

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
DMFI PAC

ADDRESS (number and street) P.O. Box 3617
Check if different than previously reported. (ACC) Washington DC 20027

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00710848 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 **02** / **13** / **2024** in the State of **NY**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period **01** / **01** / **2024** through **01** / **24** / **2024**

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 **Petterson, Jay, , ,**

Signature of Treasurer **Petterson, Jay, , ,** Date **02** / **01** / **2024**

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

DMFI PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 24 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (1690735.55); (b) Cash on Hand at Beginning of Reporting Period (1690735.55); (c) Total Receipts (from Line 19) (107625.20); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (1798360.75); 7. Total Disbursements (from Line 31) (127050.56); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (1671310.19); 9. 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) (12000.00).

X This committee has qualified as a multicandidate 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

Write or Type Committee Name

DMFI PAC

Report Covering the Period: From: / / To: / /

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).....	11300.00	11300.00
(ii) Unitemized	1325.20	1325.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12625.20	12625.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12625.20	12625.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	95000.00	95000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	107625.20	107625.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	107625.20	107625.20

DETAILED SUMMARY PAGE of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	16058.28	16058.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16058.28	16058.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	20276.00	20276.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	85716.28	85716.28
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	127050.56	127050.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	127050.56	127050.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	12625.20	12625.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12625.20	12625.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	16058.28	16058.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16058.28	16058.28

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)
DMFI PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Astrof, Josh, , ,

Mailing Address **40 W 57Th St**

City New York	State NY	Zip Code 10019-4001
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Darsana Capital Partners LP	Occupation (for Individual) Investment Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 22 / 2024

Transaction ID : 5476885

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Barad, Gerald, , ,

Mailing Address **228 W 47Th St**

City New York	State NY	Zip Code 10036-1401
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Real Estate Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 17 / 2024

Transaction ID : 5483601

Amount of Each Receipt this Period
5000.00

Memo Item

* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ACTBLUE

Mailing Address **PO Box 441146**

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
7625.20

Date of Receipt
01 / 21 / 2024

Transaction ID : 5483601E

Amount of Each Receipt this Period
5000.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
DMFI PAC

A. Chanales, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 384 Rutland Ave
 City Teaneck State NJ Zip Code 07666-2842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Herrick Feinstein LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 17 / 2024**
Transaction ID : 5483600
 Amount of Each Receipt this Period 250.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7625.20

Date of Receipt **01 / 21 / 2024**
Transaction ID : 5483600E
 Amount of Each Receipt this Period 250.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Ginsburg, Noah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 Bennett Ave Apt 6C
 City New York State NY Zip Code 10033-2136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York Solar Energy Industries Assoc Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 08 / 2024**
Transaction ID : 5483575
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DMFI PAC

A. ACTBLUE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7625.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2024
Transaction ID : 5483575E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Maxmen, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 441 Central Ave

City Naples	State FL	Zip Code 34102-5929
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2024
Transaction ID : 5483573

Amount of Each Receipt this Period
300.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
7625.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2024
Transaction ID : 5483573E

Amount of Each Receipt this Period
300.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 9 OF 21	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
DMFI PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Younger, Joel, , ,

Mailing Address **420 Semple Ave**

City Aptos	State CA	Zip Code 95003-5239
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		09		2024

Transaction ID : 5483581

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ACTBLUE

Mailing Address **PO Box 441146**

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7625.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		14		2024

Transaction ID : 5483581E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	11300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 21
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DMFI PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Astrof, Josh, , ,

Mailing Address **40 W 57Th St**

City New York	State NY	Zip Code 10019-4001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Darsana Capital Partners LP	Occupation (for Individual) Investment Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
95000.00

Date of Receipt
01 / 22 / 2024

Transaction ID : 5476887

Amount of Each Receipt this Period
95000.00

Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	95000.00
TOTAL This Period (last page this line number only).....	95000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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NAME OF COMMITTEE (In Full)
DMFI PAC

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 01 / 07 / 2024	
Mailing Address PO Box 441146		FEC Identification Number C [] Transaction ID : 500653835	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Disbursement this Period [] 20.92
Purpose of Disbursement Credit Card Fees		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: []	District: []		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 01 / 14 / 2024	
Mailing Address PO Box 441146		FEC Identification Number C [] Transaction ID : 500653836	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Disbursement this Period [] 52.68
Purpose of Disbursement Credit Card Fees		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: []	District: []		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 01 / 21 / 2024	
Mailing Address PO Box 441146		FEC Identification Number C [] Transaction ID : 500653837	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Disbursement this Period [] 227.72
Purpose of Disbursement Credit Card Fees		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: []	District: []		

SUBTOTAL of Disbursements This Page (optional)..... ▶

301.32

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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NAME OF COMMITTEE (In Full)
DMFI PAC

