

**Political Organization  
 Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See Separate instructions.

**A** For the period beginning October 1, 2002 and ending December 31, 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 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)

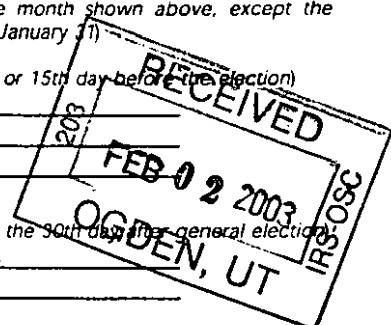
d  Year-end report (due by January 31)

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) **9** 35,000.00

**10** Total amount of reported expenditures (total from all attached Schedules B) **10** 32,707.60

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.

**Sign Here** Arthur Parrinello **Signature of authorized official** 1/31/03 **Date**

SCANNED FEB 06 03

Schedule A Itemized Contributions		Schedule A page 1 of 2
Name of organization <b>UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT</b>		Employer identification number <b>01 0686930</b>
Contributor's name, mailing address and ZIP code <b>UNIFORMED FIRE OFFICERS ASSOCIATION 225 BROADWAY, ROOM 401 NEW YORK, NY 10007</b>	Name of contributor's employer <b>THE CITY OF NEW YORK</b>	Amount of contribution
	Contributor's occupation <b>FIRE OFFICER</b>	<b>\$ 25000.00</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
<b>VARIOUS PAYROLL DEDUCTIONS</b>		
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
<b>Subtotal</b> of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . . . ▶		<b>\$ 25,000.00</b>

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

Schedule B Itemized Expenditures		Schedule B page 1 of 12
Name of organization <b>UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT</b>		Employer identification number <b>01:0686930</b>
Recipient's name, mailing address and ZIP code <b>LAVELLE FOR ASSEMBLY c/o ERIC RICHARDSON, TREASURER 160 BEMENT AVE STATEN ISLAND, NY 10310</b>	Name of recipient's employer <b>NYS ASSEMBLY</b>	Amount of expenditure <b>\$ 220.00</b>
	Recipient's occupation <b>NYS ASSEMBLYMAN</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>HEVESSI 2002 CLF CONSULTING INC WOOLWORTH BLD 233 BROADWAY, FLR 22 NEW YORK, NY 10279</b>	Name of recipient's employer <b>ALAN HEVESI</b>	Amount of expenditure <b>\$ 2500.00</b>
	Recipient's occupation <b>COMPROLLER</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>NYSPPF 111 WASHINGTON AVE, SUITE 207 ALBANY, NY 12210</b>	Name of recipient's employer	Amount of expenditure <b>\$ 390.00</b>
	Recipient's occupation <b>PAC</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>SENATOR SPANO COMMITTEE P.O. BOX 908 GREYSTONE STATION YONKERS, NY 10703</b>	Name of recipient's employer <b>NYS SENATE</b>	Amount of expenditure <b>\$ 500.00</b>
	Recipient's occupation <b>NYS SENATE</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>THE CONNOR COMMITTEE 61 PIERRSPORT ST. SUITE 71 BROOKLYN, NY 11201</b>	Name of recipient's employer <b>NYS GOV'T</b>	Amount of expenditure <b>\$ 600.00</b>
	Recipient's occupation <b>NYS DEMOCRATIC LEADER</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>SPITZER 2002 895 BROADWAY 5TH FLOOR NEW YORK, NY 10003</b>	Name of recipient's employer <b>NYS GOV'T</b>	Amount of expenditure <b>\$ 1250.00</b>
	Recipient's occupation <b>NYS ATTORNEY GENERAL</b>	Date of expenditure
Purpose of expenditure		
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		<b>\$ 5,460.00</b>



**Schedule B** **Itemized Expenditures** Schedule B page 2 of 12

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

Recipient's name, mailing address and ZIP code <b>FRIENDS OF MATTHEW SPANO                  STATEN ISLAND, NY 10310</b>	Name of recipient's employer  Recipient's occupation  	Amount of expenditure  Date of expenditure  
		\$ <b>150.00</b>

