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Image# 15951157731

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	•	For An A	uthorize	ed Com	mittee			Office Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRIN	Г₩		ample: If typin er the lines.	g, type	12FE4M5	
Committee to	Elect Ste	phen A. Lat	pate, In	C.				
		P.O. Box 6177						
ADDRESS (number ar	nd street)							
Check if dit	ferent							
than previous reported. (A		North Babylon					NY L	11703
2. FEC IDENTIFIC	CATION NU	JMBER ▼	(CITY			STATE A	ZIP CODE A
C C0047377	77		3. IS	THIS	× NEW		AMENE	
			RE	PORT	(N)	OR	(A)	NY 03
4. TYPE OF RE	PORT (Chr	nose One)						
(a) Quarterly R	•	JOSE Offic)	(b) 12-	Day PRE	-Election Repo	ort for the:		
		(04)			Primary (12P))	General (1	12G) Runoff (12R)
April 18	Quarterly F	Report (Q1)			Convention (12C)	Special (1	12S)
July 15	Quarterly R	eport (Q2)			Total .			
Octobe	r 15 Quarter	ly Report (Q3)	Ele	ection on	M - M /	D - D	Y - Y - Y - Y	in the State of
January	/ 31 Year-En	d Report (YE)	(c) 30-	Day POS	T -Election Rep	ort for the	:	
					General (30G)	Runoff (30	0R) Special (30S)
Termina	ation Report	(TER)			M M /	D D /	Y Y Y Y	in the
			Ele	ection on				State of
5. Covering Period		M / D D /	Y Y 201		through	M N	/ D D /	Y Y Y Y Y Z Y Z 2015
I certify that I have e	examined th	is Report and to	the best	of my kn	owledge and l	belief it is i	true, correct and	d complete.
Type or Print Name	of Treasurer	Nancy Marks						
Signature of Treasure	er <u>Nanc</u>	cy Marks			[Electronically I	Filed]	Date 04	/ 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of	false, errone	eous, or incomple	ete informa	ition may :	subject the per	son signing	this Report to t	the penalties of 2 U.S.C. §437g.
Office								
Use Only								FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

2015

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2015

03

To:

31

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Report Covering the Period:

Committee	to Elect	Stephen A.	Labate,	Inc.
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From:

01

01

COLUMN A COLUMN B This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 349.69 1599.69 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 349.69 1599.69 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 193.04 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 27900.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Committee to Elect Stephen A. Labate, Inc.

Report Covering the Period: From: 01 01 / 2015 To: 03 31 / 2015

I. RECEIPTS		I. RECEIPTS COLUMN A Total This Period	
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized(iii) TOTAL of contributions	0.00	0.00
	from individuals	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	0.00
	(b) All Other Loans(c) TOTAL LOANS	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
4.	OFFSETS TO OPERATING EXPENDITURES		
_	(Refunds, Rebates, etc.)	0.00	0.00
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	349.69	1599.69		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
19.	LOAN REPAYMENTS:				
	(a) Of Loans Made or Guaranteed by the Candidate	3000.00	3000.00		
	(b) Of All Other Loans	0.00	0.00		
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	3000.00	3000.00		
20.	REFUNDS OF CONTRIBUTIONS TO:				
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00		
21.	OTHER DISBURSEMENTS	0.00	0.00		
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	3349.69	4599.69		
	III. CASH SU	JMMARY			
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	3542.73		
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00		
25.	25. SUBTOTAL (add Line 23 and Line 24)				
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	3349.69		
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		193.04		

