

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                         |             |                                                      |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE IN FULL<br>Suozzi for Congress                                                                                                                     |             |                                                      |                                                                                                             |
| ADDRESS (number and street) PO Box 669                                                                                                                                  |             |                                                      |                                                                                                             |
| CITY<br>Glen Cove                                                                                                                                                       | STATE<br>NY | ZIP CODE<br>11542                                    |                                                                                                             |
| 2. NAME OF CANDIDATE<br>Suozzi, Thomas, , ,                                                                                                                             |             | 3. OFFICE SOUGHT (State and District)<br>House NY 03 |                                                                                                             |
|                                                                                                                                                                         |             | 4. FEC IDENTIFICATION NUMBER<br>C00607200            |                                                                                                             |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                                                      |                                                                                                             |
| A. FULL NAME<br>Women's Health PAC                                                                                                                                      |             | Name of Employer                                     | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>PO Box 33079                                                                                                                                         |             | Transaction ID : 6813018                             | 10/23/2024                                                                                                  |
| CITY<br>Washington                                                                                                                                                      | STATE<br>DC |                                                      |                                                                                                             |
| ZIP CODE<br>20033-0079                                                                                                                                                  |             | Occupation                                           | Amount<br>3300.00                                                                                           |
| B. FULL NAME                                                                                                                                                            |             | Name of Employer                                     | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             | Occupation                                           | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       |                                                      |                                                                                                             |
| ZIP CODE                                                                                                                                                                |             |                                                      |                                                                                                             |
| C. FULL NAME                                                                                                                                                            |             | Name of Employer                                     | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             | Occupation                                           | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       |                                                      |                                                                                                             |
| ZIP CODE                                                                                                                                                                |             |                                                      |                                                                                                             |
| D. FULL NAME                                                                                                                                                            |             | Name of Employer                                     | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             | Occupation                                           | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       |                                                      |                                                                                                             |
| ZIP CODE                                                                                                                                                                |             |                                                      |                                                                                                             |
| E. FULL NAME                                                                                                                                                            |             | Name of Employer                                     | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             | Occupation                                           | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       |                                                      |                                                                                                             |
| ZIP CODE                                                                                                                                                                |             |                                                      |                                                                                                             |
| SIGNATURE (optional)<br>Norman, Michael, G., ,                                                                                                                          |             | DATE<br>10/25/2024                                   | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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