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>LAVELLE FOR ASSEMBLY                  C/O ERIC RICHARDSON, TREASURER                  160 BEMENT AVE                  STATEN ISLAND, NY 10310</b>	Name of recipient's employer <b>NYS ASSEMBLY</b>  Recipient's occupation <b>NYS ASSEMBLYMAN</b>	Amount of expenditure  Date of expenditure  
		\$ <b>125.00</b>

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>JUDITH N. MCMAHON FOR JUDGE                  C/O WENDY KEEGAN ESQ                  24 MAINE AVE                  STATEN ISLAND, NY 10314</b>	Name of recipient's employer  Recipient's occupation <b>CANDIDATE</b>	Amount of expenditure  Date of expenditure  
		\$ <b>200.00</b>

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>VICTORY CELEBRATION                  DEMOCRATIC ASSEMBLY CAMPAIGN                  COMMITTEE                  107 WASHINGTON AVE, STE 1 L.L.                  ALBANY, NY 12210</b>	Name of recipient's employer <b>NYS DEMOCRATIC ASSEMBLY</b>  Recipient's occupation  	Amount of expenditure  Date of expenditure  
		\$ <b>1000.00</b>

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF AMY PAVLIN                  12 BURGESS RD                  SCARSDALE, NY 10583</b>	Name of recipient's employer <b>NYS ASSEMBLY</b>  Recipient's occupation <b>ASSEMBLY WOMEN</b>	Amount of expenditure  Date of expenditure  
		\$ <b>250.00</b>

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>BALBONI FOR SENATE                  P.O. BOX 1720                  MINEOLA, NY 11501</b>	Name of recipient's employer <b>NYS SENATE</b>  Recipient's occupation <b>NYS SENATOR</b>	Amount of expenditure  Date of expenditure  
		\$ <b>150.00</b>

Purpose of expenditure

**Subtotal** of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872. \$ **1,875.00**



Schedule B Itemized Expenditures		Schedule B page 3 of 12
Name of organization <b>UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT</b>		Employer identification number <b>01:0686930</b>
Recipient's name, mailing address and ZIP code <b>FALL FEST 2002 NYS SENATE REPUBLICAN CAMPAIGN P.O. BOX 7229 ALBANY, NY 12224</b>	Name of recipient's employer <b>NYS SENATE</b>	Amount of expenditure <b>\$ 1000.00</b>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>COMMITTEE TO ELECT MARGARET M MARKEY C/O MICHAEL DEN DEKKER 77-18 31 AVENUE JACKSON HEIGHTS, NY 11370</b>	Name of recipient's employer <b>NYS ASSEMBLY</b>	Amount of expenditure <b>\$ 300.00</b>
	Recipient's occupation <b>NYS ASSEMBLYMAN</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>FRIENDS OF J. GARY PRETLOW P.O. BOX 269 MOUNT VERNON, NY 10554</b>	Name of recipient's employer <b>NYS ASSEMBLY</b>	Amount of expenditure <b>\$ 150.00</b>
	Recipient's occupation <b>NYS ASSEMBLYMAN</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>FRIENDS OF TOM DINAPOLI</b>	Name of recipient's employer	Amount of expenditure <b>\$ 200.00</b>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>TONY AVELLA RE-ELECTION COMMITTEE P.O. BOX 570052 WHITESTONE, NY 11357</b>	Name of recipient's employer <b>NYC GOV'T</b>	Amount of expenditure <b>\$ 250.00</b>
	Recipient's occupation <b>NYC COUNCILMEN</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>FRIENDS OF HELEN SEARS 2003 P.O. BOX 3 JACKSON HEIGHTS, NY 11372</b>	Name of recipient's employer <b>NYC COUNCIL</b>	Amount of expenditure <b>\$ 250.00</b>
	Recipient's occupation <b>NYC COUNCILWOMEN</b>	Date of expenditure
Purpose of expenditure		
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		<b>\$ 2,150.00</b>



**Schedule B** Itemized Expenditures Schedule B page 4 of 12

Name of organization  
**UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT**

