

**Political Organization
 Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning **JANUARY 1,** ,20 **13** and ending **JULY 31** , 20 **13**

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

1 Name of organization **BUFFALO PROFESSIONAL FIREFIGHTERS P.A.C.** **Employer identification number** **90 0214845**

2 Mailing address (P O Box or number, street, and room or suite number)
255 DELAWARE AVENUE

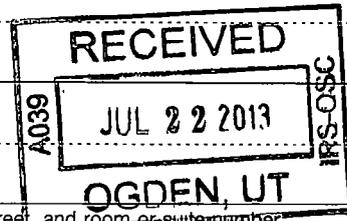
City or town, state, and ZIP code

BUFFALO, NEW YORK 14202

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

5a Name of custodian of records
MARC A. SUGGS

5b Custodian's address
255 DELAWARE AVENUE
BUFFALO, NY 14202



6a Name of contact person

6b Contact person's address

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 _____

SCANNED JUL 29 2013

9 Total amount of reported contributions (total from all attached Schedules A)	9	\$0.00
10 Total amount of reported expenditures (total from all attached Schedules B)	10	\$6,617.00

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

Signature of authorized official

Date

7/12/2013

P [Handwritten initials]

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization BUFFALO PROFESSIONAL FIREFIGHTERS P.A.C.		Employer identification number 90 0214845
Contributor's name, mailing address and ZIP code MEMBERS DUES \$2 PER PAY PER MEMBER WITH A MAX OF \$65K AND A MIN.\$55K,IN PAC ACCOUNT	Name of contributor's employer	Amount of contribution
	Contributor's occupation FIREFIGHTERS	\$ \$0.00
	Aggregate contributions year-to-date . . . ▶ \$ \$0.00	Date of contribution 1/1/13 - 7/15/13
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
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
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$ \$0.00

Schedule B Itemized Expenditures		Schedule B page <u>1</u> of <u>4</u>
Name of organization BUFFALO PROFESSIONAL FIREFIGHTERS P.A.C.		Employer identification number 90 0214845
Recipient's name, mailing address and ZIP code FRIENDS OF TERRY McCracken 41 BLOOMFIELD AVE. DEPEW ,NY 14043	Name of recipient's employer ERIE COUNTY ,NY	Amount of expenditure \$ 100.00
	Recipient's occupation 8TH DISTRICT ,LEGISLATURE	Date of expenditure 2/7/2013
Purpose of expenditure FUNDRAISER CHECK 1776		
Name of recipient's employer ERIE COUNTY ,NY		Amount of expenditure \$ 250.00
Recipient's name, mailing address and ZIP code FRIENDS OF MARK POLONCARZ PO BOX 87 BUFFALO,NY 14201	Name of recipient's employer ERIE COUNTY ,NY	Amount of expenditure \$ 250.00
	Recipient's occupation ERIE COUNTY COUNTY EX.	Date of expenditure 2/7/2013
Purpose of expenditure FUNDRAISER CHECK 1777		
Name of recipient's employer NEW YORK STATE		Amount of expenditure \$ 50.00
Recipient's name, mailing address and ZIP code ELECT RAY WALTER PO BOX 81 EAST AMHERST,NY 14051	Name of recipient's employer NEW YORK STATE	Amount of expenditure \$ 50.00
	Recipient's occupation ASSEMBLY PERSON ,NY	Date of expenditure 2/7/2013
Purpose of expenditure FUNDRAISER CHECK 1775		
Name of recipient's employer ERIE COUNTY ,NY		Amount of expenditure \$ 100.00
Recipient's name, mailing address and ZIP code FRIENDS OF BETTY JEAN GRANT FOR NY PO BOX 855 BUFFALO,NY 14215	Name of recipient's employer ERIE COUNTY ,NY	Amount of expenditure \$ 100.00
	Recipient's occupation COUNTY LEGISLATOR,NY	Date of expenditure 2/20/2013
Purpose of expenditure FUNDRAISER CHECK 1778		
Name of recipient's employer CITY OF BUFFALO,NY		Amount of expenditure \$ 300.00
Recipient's name, mailing address and ZIP code FRIENDS OF MARK SCHROEDER PO BOX 743 BUFFALO,NY 14220	Name of recipient's employer CITY OF BUFFALO,NY	Amount of expenditure \$ 300.00
	Recipient's occupation CITY COMPROLLER	Date of expenditure 2/20/2013
Purpose of expenditure FUNDRAISER CHECK 1779		
Name of recipient's employer CITY OF BUFFALO,NY		Amount of expenditure \$ 100.00
Recipient's name, mailing address and ZIP code COMMITTEE TO RE-ELECT JOSEPH GOLOMBECK JR. 51 WYANDOTTE AVE. BUFFALO,NY 14207	Name of recipient's employer CITY OF BUFFALO,NY	Amount of expenditure \$ 100.00
	Recipient's occupation CITY COUNCEL PERSON CITY OF BUFFALO	Date of expenditure 3/1/2013
Purpose of expenditure FUNDRAISER CHECK 1780		
Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872		\$ 900.00



