

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2024 APR -9 AM 9:54
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

WYOMING COUNTY DEMOCRATIC COMMITTEE

ADDRESS (number and street) 4879 OLD BUFFALO ROAD

Check if different than previously reported. (ACC)

WARSAW NY 14569

2. FEC IDENTIFICATION NUMBER **CITY** **STATE** **ZIP CODE**

C C00532606

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on / / in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period 01 / 01 / 2024 through 03 / 31 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SUZANNE COOGAN

Signature of Treasurer *Suzanne Coogan* Date 04 / 01 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

NON-PROFIT ORGANIZATION

DETAILED SUMMARY PAGE
of Receipts

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Page 3

Write or Type Committee Name

WYOMING COUNTY DEMOCRATIC COMMITTEE

Report Covering the Period: From: ^M 01 / ^D 01 / ^Y 2024 To: ^M 03 / ^D 31 / ^Y 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	450.00	450.00
(ii) Unitemized.....	/	/
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	450.00	450.00
(b) Political Party Committees.....	/	/
(c) Other Political Committees (such as PACs).....	/	/
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	450.00	450.00
12. Transfers From Affiliated/Other Party Committees.....	/	/
13. All Loans Received.....	/	/
14. Loan Repayments Received.....	/	/
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	/	/
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	/	/
17. Other Federal Receipts (Dividends, Interest, etc.).....	/	/
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	/	/
(b) Levin Funds (from Schedule H5).....	/	/
(c) Total Transfers (add 18(a) and 18(b))..	/	/
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	450.00	450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	/	/

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DETAILED SUMMARY PAGE
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	.	.
(ii) Non-Federal Share.....	221.18	221.18
(b) Other Federal Operating Expenditures .....	.	.
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	221.18	221.18
22. Transfers to Affiliated/Other Party Committees.....	.	.
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	.	.
24. Independent Expenditures (use Schedule E).....	.	.
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	.	.
26. Loan Repayments Made.....	.	.
27. Loans Made.....	.	.
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.	.
(b) Political Party Committees .....	.	.
(c) Other Political Committees (such as PACs).....	.	.
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	.	.
29. Other Disbursements (Including Non-Federal Donations).....	.	.
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.	.
(ii) "Levin" Share.....	.	.
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.	.
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	.	.
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	221.18	221.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	.	.

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	450.00	450.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	450.00	450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	221.18	221.18
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	221.18	221.18

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WYOMING COUNTY DEMOCRATIC COMMITTEE

Full Name (Last, First, Middle Initial)

A. POSTMASTER

Mailing Address
35 S. MAIN ST

City: **WARSAW** State: **NY** Zip Code: **14569**

Purpose of Disbursement: **POSTAGE**

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Category/Type: _____

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2024

FEC Identification Number

C _____

Amount of Each Disbursement this Period

_____ 6.18

Memo Item

B. NEW YORK DEMOCRATIC RURAL CONFERENCE

Mailing Address
1039 OAK RIDGE DRIVE

City: **VICTOR** State: **NY** Zip Code: **14564**

Purpose of Disbursement: **MEMBERSHIP DUES**

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Category/Type: _____

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2024

FEC Identification Number

C _____

Amount of Each Disbursement this Period

_____ 90.00

Memo Item

C. NEW YORK DEMOCRATIC RURAL CONFERENCE

Mailing Address
1039 OAK RIDGE DRIVE

City: **VICTOR** State: **NY** Zip Code: **14564**

Purpose of Disbursement: **PRINT ADVERTISING**

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Category/Type: _____

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2024

FEC Identification Number

C _____

Amount of Each Disbursement this Period

_____ 100.00


Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

1-11-2016 10:00:40 AM

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 4/4/24
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	4/9/24 DATE PREPARED

(4/2023)

NON-FEDERAL DOCUMENT