Employer identification number  
**01 : 0686930**

Recipient's name, mailing address and ZIP code <b>COMMITTEE TO RE-ELECT WEISENBERG                  730 WEST BROADWAY                  APT 5G                  LONG BEACH, NY 11561</b>	Name of recipient's employer <b>NYS ASSEMBLY</b>	Amount of expenditure <b>\$ 270.00</b>
Recipient's occupation <b>NYS ASSEMBLYMAN</b>		Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>NY VICTORY 2002                  C/O CATHY BLANCY                  355 LEXINGTON AVE, SUITE 1001                  NEW YORK, NY 10017</b>	Name of recipient's employer <b>NYS GOV'T</b>	Amount of expenditure <b>\$ 1000.00</b>
Recipient's occupation		Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>THE COMMITTEE TO ELECT PAT                  ACAMPORA                  P.O. BOX 818                  RIVERHEAD, NY 11901</b>	Name of recipient's employer <b>NYS ASSEMBLY</b>	Amount of expenditure <b>\$ 100.00</b>
Recipient's occupation <b>NYS ASSEMBLY WOMEN FIRST DISTRICT</b>		Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF AL VANN                  1424 FULTON ST                  BROOKLYN, NY 11216</b>	Name of recipient's employer <b>NYC GOV'T</b>	Amount of expenditure <b>\$ 125.00</b>
Recipient's occupation <b>NYC COUNCILMAN</b>		Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>CITIZENS FOR JOE ROBACH                  81 ALBERMORLA STREET                  ROCHESTER, NY 14613</b>	Name of recipient's employer <b>NY SENATE</b>	Amount of expenditure <b>\$ 1000.00</b>
Recipient's occupation <b>NYS ASSEMBLYMAN</b>		Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF GOLDEN                  9306 4TH AVENUE                  BROOKLYN, NY 11209</b>	Name of recipient's employer <b>NYC COUNCIL</b>	Amount of expenditure <b>\$ 1000.00</b>
Recipient's occupation <b>NYC COUNCILMAN</b>		Date of expenditure

Purpose of expenditure

**Subtotal** of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872. **\$ 3,495.00**



**Schedule B** Itemized Expenditures

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Name of organization  
**UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT**

Employer identification number  
**01:0686930**

Recipient's name, mailing address and ZIP code <b>FRIENDS OF FARLEY                  P.O. BOX 9223                  SCHENECTADY, NY 12309</b>	Name of recipient's employer <b>NY SENATE</b>	Amount of expenditure <b>\$ 1000.00</b>
	Recipient's occupation <b>NYS SENATOR</b>	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF BETTY LITTLE                  P.O. BOX 4730                  QUEENSBURY, NY 12804</b>	Name of recipient's employer <b>NY SENATE</b>	Amount of expenditure <b>\$ 1000.00</b>
	Recipient's occupation <b>NYS ASSEMBLY WOMEN</b>	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>NYS DEMOCRATIC SENATE CAMPAIGN                  COMMITTEE                  107 WASHINGTON AVE                  ALBANY, NY 12210</b>	Name of recipient's employer <b>NYS SENATE</b>	Amount of expenditure <b>\$ 600.00</b>
	Recipient's occupation <b>SENATOR</b>	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF BARRY GRODENCHIK                  MR. SIMON PELMAN                  37-31 71ST AVENUE                  GARDEN HILLS, NY 11367</b>	Name of recipient's employer <b>CANDIDATE NYS ASSEMBLY</b>	Amount of expenditure <b>\$ 300.00</b>
	Recipient's occupation <b>DEMOCRATIC NOMINEE NYS ASSEMBLY 22ND</b>	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF SENATOR NEIL BRESLIN                  P.O. BOX 2171                  ALBANY, NY 12220</b>	Name of recipient's employer <b>NYS SENATE</b>	Amount of expenditure <b>\$ 150.00</b>
	Recipient's occupation <b>NYS SENATOR</b>	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF CATHERINE NOLAN                  P.O. BOX 640698                  OAKLAND GARDENS, NY 11364</b>	Name of recipient's employer <b>NYS ASSEMBLY</b>	Amount of expenditure <b>\$ 300.00</b>
	Recipient's occupation <b>NYS ASSEMBLYMAN</b>	Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872. **\$ 3,350.00**



