

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NYIC Political Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00760132		
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on			MM / DD / YYYY 03 / 29 / 2024		
Full Name of Payee Amon, Erika, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2024		
Mailing Address 23 Pratt St			Amount 60.00		
City Haverstraw		State NY	Zip Code 10927		Transaction ID : SE.4140
Purpose of Expenditure Hours worked		Category/ Type	001		
Name of Federal Candidate Suozzi, Tom, , ,			☒ Support ☐ Oppose		
Office Sought: ☐ President ☐ Senate			District: 03 State: NY		
Calendar Year-To-Date Per Election for Office Sought			0.00		
Disbursement For: ☐ Primary ☐ General			2024 ☒ Other (specify) ▶ Special-General		
Full Name of Payee Chin, Wennie, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2024		
Mailing Address 4122 42nd St 4D			Amount 400.00		
City Sunnyside		State NY	Zip Code 11104		Transaction ID : SE.4125
Purpose of Expenditure Phonebank and canvass prep		Category/ Type	001		
Name of Federal Candidate Suozzi, Tom, , ,			☒ Support ☐ Oppose		
Office Sought: ☐ President ☐ Senate			District: 03 State: NY		
Calendar Year-To-Date Per Election for Office Sought			0.00		
Disbursement For: ☐ Primary ☐ General			2024 ☒ Other (specify) ▶ Special-General		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			460.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Patka, Emily, , ,			Date MM / DD / YYYY 04 / 01 / 2024		

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Full Name of Payee Compton, Olufunmilayo, ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2024	
Mailing Address 30-16 Brookhaven Ave		Amount 60.00	
City Far Rockaway	State NY	Zip Code 11691	Transaction ID : SE.4145
Purpose of Expenditure Phonebanking	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Suozzi, Tom, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2024 ☒ Other (specify) ▶ Special-General	

Full Name of Payee Hincapie, Maria, Alejandra, ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2024	
Mailing Address 352 Walton St		Amount 20.00	
City West Hempstead	State NY	Zip Code 11552	Transaction ID : SE.4143
Purpose of Expenditure Phonebanking	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Suozzi, Tom, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2024 ☒ Other (specify) ▶ Special-General	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Patka, Emily, , ,

Signature

Date

MM / DD / YYYY
04 / 01 / 2024

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Full Name of Payee Ross, Asher, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2024		
Mailing Address 570 44th Street Apt 6			Amount 225.00		
City Brooklyn	State NY	Zip Code 11220	Transaction ID : SE.4131		
Purpose of Expenditure Hours worked		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Suozzi, Tom, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: ☐ Primary ☐ General 2024 ☒ Other (specify) ▶ Special-General		

Full Name of Payee Triboro Printing			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2024		
Mailing Address 34-11 Steinway Street			Amount 310.29		
City Astoria	State NY	Zip Code 11101	Transaction ID : SE.4147		
Purpose of Expenditure Fliers		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Suozzi, Tom, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: ☐ Primary ☐ General 2024 ☒ Other (specify) ▶ Special-General		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	535.29
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Patka, Emily, , ,

Signature

Date

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Full Name of Payee Wong, Christine, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2024	
Mailing Address 2150 Bay Ridge Pkwy			Amount 65.00	
City Brooklyn	State NY	Zip Code 11204	Transaction ID : SE.4138	
Purpose of Expenditure Phone banking and door knocking		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Suozzi, Tom, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House ☐ President ☐ Senate	District: 03 State: NY
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: ☐ Primary ☐ General 2024 ☒ Other (specify) ► Special-General	

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type	Office Sought: ☐ House ☐ President ☐ Senate	
Name of Federal Candidate		☐ Support ☐ Oppose	District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	1140.29

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Patka, Emily, , ,

Signature

Date

MM / DD / YYYY
04 / 01 / 2024