Schedule B Itemized Expenditures	Schedule B page 2 of 4
Name of organization BUFFALO PROFESSIONAL FIREFIGHTERS P.A.C.	Employer identification number 90 0214845

Recipient's name, mailing address and ZIP code KENNEDY FOR SENATE PO BOX 73 BUFFALO, NY 14220	Name of recipient's employer NEW YORK STATE	Amount of expenditure \$ 500.00
	Recipient's occupation SENATOR FOR NY	Date of expenditure 3/8/2013

Purpose of expenditure
FUNDRAISER CHECK 1781

Recipient's name, mailing address and ZIP code FRIENDS OF TIMOTHY R HOGUES C/O 51 OLD POST RD. LANCASTER, NY 14086	Name of recipient's employer ERIE COUNTY NY	Amount of expenditure \$ 150.00
	Recipient's occupation LEGISLATOR IN ERIE COUNTY ,NY	Date of expenditure 3/8/2013

Purpose of expenditure
FUNDRAISER CHECK 1782

Recipient's name, mailing address and ZIP code FRIENDS OF CHRISTPHER P SCANLON PO BOX 154 BUFFALO, NY 14220	Name of recipient's employer CITY OF BUFFALO, NY	Amount of expenditure \$ 100.00
	Recipient's occupation CITY COUNCIL PERSON, BUFFALO, NY	Date of expenditure 4/4/2013

Purpose of expenditure
FUNDRAISER CHECK 1783

Recipient's name, mailing address and ZIP code FRIENDS OF JEREMY ZELLNER 19 ELMWOOD PARK S. TONAWANDA, NY 14150	Name of recipient's employer ERIE COUNTY DEMOCRATIC COMMITTEE	Amount of expenditure \$ 250.00
	Recipient's occupation CHAIR OF ERIE COUNTY DEMOCRATIC COMMITTEE	Date of expenditure 4/4/2013

