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FEC

STATEMENT OF

2018 NOV 17 AM 11: 15

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example:If typing, type 1ŽFE4M5 COMMITTEE (in full) is changed) over the lines. Producice BenjevioleNT ASSISIER POLLICE DEPENDENT CIOININTINI 101F1 IN ASISIAIN IN 41 I FEIDIEIRIAILI IPIACI I ADDRESS (number and street) 18191 IEI IJIEIRICHIO ITIVIRINAINE (Check if address is changed) Mindeonlan NU CITY ZIP CODE STATE COMMITTEE'S E-MAIL ADDRESS WASSAUBBACAOG.COM......... COMMITTEE'S WEB PAGE ADDRESS (URL) MWWNAISISAUPBA. ORIGILL COMMITTEE'S FAX NUMBER 5116-1742-1051191 DATE FEC IDENTIFICATION NUMBER IS THIS STATEMENT OR NEW (N) 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. Type or Print Name of Treasurer Signature of Treasurer 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 12/2007) Toli Free 800-424-9530 Only

Local 202-694-1100

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	•	COMMITTEE	
		e 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. (Complete the cal information below.)			
Name of Candidate Candidate Office Party Affiliation Office Sought: House Senate President			
			State
			District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate			
P	arty Cor	mmittee:	
(d)	» [nocratic, ublican, etc.) Party.
P	olitical A	Action Committee (PAC):	
(e)) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) its connect	ed organization is a:
		Corporation Corporation w/o Capital Stock	bor Organization
		Membership Organization Trade Association Co	poperative
(f)	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Jo	oint Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser		
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	 2.		
	3.		
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	5.	FEC ID number	

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-	C Form 1 (Revised 12/2007)	Page 3
Police (Benevalent Assoc Police Separament, County of NASSAU Not Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundrai	U
Traine or	Any commence digenterion, Anniated Committee, Leader-only 1 No Sponsor of Committee and Land	only noprocentative
Ploni	LE BENEVIOLUENT ASSISTE POLLIGE DEPART	Ment
Clolulat	TY OF MASSAU MY TO THE THE	
Malling A	Address []]]]]]]]]]	
	1819 IEI JERIICHO TTURNAIKE III	
	MINEOHA IIIIII NIY III	5,011-
	CITY STATE	ZIP CODE
Relations		raising Representative
	an of Records: Identify by name, address (phone number optional) and position of the person in address.	possession of committee
Full Name	WAYNE HARTMAD	
Mailing A	uddress	
	1891 JERICHIOI TIURINDILIKE	لحسيست
	MineoLA DE DE	15011-
Title or Po	CITY STATE	ZIP CODE
_		- [419H] - [6183D]
	er: List the name and address (phone number optional) of the treasurer of the committee; and the gnated agent (e.g., assistant treasurer).	e name and address of
Full Name of Treasur		
Mailing Ad	Address	ليبيبيا
	1891 JERIKIBIOI TIVIRINDILIKEI IIII	
Title or Pr	CITY STATE	15101 - 1 1
Title or Po		- [294] - [6230]
FE3AN042.PDF		

	FEC Form 1 (Revis	sed 12/2007)		Page 4
F	Full Name of	PS CARVER 1	Ny Fe	derai Pac
N	Mailing Address		لللللل	
		1891 JERICHOI TURRUPIKE		
		CITY	STATE	ZIP CODE
ŀ	itle or Position PRESITERNI	Telephone nu	mber 5	16-29:4-6230
8	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.			
	Sitia	TE BIANK 101F LOWG ISLA	and .	
N	Mailing Address	Clownity Seat BRAINCH		
		181912 IOND COUNTRY ROLL		
		Mineala	MY	<u> </u>
		CITY	STATE	ZIP CODE
1	Name of Bank, Depository	, etc.		
	لب			
N	Mailing Address		1111	
			111	
			لسا	
		CITY	STATE	ZIP CODE

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Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
Next Busi	ness Day Delivery		
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Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	of Receipt or Postmarked		
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