A. Campaign Reports, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 8Th The Grn
Ste R

City Dover State DE Zip Code 19901

Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 18 / 2024

FEC Identification Number: C

Transaction ID : 500653829

Amount of Each Disbursement this Period: 3000.00

Memo Item

B. Democratic Majority For Israel

Full Name (Last, First, Middle Initial)

Mailing Address 1023 31St St NW
Ste 530

City Washington State DC Zip Code 20007-4458

Purpose of Disbursement
Staff Salaries, Rent and Fundraising Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 24 / 2024

FEC Identification Number: C

Transaction ID : 500653841

Amount of Each Disbursement this Period: 1975.00

Memo Item

C. Democratic Majority For Israel

Full Name (Last, First, Middle Initial)

Mailing Address 1023 31St St NW
Ste 530

City Washington State DC Zip Code 20007-4458

Purpose of Disbursement
Staff Salaries, Rent and Fundraising Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 24 / 2024

FEC Identification Number: C

Transaction ID : 500653842

Amount of Each Disbursement this Period: 3541.96

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8516.96

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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NAME OF COMMITTEE (In Full)
DMFI PAC

Full Name (Last, First, Middle Initial) A. Trilogy Interactive LLC		Date of Disbursement MM / DD / YYYY 01 / 03 / 2024
Mailing Address PO Box 4177		
City Mountain View	State CA	Zip Code 94040-0177
Purpose of Disbursement Digital Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

FEC Identification Number
C

Transaction ID : 500653830

Amount of Each Disbursement this Period
3300.00

Full Name (Last, First, Middle Initial) B. Trilogy Interactive LLC		Date of Disbursement MM / DD / YYYY 01 / 19 / 2024
Mailing Address PO Box 4177		
City Mountain View	State CA	Zip Code 94040-0177
Purpose of Disbursement Digital Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

FEC Identification Number
C

Transaction ID : 500653831

Amount of Each Disbursement this Period
3940.00

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7240.00

TOTAL This Period (last page this line number only)..... ▶

16058.28

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
DMFI PAC

A. SUOZZI FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 669

City: Glen Cove State: NY Zip Code: 11542-0669

Purpose of Disbursement: Contribution

Candidate Name: SUOZZI, THOMAS, , ,

Office Sought: House Senate President
State: NY District: 03

Disbursement For: 2024
 Primary General
 Other (specify) **Special General**

Date of Disbursement: 01 / 18 / 2024

FEC Identification Number: **C** C00607200
Transaction ID : 500653838

Amount of Each Disbursement this Period: 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

TOTAL This Period (last page this line number only)..... ▶ 5000.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DMFI PAC

Full Name (Last, First, Middle Initial) A. Beth A. Dindas Consulting, LLC		Date of Disbursement MM / DD / YYYY 01 / 04 / 2024
Mailing Address 50 Monument Sq Apt 402		FEC Identification Number C
City Portland	State ME	Zip Code 04101-5611
Purpose of Disbursement Fundraising Consulting		Transaction ID : 500653832
Candidate Name		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item <input type="checkbox"/> Non-Contribution Account
State: District:		

Full Name (Last, First, Middle Initial) B. Democratic Majority For Israel		Date of Disbursement MM / DD / YYYY 01 / 24 / 2024
Mailing Address 1023 31St St NW Ste 530		FEC Identification Number C
City Washington	State DC	Zip Code 20007-4458
Purpose of Disbursement Staff Salaries, Rent and Fundraising Expenses		Transaction ID : 500653843
Candidate Name		Amount of Each Disbursement this Period 17781.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item <input type="checkbox"/> Non-Contribution Account
State: District:		

Full Name (Last, First, Middle Initial) C. Democratic Majority For Israel		Date of Disbursement MM / DD / YYYY 01 / 24 / 2024
Mailing Address 1023 31St St NW Ste 530		FEC Identification Number C
City Washington	State DC	Zip Code 20007-4458
Purpose of Disbursement Staff Salaries, Rent and Fundraising Expenses		Transaction ID : 500653844
Candidate Name		Amount of Each Disbursement this Period 32873.87
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item <input type="checkbox"/> Non-Contribution Account
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	55655.17
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
DMFI PAC

Full Name (Last, First, Middle Initial)

A. Gragert Research

Mailing Address PO Box 410521

City Chicago State IL Zip Code 60641-0521

Purpose of Disbursement

Research

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 01 / 18 / 2024

FEC Identification Number

FEC ID field: C

Transaction ID : 500653839

Amount of Each Disbursement this Period

Amount field: 5875.00

Non-Contribution Account Memo Item

Full Name (Last, First, Middle Initial)

B. Kona Media & Message

Mailing Address 400 N Roxbury Dr

City Beverly Hills State CA Zip Code 90210-5021

Purpose of Disbursement

Media Consulting

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 01 / 04 / 2024

FEC Identification Number

FEC ID field: C

Transaction ID : 500653834

Amount of Each Disbursement this Period

Amount field: 1000.00

Non-Contribution Account Memo Item

Full Name (Last, First, Middle Initial)