**Schedule B Itemized Expenditures** Schedule B page 6 of 12

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

Recipient's name, mailing address and ZIP code <b>MIKE CUSICK FOR ASSEMBLY                  1682 VICTORY BLVD                  STATEN ISLAND, NY 10314</b>	Name of recipient's employer	Amount of expenditure
	Recipient's occupation <b>CANDIDATE FOR NYS ASSEMBLY</b>	\$ <b>250.00</b>  Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>DEMOCRATIC ORGANIZATION OF                  QUEENS COUNTY                  72-50 AUSTIN STREET                  FOREST HILLS, NY 11375</b>	Name of recipient's employer	Amount of expenditure
	Recipient's occupation <b>FORMER PRESIDENT, USA</b>	\$ <b>500.00</b>  Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>CITIZENS FOR CALHOUN                  P.O. BOX 59                  WASHINGTONVILLE, NY 10992</b>	Name of recipient's employer	Amount of expenditure
	Recipient's occupation <b>ASSEMBLYWOMEN, NYS</b>	\$ <b>250.00</b>  Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF RICHARD BRODSKY                  2121 SAW MILL RIVER RD                  WHITE PLAINS, NY 10607</b>	Name of recipient's employer	Amount of expenditure
	Recipient's occupation <b>NYS ASSEMBLY MAN</b>	\$ <b>175.00</b>  Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF AMY PAVLIN                  12 BURGESS ROAD                  SCARSDALE, NY 10583</b>	Name of recipient's employer	Amount of expenditure
	Recipient's occupation <b>NYS ASSEMBLY WOMEN</b>	\$ <b>100.00</b>  Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF RON TOCCI                  102 BROOKSIDE PLACE                  NEW ROCHELLE, NY 10801</b>	Name of recipient's employer	Amount of expenditure
	Recipient's occupation <b>NYS ASSEMBLYMAN</b>	\$ <b>500.00</b>  Date of expenditure

Purpose of expenditure

**Subtotal** of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872. \$ **1,775.00**



**Schedule B** Itemized Expenditures Schedule B page 7 of 12

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

Recipient's name, mailing address and ZIP code <b>HEVESI 2002 CLF CONSULTING INC WOOLWORTH BLDING 233 BROADWAY FLOOR 22 NEW YORK, NY 10279</b>	Name of recipient's employer <b>ALAN HEVESI</b>	Amount of expenditure <b>\$ 500.00</b>
Recipient's occupation <b>COMPROLLER</b>		Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>JOHN F KENNEDY REGULAR DEOMCRATIC CLUB OF QUEENS CTY 78-31 PARSON BLVD FLUSHING, NY 11366</b>	Name of recipient's employer	Amount of expenditure <b>\$ 160.00</b>
Recipient's occupation		Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>HEALTH CLUB MILLS</b>	Name of recipient's employer	Amount of expenditure <b>\$ 3597.60</b>
Recipient's occupation		Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>PEOPLE FOR BING 523 EAST 85TH STREET NEW YORK, NY</b>	Name of recipient's employer <b>CANDIDATE NYS ASSEMBLY</b>	Amount of expenditure <b>\$ 1000.00</b>
Recipient's occupation		Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF MATTHEW SPANO 274 WATCHOGUE RD STATEN ISLAND, NY 10314</b>	Name of recipient's employer	Amount of expenditure <b>\$ 250.00</b>
Recipient's occupation <b>CANDIDATE ASSEMBLY</b>		Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF EDDIE RODRIGUEZ 172 FIFTH AVE, P.O. BOX 144 BROOKLYN, NY 11217</b>	Name of recipient's employer <b>CANDIDATE NYC COUNCILMAN</b>	Amount of expenditure <b>\$ 500.00</b>
Recipient's occupation		Date of expenditure

