

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

RECEIVED  
FEC MAILCENTER

2023 JUL 25 AM 10:07  
Office Use Only

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

12FE4M5

SUFFOLK COUNTY PPA

ADDRESS (number and street)

5100 EXPRESS DRIVE SOUTH



Check if different than previously reported. (ACC)

SECOND FLOOR

BRENTWOOD NY 11717

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00196055

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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  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 04 / 01 / 2023 through 06 / 30 / 2023

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 John Hunt

Signature of Treasurer [Signature]

Date 07 / 15 / 2023

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

|                 |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|
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FEC FORM 3X  
Rev. 05/2016

NON-PROFIT ORGANIZATION

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SUFFOLK COUNTY POLICE RETIREMENT ASSOC BELLINGHAM

Report Covering the Period: From: 01/01/2009 To: 03/31/2009

|                                                                                                          | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <u>2009</u>                                                            | 52,319.27               | 52,319.27                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                | 65,057.05               |                                   |
| (c) Total Receipts (from Line 19).....                                                                   | 2,012.00                | 17,522.22                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....      | 67,069.05               | 70,041.49                         |
| 7. Total Disbursements (from Line 31).....                                                               | 2,012.00                | 17,522.22                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | 71,519.27               | 52,519.27                         |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0                       | 0                                 |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0                       | 0                                 |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

SouthCoast County Police Remountment Assoc. Federal PAC

Report Covering the Period:

From:

04 / 01 / 2023

To:

06 / 30 / 2023

**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).....

0

0

(ii) Unitemized.....

88,100.00

174,900.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

88,100.00

174,900.00

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

88,100.00

174,900.00

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

88,100.00

174,900.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

88,100.00

174,900.00

UNION-NO-UNION-NO-UNION

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....                                                                        |                               |                                   |
| (ii) Non-Federal Share.....                                                                    |                               |                                   |
| (b) Other Federal Operating Expenditures .....                                                 |                               |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        |                               |                                   |
| 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))..       |                               |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... |                               |                                   |

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 881000                        | 1749000                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 35000                         | 35000                             |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 846000                        | 1714000                           |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0                             | 0                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 0                             | 0                                 |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0                             | 0                                 |

NONDISCLOSURE NUMBER 17440013015

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

|                                                                               |                                      |                              |                                        |                             |                              |    |
|-------------------------------------------------------------------------------|--------------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|----|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                              |                                        |                             | PAGE                         | OF |
|                                                                               | <input type="checkbox"/> 21b         | <input type="checkbox"/> 22  | <input checked="" 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)

|                                                                                                                    |  |                                                                                                                            |                                         |                   |                                         |
|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------|-----------------------------------------|
| A.                                                                                                                 |  |                                                                                                                            | Full Name (Last, First, Middle Initial) |                   | Date of Disbursement                    |
| Mailing Address                                                                                                    |  |                                                                                                                            |                                         |                   | M / M / D D / Y Y Y Y                   |
| City                                                                                                               |  | State                                                                                                                      | Zip Code                                |                   | FEC Identification Number               |
| Purpose of Disbursement                                                                                            |  | Candidate Name                                                                                                             |                                         | Category/<br>Type | Amount of Each Disbursement this Period |
| Office Sought:                                                                                                     |  | Disbursement For:                                                                                                          |                                         |                   |                                         |
| <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                         |                   |                                         |
| State: / District: /                                                                                               |  |                                                                                                                            |                                         |                   | <input type="checkbox"/> Memo Item      |

|                                                                                                         |  |                                                                                                                 |                                         |                   |                                         |
|---------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------|-----------------------------------------|
| B.                                                                                                      |  |                                                                                                                 | Full Name (Last, First, Middle Initial) |                   | Date of Disbursement                    |
| Mailing Address                                                                                         |  |                                                                                                                 |                                         |                   | M / M / D D / Y Y Y Y                   |
| City                                                                                                    |  | State                                                                                                           | Zip Code                                |                   | FEC Identification Number               |
| Purpose of Disbursement                                                                                 |  | Candidate Name                                                                                                  |                                         | Category/<br>Type | Amount of Each Disbursement this Period |
| Office Sought:                                                                                          |  | Disbursement For:                                                                                               |                                         |                   |                                         |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                         |                   |                                         |
| State: / District: /                                                                                    |  |                                                                                                                 |                                         |                   | <input type="checkbox"/> Memo Item      |