C. The Mellman Group

Mailing Address 1023 31St St NW FI 5

City Washington State DC Zip Code 20007-4458

Purpose of Disbursement

Polling

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 01 / 24 / 2024

FEC Identification Number

FEC ID field: C

Transaction ID : 500653840

Amount of Each Disbursement this Period

Amount field: 20550.00

Non-Contribution Account Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Subtotal field: 27425.00

Total field: (empty)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DMFI PAC

A. Utrecht, Kleinfeld, Fiori, Clark Partners

Full Name (Last, First, Middle Initial)

Mailing Address 1634 I St NW
Ste 1250

City Washington State DC Zip Code 20006-4096

Purpose of Disbursement
Legal Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 18 / 2024

FEC Identification Number: C

Transaction ID : 500653833

Amount of Each Disbursement this Period: 2636.11

Memo Item Non-Contribution Account

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2636.11
TOTAL This Period (last page this line number only).....▶	85716.28

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
DMFI PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Democratic Majority For Israel			Nature of Debt (Purpose): Staff Salaries, Rent and Fundraising Expenses
Mailing Address 1023 31St St NW Ste 530			
City Washington	State DC	Zip Code 20007-4458	

Outstanding Balance Beginning This Period <input type="text" value="1975.00"/>	Transaction ID : 1250013279	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1975.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Democratic Majority For Israel			Nature of Debt (Purpose): Staff Salaries, Rent and Fundraising Expenses
Mailing Address 1023 31St St NW Ste 530			
City Washington	State DC	Zip Code 20007-4458	

Outstanding Balance Beginning This Period <input type="text" value="3541.96"/>	Transaction ID : 1250013280	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3541.96"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Democratic Majority For Israel			Nature of Debt (Purpose): Staff Salaries, Rent and Fundraising Expenses
Mailing Address 1023 31St St NW Ste 530			
City Washington	State DC	Zip Code 20007-4458	

Outstanding Balance Beginning This Period <input type="text" value="17781.30"/>	Transaction ID : 1250013281	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="17781.30"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 21
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
DMFI PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Democratic Majority For Israel			Nature of Debt (Purpose): Staff Salaries, Rent and Fundraising Expenses
Mailing Address 1023 31st St NW Ste 530			
City Washington	State DC	Zip Code 20007-4458	

Outstanding Balance Beginning This Period <input type="text" value="32873.87"/>	Transaction ID : 1250013282	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="32873.87"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jewish Voice			Nature of Debt (Purpose): Print Advertising: Originally reported estimated cost of \$14,000 on 1/19/24 48-Hour Report
Mailing Address 641 Lexington Ave			
City New York	State NY	Zip Code 10022-4503	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : 1250013278	
Amount Incurred This Period <input type="text" value="12000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="12000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="12000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="12000.00"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DMFI PAC
FEC IDENTIFICATION NUMBER C C00710848

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Jewish Post
Mailing Address 31 E 32Nd St
City New York State NY Zip Code 10016-5509
Purpose of Expenditure Print Advertising
Name of Federal Candidate: SUOZZI, THOMAS, , ,
Calendar Year-To-Date Per Election for Office Sought 32276.00

Full Name of Payee Jewish Voice
Mailing Address 641 Lexington Ave
City New York State NY Zip Code 10022-4503
Purpose of Expenditure Estimated Print Advertising
Name of Federal Candidate: SUOZZI, THOMAS, , ,
Calendar Year-To-Date Per Election for Office Sought 32276.00

(a) SUBTOTAL of Itemized Independent Expenditures 8000.00
(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.

Petterson, Jay, , ,
Signature

Date 02 / 01 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DMFI PAC
FEC IDENTIFICATION NUMBER C C00710848

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Long Island Jewish World
Mailing Address PO Box 220297
City Great Neck State NY Zip Code 11022-0297
Purpose of Expenditure Digital & Print Advertising
Date of Public Distribution/Dissemination 01/17/2024
Amount 8000.00
Transaction ID : 500650326
Date of Disbursement or Obligation 01/18/2024

Name of Federal Candidate: SUOZZI, THOMAS, , ,
Support Oppose
Office Sought: House District: 03
President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 32276.00
Disbursement For: Other (specify) Special General

Full Name of Payee Richner Communications
Mailing Address 2 Endo Blvd
City Garden City State NY Zip Code 11530-6707
Purpose of Expenditure Print Advertising Production
Date of Public Distribution/Dissemination 01/19/2024
Amount 4276.00
Transaction ID : 500650330
Date of Disbursement or Obligation 01/17/2024

Name of Federal Candidate: SUOZZI, THOMAS, , ,
Support Oppose
Office Sought: House District: 03
President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 32276.00
Disbursement For: Other (specify) Special General

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 12276.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 20276.00

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.

Petterson, Jay, , ,
Signature

Date 02/01/2024