Purpose of expenditure

**Subtotal** of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872. **\$ 6,007.60**

Schedule B Itemized Expenditures		Schedule B page 8 of 12
Name of organization <b>UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT</b>		Employer identification number <b>01 0686930</b>
Recipient's name, mailing address and ZIP code <b>SENATOR SPANO P.O. BOX 908 GREYSTONE STATION YONKERS, NY 10703</b>	Name of recipient's employer <b>NYS SENATE</b>	Amount of expenditure <b>\$ 120.00</b>
	Recipient's occupation <b>NYS SENATOR</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>SENATOR THOMAS W LIBOUS P.O. BOX 432 BINGHAMTON, NY 13902</b>	Name of recipient's employer <b>NYS SENATE</b>	Amount of expenditure <b>\$ 150.00</b>
	Recipient's occupation <b>NYS SENATOR</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>NYSPPF 111 WASHINGTON AVE, SUITE 207 ALBANY, NY 12210</b>	Name of recipient's employer	Amount of expenditure <b>\$ 390.00</b>
	Recipient's occupation <b>PAC</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>CITIZENS FOR ERIC GIOIA P.O. BOX 770808 WOODSIDE, NY 11377</b>	Name of recipient's employer <b>NYC COUNCIL</b>	Amount of expenditure <b>\$ 100.00</b>
	Recipient's occupation <b>NYC COUNCIL MEMBER</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>FRIENDS OF DENNIS GALLAGHER P.O. BOX 790187 MIDDLE VILLAGE, NY 11379</b>	Name of recipient's employer <b>NYC COUNCIL</b>	Amount of expenditure <b>\$ 175.00</b>
	Recipient's occupation <b>NYC COUNCIL MEMEBER</b>	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>MONSERRATE 2003 99-02 37TH AVE #177 CORONA, NY 11368</b>	Name of recipient's employer <b>NYC COUNCIL</b>	Amount of expenditure <b>\$ 250.00</b>
	Recipient's occupation <b>NYC COUNCILMAN</b>	Date of expenditure
Purpose of expenditure		
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872 . . . . .		<b>\$ 1185.00</b>



<b>Schedule B</b> <b>Itemized Expenditures</b>		Schedule B page <u>9</u> of <u>12</u>
Name of organization <b>UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT</b>		Employer identification number <b>01:0686930</b>
Recipient's name, mailing address and ZIP code <b>NORTHEAST BRONX DEMOCRATS P.O. BOX 690092 BRONX, NY 10469</b>	Name of recipient's employer <b>NYC COUNCIL</b>	Amount of expenditure <b>\$ 250.00</b>
	Recipient's occupation <b>NYC COUNCILMAN</b>	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>MILLER FOR NEW YORK 233 BROADWAY SUITE 3612 NEW YORK, NY 10279</b>	Name of recipient's employer <b>NYC COUNCIL</b>	Amount of expenditure <b>\$ 600.00</b>
	Recipient's occupation <b>SPEAKER CITY COUNCIL NYC</b>	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>KATZ 2003 P.O. BOX 831 FOREST HILLS, NY 11375</b>	Name of recipient's employer <b>NYC COUNCIL</b>	Amount of expenditure <b>\$ 500.00</b>
	Recipient's occupation <b>NYC COUNCILMAN</b>	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF SENATOR SERF MALTESE P.O. BOX 38 MIDDLE VILLAGE, NY 11379</b>	Name of recipient's employer <b>NYS SENATE</b>	Amount of expenditure <b>\$ 280.00</b>
	Recipient's occupation <b>NYS SENATOR</b>	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF ERIC GIOIA P.O. BOX 770808 WOODSIDE, NY 11377</b>	Name of recipient's employer <b>NYC COUNCIL</b>	Amount of expenditure <b>\$ 150.00</b>
	Recipient's occupation <b>NYC COUNCIL MAN</b>	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>THE NYS DEMOCRATIC COMMITTEE 60 MADISON AVE, SUITE 1201 NEW YORK, NY 10010</b>	Name of recipient's employer <b>NYS DEMOCRATIC COMMITTEE</b>	Amount of expenditure <b>\$ 500.00</b>
	Recipient's occupation <b>NYS DEMOCRATS</b>	Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872 . . . . .	<b>\$ 2,200.00</b>
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**Schedule B Itemized Expenditures** Schedule B page 10 of 12

