

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER

2023 OCT -3 AM 10:21

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

SUIFIDILKI COUNTY PIBA

ADDRESS (number and street) 5010 EXPRESSES DRIVE SOUTH

(Check if address is changed) SEE OMMI FILIORI

BIREN THORO CITY NY 11717 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

2. DATE 09 15 2023

3. FEC IDENTIFICATION NUMBER C00196055

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

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

Type or Print Name of Treasurer John Hnat

Signature of Treasurer [Signature] Date 09 29 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

2025 RELEASE UNDER E.O. 14176

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input checked="" type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating In Joint Fundraiser

1. _____

C

2. _____

C

NONDISCRIMINATION NOTICE

Write or Type Committee Name

Suffolk County Police Benevolent Assn. Federal PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

[Empty grid lines for full name]

Mailing Address

[Empty grid lines for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid lines for title or position]

Telephone number

[Empty grid lines for telephone number]

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

ISAHU KIMAT

Mailing Address

5101 EXPIRES DRIVE SIOUITI
SIOUITI FLORIDA
BIRFWITWOOD NY 11717

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

631-563-4200

NON-FEDERAL ORGANIZATION

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

DIME [Grid for Name of Bank, Depository, etc.]

Mailing Address

898 VETERANS MEMORIAL HIGHWAY [Grid for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

NON-PROFIT ORGANIZATION

00131

00200

fedex.com 1.800.GoFedEx 1.800.463.3339

FedEx Package
Express **US Airbill**
Field Tracking Number **8149 7440 2627**

1 From **DATE** **631 563-4200**

Sender's Name **SUFFOLK COUNTY PBA** Phone **631 563-4200**

Company **SUFFOLK COUNTY PBA**

Address **500 EXPRESS DR S FL 2N**

City **BRENTWOOD** State **NY** ZIP **11717-1273**

2 Your Internal Billing Reference

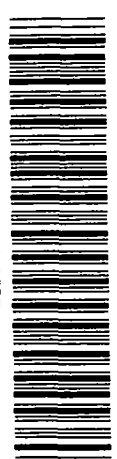
3 To Recipient's Name **data** Phone

Company **data**

Address **data**

Address **data**

City **data** State **data** ZIP **data**



8149 7440 2627

0174297493

Form ID No **02J15**

4 Express Package Service

Next Business Day

FedEx First Overnight

FedEx Priority Overnight

FedEx Standard Overnight

5 Packaging FedEx Envelope* FedEx Pak*

6 Special Handling and Delivery Signs

Saturday Delivery

No Signature Required

No

7 Payment Bill to: Sender Recipient Third Party Credit Card Cash/Check

Total Packages **1** Total Weight **1.5** lbs

020ct2023 1SPA 58169/308A/COB8

187401 020ct2023 1SPA 58169/308A/COB8

20463 DC-US IAD

PRIORITY OVERNIGHT

8149 7440 2627

EP RDVA

2023 OCT -3

21:10

NONM 101 0M 0M 000100M

INDEPENDENT WORKING WOMEN

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
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<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
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date <i>10/02/23</i>	Date of Receipt <i>10/03/23</i>
	Next Business Day Delivery	<input checked="" type="checkbox"/>

<input type="checkbox"/> Received via FAX	Date of Receipt
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<input type="checkbox"/> Received via Email	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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<i>MB</i> PREPARER	<i>10/03/23</i> DATE PREPARED
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