

**Political Organization
Report of Contributions and Expenditures**

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

A For the period beginning July 1, 2002 and ending September 30, 2002

B Check applicable boxes: Initial report Change of address Amended report Final report

1 Name of organization: UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT **Employer identification number**
01 0686930

2 Mailing address (P.O. Box or number, street, and room or suite number)
225 BROADWAY, ROOM 401

City or town, state, and ZIP code
NEW YORK, NY 10007

3 E-mail address of organization _____ **4** Date organization was formed
JULY 2000

5a Name of custodian of records: ARTHUR J PARRINELLO **5b** Custodian's address
225 BROADWAY, ROOM 401
NEW YORK, NY 10007

6a Name of contact person: ARTHUR J PARRINELLO **6b** Contact person's address
225 BROADWAY, ROOM 401
NEW YORK, NY 10007

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
City or town, state, and ZIP code

8 Type of report (check only one box)

a First quarterly report (due by April 15)

b Second quarterly report (due by July 15)

c Third quarterly report (due by October 15)

d Year-end report (due by January 31)

e Mid-year report (Non-election year only-due by July 31)

f Monthly report for the month of: _____
(due by the 20th day following the month shown above, except the December report, which is due by January 31)

g Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: _____
(2) Date of election: _____
(3) For the state of: _____

h Post-general election report (due by the 30th day after general election)
(1) Date of election: _____
(2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A) 17,000.00

10 Total amount of reported expenditures (total from all attached Schedules B) 22,630.00

Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Arthur J Parrinello 10/10/02
Signature of authorized official Date

SCANNED OCT 17 '02

Schedule A Itemized Contributions		Schedule A page 1 of 2
Name of organization UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT		Employer identification number 01 0686930
Contributor's name, mailing address and ZIP code UNIFORMED FIRE OFFICERS ASSOCIATION 225 BROADWAY, ROOM 401 NEW YORK, NY 10007	Name of contributor's employer THE CITY OF NEW YORK	Amount of contributions reported for this period \$ 10000.00
	Contributor's occupation FIRE OFFICER	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code VARIOUS PAYROLL DEDUCTIONS	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$ 10,000.00

Schedule A Itemized Contributions Schedule A page 2 of 2

Name of organization: **UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT** Employer identification number: **01-0686930**

Contributor's name, mailing address and ZIP code UNIFORMED FIRE OFFICERS ASSOCIATION 225 BROADWAY, ROOM 401 NEW YORK, NY 10007 VARIOUS PAYROLL DEDUCTIONS	Name of contributor's employer THE CITY OF NEW YORK Contributor's occupation FIRE OFFICER Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$ 7000.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$

Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶ **\$ 7,000.00**

Schedule B Itemized Expenditures		Schedule B page 1 of 6
Name of organization UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT		Employer identification number 01 0686930
Recipient's name, mailing address and ZIP code NYSPFF 111 WASHINGTON AVE, SUITE 207 ALBANY, NY 12210	Name of recipient's employer	Amount of each expenditure reported for this period \$ 390.00
	Recipient's occupation PAC	
Recipient's name, mailing address and ZIP code BX DEMOCRATIC COUNTY COMMITTEE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 600.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS OF COMRIE '03	Name of recipient's employer	Amount of each expenditure reported for this period \$ 150.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS BILL MULRON	Name of recipient's employer	Amount of each expenditure reported for this period \$ 250.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code KARBEN FOR ASSEMBLY	Name of recipient's employer	Amount of each expenditure reported for this period \$ 250.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code DINAPOLI FOR COUNTY EXECUTIVE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 250.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS OF MARK NEPRIN	Name of recipient's employer	Amount of each expenditure reported for this period \$ 250.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code SENATOR SPANO COMMITTEE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 500.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code RUSTY STAUB FOUNDATION	Name of recipient's employer	Amount of each expenditure reported for this period \$ 400.00
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872 ▶		\$ 3040.00

Schedule B Itemized Expenditures Schedule B page 2 of 6

Name of organization: **UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT** Employer identification number: **01 0686930**