|                                                                                                         |  |                                                                                                                 |                                         |                   |                                         |
|---------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------|-----------------------------------------|
| C.                                                                                                      |  |                                                                                                                 | Full Name (Last, First, Middle Initial) |                   | Date of Disbursement                    |
| Mailing Address                                                                                         |  |                                                                                                                 |                                         |                   | M / M / D D / Y Y Y Y                   |
| City                                                                                                    |  | State                                                                                                           | Zip Code                                |                   | FEC Identification Number               |
| Purpose of Disbursement                                                                                 |  | Candidate Name                                                                                                  |                                         | Category/<br>Type | Amount of Each Disbursement this Period |
| Office Sought:                                                                                          |  | Disbursement For:                                                                                               |                                         |                   |                                         |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                         |                   |                                         |
| State: / District: /                                                                                    |  |                                                                                                                 |                                         |                   | <input type="checkbox"/> Memo Item      |

|                                                           |  |  |
|-----------------------------------------------------------|--|--|
| SUBTOTAL of Disbursements This Page (optional).....▶      |  |  |
| TOTAL This Period (last page this line number only).....▶ |  |  |

1 00200 8149 7440 2970

**FedEx** Package **US Airbill**  
Express

FedEx  
Tracking  
Number

8149 7440 2970

1 From  
Date

Sender's  
Name

Phone 631 563-4200

Company

SUFFOLK COUNTY PBA

Address

300 EXPRESS DR S FL 2N

City

BRENTWOOD

State NY

ZIP 11717-1273

2 Your Internal Billing Reference

3 To  
Recipient's  
Name

Company

Address

Dist./P.O./Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City

State

ZIP

0134297983



8149 7440 2970

**The EP RDVA**  
Priority Overnight  
20463  
DC-US  
IAD



187401 24Jul2003 1SPA 581C4/6AEG/C088

0215  
Recipient's Copy

4 Express Package Service

Next Business Day  
 FedEx First Overnight  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.  
 FedEx Priority Overnight  
Next business morning. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.  
 FedEx Standard Overnight  
Next business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days  
 FedEx 2Day A.M.  
Second business morning. Saturday Delivery NOT available.  
 FedEx 2Day  
Second business afternoon. Thursday shipments will be delivered on Friday unless Saturday Delivery is selected.  
 FedEx Express Saver  
Third business day. Saturday Delivery NOT available.

Packages up to 150 lbs.  
For packages over 150 lbs. see the  
FedEx Express Freight US Airbill.

5 Packaging \*Declared value limit \$200.  
 FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.  
 Saturday Delivery  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.  
 No Signature Required  
Packages may be delivered without obtaining a signature for delivery.  
 Direct Signature  
Someone at recipient's address may sign for delivery.  
 Indirect Signature  
If no one is available at recipient's address, someone at a neighboring residential address may sign for delivery for residential addresses only.  
 Yes  
Signature required.  
 No  
Signature not required.  
Restrictions apply for dangerous goods - see the current FedEx Service Guide.

7 Payment Bill to:  
 Sender  Recipient  Third Party  Credit Card  Cash/Check  
Enter FedEx Acct. No. or Credit Card No. in the box above.  
Obtain recip. Acct. No.

Total Packages Total Weight  
Credit Card Auth.

Your liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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Federal Election Commission  
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 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 type="checkbox"/> USPS Registered/Certified                                                                                | Postmarked (R/C)                                                                                                                             |
| <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 checked="" type="checkbox"/> Overnight Delivery Service (Specify):<br><span style="margin-left: 20px;"><i>FedEX</i></span> | Shipping Date<br><span style="margin-left: 20px;"><i>07/19/2023</i></span><br>Next Business Day Delivery <input checked="" type="checkbox"/> |
|                                                                                                                                   | Date of Receipt<br><span style="margin-left: 20px;"><i>07/25/2023</i></span>                                                                 |
| <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                                                                                                                |
| <i>PB</i><br>PREPARER                                                                                                             | <i>07/25/2023</i><br>DATE PREPARED                                                                                                           |

(4/2023)

2025 RELEASE UNDER E.O. 14176