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

Recipient's name, mailing address and ZIP code <b>BRIAN MCLAUGHLIN                  NYC CENTRAL LABOR COUNCIL                  31 WEST 15TH ST 3RD FLOOR                  NEW YORK, NY 10011</b>	Name of recipient's employer <b>NYS DISTRICT ATTORNEY</b>	Amount of expenditure <b>\$ 250.00</b>
	Recipient's occupation <b>DISTRICT ATTORNEY OF KINGS COUNTY</b>	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$</b>
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$</b>
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$</b>
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$</b>
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$</b>
	Recipient's occupation	Date of expenditure

Purpose of expenditure

**Subtotal** of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872 **\$ 250.00**



Schedule B Itemized Expenditures		Schedule B page 11 of 12
Name of organization		Employer identification number
UNIFORMED FIRE OFFICERS ASSOCIATION IRS 527 ACCOUNT		01-0686930
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
FRIENDS OF BILL DEBLASIO 2003 C/O McEVOY & ASSOCIATES 200 W 72nd STREET, SUITE 56 NEW YORK, NY 10023	NYC COUNCIL	\$ 1000.00
	Recipient's occupation	Date of expenditure
	NYC COUNCILMAN	
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
SABINI FOR SENATE C/O THE 6 GROUP 60 EAST 13TH STREET, 5TH FLOOR NEW YORK, NY 10003	NYS SENATE	\$ 250.00
	Recipient's occupation	Date of expenditure
	SENATOR OF NEW YORK	
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
NYS PFF 111 WASHINGTON AVE, SUITE 207 ALBANY, NY 12210		\$ 390.00
	Recipient's occupation	Date of expenditure
	PAC	
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
MARY ANN KELLY 230 BROADWAY, 18TH FLOOR NEW YORK, NY 10007	NYC COUNCIL	\$ 250.00
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
GVIDCQ 149-15 NORTHERN BLVD, SUITE 596 FLUSHING, NY 11354	NYS ASSEMBLY	\$ 140.00
	Recipient's occupation	Date of expenditure
	NYS ASSEMBLY WOMEN	
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
RE-ELECT GENNARO 2003 P.O. BOX 660012 UTOPIA STATION FRESH MEADOWS, NY 11366	NYC COUNCIL	\$ 200.00
	Recipient's occupation	Date of expenditure
	NYC COUNCILMAN	
Purpose of expenditure		
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.		\$ 2,230.00



**Schedule B** **Itemized Expenditures** Schedule B page 12 of 12

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

Recipient's name, mailing address and ZIP code <b>YOUNG DEMOCRATS OF RICHMOND COUNTY</b> <b>C/O ANDREW ROSENBERG</b> <b>31 BERRY AVENUE</b> <b>STATEN ISLAND, NY 10312</b>	Name of recipient's employer  Recipient's occupation  	Amount of expenditure \$ <b>250.00</b> Date of expenditure
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Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>COMMITTEE TO RE-ELECT SENATOR BRUNO</b> <b>P.O. BOX 7229</b> <b>ALBANY, NY 12224</b>	Name of recipient's employer <b>NYS SENATE</b> Recipient's occupation <b>NYS SENATOR</b>	Amount of expenditure \$ <b>1000.00</b> Date of expenditure
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Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF ALLAN JENNINGS JR</b> <b>151-66 11TH AVE</b> <b>WHITESTONE, NY 11357</b>	Name of recipient's employer <b>NYC COUNCIL</b> Recipient's occupation <b>NYC COUNCIL MAN</b>	Amount of expenditure \$ <b>200.00</b> Date of expenditure
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Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS OF DAVID YASSKY</b> <b>62 JORALEMON STREET</b> <b>BROOKLYN, NY 11201</b>	Name of recipient's employer <b>NYC COUNCIL</b> Recipient's occupation <b>NYC COUNCIL MAN</b>	Amount of expenditure \$ <b>200.00</b> Date of expenditure
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Purpose of expenditure

Recipient's name, mailing address and ZIP code <b>FRIENDS FOR THE ELECTION OF DEAN G SKELOS</b> <b>31 ROXEN ROAD</b> <b>ROCKVILLE CENTRE, NY 11570</b>	Name of recipient's employer <b>NYS SENATE</b> Recipient's occupation <b>NYS SENATOR</b>	Amount of expenditure \$ <b>1000.00</b> Date of expenditure
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Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

**Subtotal** of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872 \$ **2,650.00**