				FOR LINE NUMBER: PAGE 5 OF 12
SCHEDULE B (FEC	Form 3)	Use separate sche	edule(s)	FOR LINE NUMBER: PAGE 5 OF 12 (check only one)
TEMIZED DISBURS	EMENTS	for each category of the Detailed Summary Page		17 18 X 19a 19b 20a 20b 20c 21
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Committee to Elect	Full) : Stephen A. Labate, I	nc.		
Full Name (Last, First, Midd A. Stephen A Labate Mailing Address P.O. Box 6	1177			Date of Disbursement 01 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City North Babylon Purpose of Disbursement	State NY	Zip Code 11703	009	Amount of Each Disbursement this Period 750.00
Candidate Name Committee to Electoric Sought: Candidate Name Candidat			Category/ Type	Transaction ID : SB19A.7887
State: NY District: Full Name (Last, First, Midd	ident Other (s			
Mailing Address P.O. Box 6	3177			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City North Babylon	State NY	Zip Code 11703		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name			009	1500.00 Transaction ID : SB19A.7896
	t Stephen A. Labate, Disbursement For		Category/ Type	
Sena		X General		
Full Name (Last, First, Mido	le Initial)			Date of Disbursement
Mailing Address P.O. Box 6	177			01 21 7 7 7 7
City North Babylon Purpose of Disbursement		p Code 1703	009	Amount of Each Disbursement this Period 300.00
Office Sought: Hou Sen		: 2015 General	Category/ Type	Transaction ID : SB19A.7886
	This Page (optional)			2550.00

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

S

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 6 OF 12 (check only one) 17
	ny information copied from such Reports and Statements for commercial purposes, other than using the name an			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Committee to Elect Stephen A. Labate			
A.	Full Name (Last, First, Middle Initial) Stephen A Labate			Date of Disbursement
	Mailing Address P.O. Box 6177			01 27 2015
	City State North Babylon NY Purpose of Disbursement	Zip Code 11703		Amount of Each Disbursement this Period 450.00
	Candidate Name Committee to Elect Stephen A. Labate	·	009 Category/ Type	Transaction ID : SB19A.7888
	Office Sought: House Disbursement F			
	Full Name (Last, First, Middle Initial)			Date of Disbursement
B.	Mailing Address			M M / D D / Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	
	Office Sought: House Senate President Disbursement F Prima Other			
_	State: District: Full Name (Last, First, Middle Initial)			
C.	Tail Harro (East, Filet, Middle Hillar)			Date of Disbursement
	Mailing Address			M M / D D / Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	1
	Office Sought: House Senate Prima President Disbursement F Prima Other			
_	State: District:			
8	UBTOTAL of Disbursements This Page (optional)			450.00

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

3000.00

Use separate schedule(s) for each category of the

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OF

(check only one) Detailed Summary Page Transaction ID: SC/10.4476 NAME OF COMMITTEE (In Full) Committee to Elect Stephen A. Labate, Inc. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Stephen A Labate General Mailing Address Other (specify) \blacktriangledown P.O. Box 6177 City State ZIP Code NY 11703 North Babylon Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 3000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 ^M 03^M 2011 0.00 on demand % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.6668 NAME OF COMMITTEE (In Full) Committee to Elect Stephen A. Labate, Inc. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Stephen A Labate ★ General Mailing Address Other (specify) \blacktriangledown P.O. Box 6177 State ZIP Code City NY 11703 North Babylon Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2500.00 1500.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D14 Ž012 12/31/2012 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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OF

Detailed Summary Page Transaction ID: SC/10.7720 NAME OF COMMITTEE (In Full) Committee to Elect Stephen A. Labate, Inc. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Stephen A Labate General Mailing Address Other (specify) \blacktriangledown P.O. Box 6177 State ZIP Code City NY 11703 North Babylon Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 9700.00 0.00 9700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 13^D ^M 05^M ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 9700.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.7719 NAME OF COMMITTEE (In Full) Committee to Elect Stephen A. Labate, Inc. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Stephen A Labate General Mailing Address Other (specify) \blacktriangledown P.O. Box 6177 City State ZIP Code NY 11703 North Babylon Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5700.00 0.00 5700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5700.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.7727 NAME OF COMMITTEE (In Full) Committee to Elect Stephen A. Labate, Inc. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Stephen A Labate General Mailing Address Other (specify) \blacktriangledown P.O. Box 6177 State ZIP Code City NY 11703 North Babylon Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M06^M ^D16 ž014 0.00 unknown % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.7744 NAME OF COMMITTEE (In Full) Committee to Elect Stephen A. Labate, Inc. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Stephen A Labate General Mailing Address Other (specify) \blacktriangledown P.O. Box 6177 State ZIP Code City NY 11703 North Babylon Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D16^D ^M06^M ž014 0.00 unknown % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) 27900.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.