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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
HMS Scrap PAC			
ADDRESS (number and street)	PO Box 15293		
Check if different than previously reported. (ACC)	Washington		DC 20003 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	- Y ▲	STATE ▲ ZIP CODE ▲
C C00746735		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (0 July 15 Quarterly Report (0 October 15 Quarterly Report (0	Report Due On: Mar Apr (c) 12-Day PRE-Election Report for the:	20 (M2)	Sep 20 (M9) Sep 20 (M9) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
January 31 Year-End Report (Flackia	on on 02 13	in the State of NY
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 0		through 01	M / D D / Y Y Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z
I certify that I have examined the Type or Print Name of Treasure	Nissan Malissa	my knowledge and belief it is	true, correct and complete.
Type of Fillit Name of Treasure			
Signature of Treasurer Niss	en, Melissa, , ,		Date 01 / 31 / 2024
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE

OF FEC Form 3X (Rev. 05/2016)	F RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		<u> </u>
HMS Scrap PAC		
Report Covering the Period: From:	01 / 2024 To:	01 / 24 / 2024
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		9176.92
(b) Cash on Hand at Beginning of Reporting Period	9176.92	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9176.92	9176.92
7. Total Disbursements (from Line 31)	2881.60	2881.60
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6295.32	6295.32
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multicane	didate committee. (see FEC FORM 1M)	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

HMS	Scrap	PAC
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Report Covering the Period: From:	01 / 2024 To	o: 01 / 24 / 2024		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
1. Contributions (other than loans) From:				
(a) Individuals/Persons Other Than Political Committees				
(i) Itemized (use Schedule A)	0.00	0.00		
(ii) Unitemized(iii) TOTAL (add	0.00	0.00		
Lines 11(a)(i) and (ii)▶	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00		
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)▶	0.00	0.00		
2. Transfers From Affiliated/Other Party Committees	0.00	0.00		
3. All Loans Received	0.00	0.00		
4. Loan Repayments Received	0.00	0.00		
5. Offsets To Operating Expenditures	7	7 7		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
6. Refunds of Contributions Made				
to Federal Candidates and Other Political Committees	0.00	0.00		
7. Other Federal Receipts	0.00	0.00		
(Dividends, Interest, etc.)	0.00	0.00		
3. Transfers from Non-Federal and Levin Funds	4 4	4 4		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00		
	4			
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
(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)) 20. Total Federal Receipts (subtract Line 18(c) from Line 19)				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4		
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tills Teriou	Caleffual Teal-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	881.60	881.60		
(c) Total Operating Expenditures	004.00	881.60		
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	881.60	4 4 4		
Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	2000.00	2000.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	20))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,	4 4 4	75 1 75 1 75		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2881.60	2881.60		
Total Federal Disbursements	7 7 7 7 7 7			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2881.60	2881.60		
•	7 7 7	2501.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	or disbursements	Page 5
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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	881.60	881.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	881.60	881.60

17

SCHEDULE B (FEC Form 3X)	Lien congreto cohodulo(c)		FOR LINE NUMBER:			PAGE	6 OF	7
ITEMIZED DISBURSEMENTS	LED DIGDOROLIVIER I Greated and of the line		· ·	check only one)			7.07	
		Summary Page	X 21b 28a	22 28b	23 28c	26	27 30b	
Any information copied from such Departs and Chateren	onto mair	not be seld or						
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
HMS Scrap PAC								
Full Name (Last, First, Middle Initial)								
A. NGP VAN, Inc.				Date of Di	sbursemen		Y Y Y	_
Mailing Address 1445 New York Ave NW Ste 200				01	16	1	2024	
,	tate	Zip Code		FEC Ident	fication Nu	mber		
Washington Purpose of Disbursement	DC	20005-2158					-	
Software				C				
Candidate Name			Oata namul		action ID:			riod
			Category/ Type	Amount of	Each Dish	ursemen	it this Pe	nou
Office Sought: House Disbursem	ent For:						318.00	
Senate	Primary	General			,	-,		
	Other (spec	cify) 🔻		Memo	Item			
State: District: Full Name (Last, First, Middle Initial)								
D				Date of Di	sbursemen	t		
Capitol Compliance Associates				M M / D D / Y Y Y Y				
Mailing Address 600 Pennsylvania Ave SE Unit 15180				01	03		2024	
,	tate	Zip Code		FEC Ident	fication Nu	mber		
True migren	DC	20003-7508		C			-	
Purpose of Disbursement Compliance Services								
Candidate Name Category/					action ID: Each Disb			riod
			Type	Amount of	Lacii Disc	discilicii	it tills i c	TIOU TIOU
Office Sought: House Disbursem	ent For:			l L	-	45.1	500.00	
Senate Primary General					,	,		
President State: District:	Other (spec	cify)		Memo	Item			
Full Name (Last, First, Middle Initial)								
C.				Date of Di	sbursemen	t		
				M = M /	D D	/ Y Y	/ I Y I Y	1
Mailing Address								_
City	tate	Zip Code		FEC Ident	fication Nu	mber		
Purpose of Disbursement				С				
Purpose of Dispursement								
Candidate Name	Category/ Type	Amount of	Each Disb	ursemen	t this Pe	riod		
Office Sought: House Disbursem	ent For:		715-5					
Senate Primary General						7		
	cify) ▼		Memo	Item				
State: District:								
SUPTOTAL of Dishurasments This Dags (artists)							818.00	
SUBTOTAL of Disbursements This Page (optional)			·····	-	7	7	4	#
TOTAL This Period (last page this line number only).							818.00	. 1

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 7 OF 7			
TEMIZED DISBURSEMENTS	for each ca	ategory of the ummary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
HMS Scrap PAC						
Full Name (Last, First, Middle Initial)				Date of Disbursement		
Suozzi for Congress				Man / Dad / Yayayay		
Mailing Address PO Box 669				01 23 2024		
City Glen Cove	State NY	Zip Code 11542-0669		FEC Identification Number		
Purpose of Disbursement				C C00607200		
2024 Special General Contribution				Transaction ID : 500491981		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Suozzi, Thomas, , , Office Sought: Y House Disbursen	nent For: 20)24	Type	2000.00		
Senate	Primary	General		75 75 75		
State: NY District: 03	Other (specif	fy) ▼ Special General		Memo Item		
Full Name (Last, First, Middle Initial)						
3.		Date of Disbursement				
Mailing Address				M = M / D = D / Y = Y = Y		
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement		C				
Candidate Name		L	Category/	Amount of Each Disbursement this Period		
Office Sought: House Disbursen	nent For:		Туре			
	Primary	General		_		
State: President State:	Other (specif	ty)		Memo Item		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
				M M / D D / Y Y Y Y		
Mailing Address						
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement		1		C		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursen	nent For:					
	Primary Other (specif	General				
State: District:	Other (specif	iy) ▼		Memo Item		
SUBTOTAL of Disbursements This Page (optional)			·····•	2000.00		
TOTAL This Period (last page this line number cold)				2000.00		
TOTAL This Period (last page this line number only)						