR CONGRESS '94 C/O EMMETT WALKER 12 DORAL LANE DAY SHORE, NY 11706	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/27/94	\$125.00
FRIENDS OF CONGRESSMAN HOCHBRUECKNER PO BOX 2884 WASHINGTON DC 20013	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/27/94	\$100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$475.00

**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.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED
7/15/94

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

E.S.
PREPARER

7/15/94
DATE PREPARED

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