Purpose of expenditure
Fundraisee ck # 1784

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

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	\$ 1,000.00
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Schedule B Itemized Expenditures		Schedule B page <u>3</u> of <u>4</u>
Name of organization BUFFALO PROFESSIONAL FIREFIGHTERS P.A.C.		Employer identification number 90 0214845
Recipient's name, mailing address and ZIP code KEARNS FOR WESTERN N.Y PO BOX 775 BUFFALO, NY 14220	Name of recipient's employer STATE OF NY	Amount of expenditure \$ 142.00
	Recipient's occupation ASSEMBLYMEMBER	Date of expenditure 5/3/13
Purpose of expenditure FUNDRAISER CK 1785		
Name of recipient's employer STATE OF NY		Amount of expenditure \$ 250.00
Recipient's name, mailing address and ZIP code SEAN RYAN FOR ASSEMBLY PO BOX 457 BUFFALO, NY 14213	Name of recipient's employer STATE OF NY	Amount of expenditure \$ 250.00
	Recipient's occupation ASSEMBLY NY	Date of expenditure 5/9/13
Purpose of expenditure FUNDRAISER CK 1786		
Name of recipient's employer ????		Amount of expenditure \$ 100.00
Recipient's name, mailing address and ZIP code FRIENDS OF SERGIO PO BOX 244 BUFFALO, NY 14220	Name of recipient's employer ????	Amount of expenditure \$ 100.00
	Recipient's occupation ????	Date of expenditure 5/9/13
Purpose of expenditure FUNDRAISER, RUNNING FOR MAYOR OF BUFFALO, NY CK 1787		
Name of recipient's employer STATE OF NY		Amount of expenditure \$ 325.00
Recipient's name, mailing address and ZIP code FRIENDS OF DENNIS GABRYSZAK 5165 BROADWAY #114 DEPEW, NY 14043	Name of recipient's employer STATE OF NY	Amount of expenditure \$ 325.00
	Recipient's occupation ASSEMBLY	Date of expenditure 5/15/13
Purpose of expenditure FUNDRAISER CK 1788		
Name of recipient's employer STATE OF NY		Amount of expenditure \$ 100.00
Recipient's name, mailing address and ZIP code KENNEDY FOR SENATE PO BOX 73 BUFFALO, NY 14220	Name of recipient's employer STATE OF NY	Amount of expenditure \$ 100.00
	Recipient's occupation SENATOR	Date of expenditure 5/17/13
Purpose of expenditure FUNDRAISER CK 1789		
Name of recipient's employer STATE OF NY		Amount of expenditure \$ 100.00
Recipient's name, mailing address and ZIP code KENEDY FOR SENATE PO BOX 73 BUFFALO, NY 14220	Name of recipient's employer STATE OF NY	Amount of expenditure \$ 100.00
	Recipient's occupation SENATOR	Date of expenditure 6/6/13
Purpose of expenditure FUNDRAISER CK 1790		
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 1,017.00



Schedule B Itemized Expenditures		Schedule B page 4 of 4
Name of organization BUFFALO PROFESSIONAL FIREFIGHTERS P.A.C.		Employer identification number 90 0214845
Recipient's name, mailing address and ZIP code FRIENDS OF MARK POLONCARZ PO BOX 87 BUFFALO,NY 14201	Name of recipient's employer COUNTY OF ERIE,NY	Amount of expenditure \$ 2,500.00
	Recipient's occupation COUNTY EX.	Date of expenditure 6/6/13
Purpose of expenditure FUNDRAISER CK 1791		
Recipient's name, mailing address and ZIP code CK 1792 VOID	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure CK 1792 VOID		
Recipient's name, mailing address and ZIP code COMMITTEE TO ELECT BETTY JEAN GRANT PO BOX 59 BUFFALO,NY 14215	Name of recipient's employer COUNTY OF ERIE,NY	Amount of expenditure \$ 100.00
	Recipient's occupation LEGISLATOR	Date of expenditure 6/6/13
Purpose of expenditure FUNDRAISER CK 1793		
Recipient's name, mailing address and ZIP code CK 1794 VIOD	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code FRIENDS OF DENNIS GABRYSZAK 5165 BROADWAY,#114 DEPEW,NY 14043	Name of recipient's employer STATE OF NY	Amount of expenditure \$ 100.00
	Recipient's occupation ASSEMBLYMEMBER	Date of expenditure 7/2/13
Purpose of expenditure FUNDRASIER CK 1795		
Recipient's name, mailing address and ZIP code ALLES FOR NEW YORK PO BOX 400 331 W.57TH.STREET NEW YORK,NY 10019	Name of recipient's employer CITY OF NEW YORK	Amount of expenditure \$ 1,000.00
	Recipient's occupation FIREFIGHTER	Date of expenditure 7/2/13
Purpose of expenditure FUNDRAISER CK 1796		
Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872		\$ 3,700.00