Recipient's name, mailing address and ZIP code CITY COUNCIL	Name of recipient's employer	Amount of each expenditure reported for this period \$ 200.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS FOR FUSCHILLO	Name of recipient's employer	Amount of each expenditure reported for this period \$ 350.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code CITIZENS FOR TOM MORAHAN	Name of recipient's employer	Amount of each expenditure reported for this period \$ 400.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code NYS SENATE REPUBLICAN CAMPAIGN COMMITTEE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 2000.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code GOOD SHEPHARD 75TH COMMITTEE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 400.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS MARTY GOLDEN	Name of recipient's employer	Amount of each expenditure reported for this period \$ 150.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS CARL MARCELLINO	Name of recipient's employer	Amount of each expenditure reported for this period \$ 300.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS OF BILL DeBLASO	Name of recipient's employer	Amount of each expenditure reported for this period \$ 500.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS TOBY STAVISKY	Name of recipient's employer	Amount of each expenditure reported for this period \$ 300.00
	Recipient's occupation	

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872. **\$ 4,600.00**

Schedule B Itemized Expenditures Schedule B page 3 of 6

Name of organization: **UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT** Employer identification number: **01 0686930**

Recipient's name, mailing address and ZIP code COMMITTEE TO ELECT PAT ACAMPORA	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 130.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872. \$ **130.00**

Schedule B Itemized Expenditures		Schedule B page 4 of 6
Name of organization UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT		Employer identification number 01 0686930
Recipient's name, mailing address and ZIP code NYSPPF 111 WASHINGTON AVE, SUITE 207 ALBANY, NY 12210	Name of recipient's employer	Amount of each expenditure reported for this period \$ 390.00
	Recipient's occupation PAC	
Recipient's name, mailing address and ZIP code SENATOR SPANO COMMITTEE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 400.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code NYS REPUBLICAN COMMITTEE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 1400.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code DEMOCRATIC ASSEMBLY CAMPAIGN COMMITTEE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 1600.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code LEIBELL FOR SENATE COMMITTEE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 600.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code NYS DEMOCRATIC SENATE CAMPAIGN COMMITTEE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 500.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS ASSEMBLY ROBERT STRANERE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 250.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS OF JOHN FLANAGAN	Name of recipient's employer	Amount of each expenditure reported for this period \$ 1000.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS OF BILL MULRON	Name of recipient's employer	Amount of each expenditure reported for this period \$ 150.00
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 6,290.00



Schedule B Itemized Expenditures		Schedule B page 5 of 6
Name of organization UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT		Employer identification number 01 0686930
Recipient's name, mailing address and ZIP code NYSPPF 111 WASHINGTON AVE, SUITE 207 ALBANY, NY 12210	Name of recipient's employer	Amount of each expenditure reported for this period \$ 390.00
	Recipient's occupation PAC	
Recipient's name, mailing address and ZIP code VELELLA AGAIN 2002	Name of recipient's employer	Amount of each expenditure reported for this period \$ 1000.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS OF BILL MULRON	Name of recipient's employer	Amount of each expenditure reported for this period \$ 500.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRANK PADAVAN RE-ELECT CAMPAIGN COMMITTEE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 360.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code FRIENDS OF SENATOR SERF MALTESE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 300.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code COMMITTEE TO RE-ELECT GEO ONORATO	Name of recipient's employer	Amount of each expenditure reported for this period \$ 150.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code COMMITTEE FOR FARRELL	Name of recipient's employer	Amount of each expenditure reported for this period \$ 1000.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code KLEIN FOR ASSEMBLY	Name of recipient's employer	Amount of each expenditure reported for this period \$ 1000.00
	Recipient's occupation	
Recipient's name, mailing address and ZIP code NYS SENATE REPRESENTATIVE CAMPAIGN COMMITTEE	Name of recipient's employer	Amount of each expenditure reported for this period \$ 1000.00
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 5700.00

Schedule B Itemized Expenditures		Schedule B page 6 of 6
Name of organization UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT		Employer identification number 01 0686930
Recipient's name, mailing address and ZIP code ABBATE FOR ASSEMBLY	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 1000.00
Recipient's name, mailing address and ZIP code VELELLA AGAIN 2002	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 1000.00
Recipient's name, mailing address and ZIP code MIKE SPANO COMMITTEE	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 270.00
Recipient's name, mailing address and ZIP code FRIENDS ELECTION OF DEAN SKELOS	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 350.00
Recipient's name, mailing address and ZIP code CITIZENS FOR RON TOCCI	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 250.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 2870.00