

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>Employee Owned S Corporations of America PAC (ESCA PAC)                                                                                                 |             | Name of Employer                                     | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>750 9th St NW<br>Ste 650                                                                                                                             |             | Transaction ID : 5294761                             | 06/13/2024                                                                                                  |
| CITY<br>Washington                                                                                                                                                      | STATE<br>DC | ZIP CODE<br>20001-4568                               | Amount<br>2000.00                                                                                           |
| B. FULL NAME<br>Humana Inc. Political Action Committee                                                                                                                  |             | Name of Employer                                     | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>500 W Main St                                                                                                                                        |             | Transaction ID : 5294671                             | 06/13/2024                                                                                                  |
| CITY<br>Louisville                                                                                                                                                      | STATE<br>KY | ZIP CODE<br>40202-2946                               | Amount<br>1000.00                                                                                           |
| C. FULL NAME<br>Malekan, Manouchehr, , ,                                                                                                                                |             | Name of Employer<br>Malachite Group                  | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>48 E Old Country Rd                                                                                                                                  |             | Transaction ID : 5294883                             | 06/13/2024                                                                                                  |
| CITY<br>Mineola                                                                                                                                                         | STATE<br>NY | ZIP CODE<br>11501-4642                               | Amount<br>1250.00                                                                                           |
| D. FULL NAME<br>Massachusetts Mutual Life Insurance Co. Political Action Committee (MMPAC)                                                                              |             | Name of Employer                                     | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>1295 State St                                                                                                                                        |             | Transaction ID : 5294754                             | 06/13/2024                                                                                                  |
| CITY<br>Springfield                                                                                                                                                     | STATE<br>MA | ZIP CODE<br>01111-0001                               | Amount<br>5000.00                                                                                           |
| E. FULL NAME<br>McInerney, Thomas, J., ,                                                                                                                                |             | Name of Employer<br>Genworth Financial               | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>1235 Hyde Ln                                                                                                                                         |             | Transaction ID : 5295154                             | 06/13/2024                                                                                                  |
| CITY<br>Henrico                                                                                                                                                         | STATE<br>VA | ZIP CODE<br>23229-6064                               | Amount<br>3300.00                                                                                           |
| SIGNATURE (optional)<br>Norman, Michael, G., ,                                                                                                                          |             | DATE<br>06/15/2024                                   | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

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| 1. NAME OF COMMITTEE IN FULL<br>Suozzi for Congress                                                                                                                     |  |                                                                                                           |  |
| ADDRESS (number and street) PO Box 669                                                                                                                                  |  |                                                                                                           |  |
| CITY, STATE, and ZIP CODE<br>Glen Cove NY 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 _____ / _____ / _____ |  |                                                                                                           |  |
| continuation page                                                                                                                                                       |  |                                                                                                           |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                           |  |
| McInerney, Thomas, J., ,<br><br>1235 Hyde Ln<br><br>Henrico VA 23229-6064                                                                                               |  | Name of Employer<br>Genworth Financial<br><br>Transaction ID : 5294745<br>Occupation<br>Financial Advisor |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>06/13/2024                                                                     |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                         |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                           |  |
| Massachusetts Mutual Life Insurance Co. Political Action Committee (MMPAC)<br><br>1295 State St<br><br>Springfield MA 01111-0001                                        |  | Name of Employer<br><br>Transaction ID : 5294755<br>Occupation                                            |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>06/13/2024                                                                     |  |
|                                                                                                                                                                         |  | Amount<br>5000.00                                                                                         |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                           |  |
| American Postal Workers Union Committee on Political Action<br><br>1300 L St NW<br>Ste 200<br>Washington DC 20005-4181                                                  |  | Name of Employer<br><br>Transaction ID : 5294656<br>Occupation                                            |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>06/13/2024                                                                     |  |
|                                                                                                                                                                         |  | Amount<br>1500.00                                                                                         |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                           |  |
| Merola, Michael, A., ,<br><br>9014 Marseille Dr<br><br>Potomac MD 20854-3120                                                                                            |  | Name of Employer<br>Winning Strategies<br><br>Transaction ID : 5294747<br>Occupation<br>Managing Partner  |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>06/13/2024                                                                     |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                         |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                           |  |
| Larian, Isaac, , ,<br><br>9220 Winnetka Ave<br><br>Chatsworth CA 91311-8172                                                                                             |  | Name of Employer<br>MGA Entertainment<br><br>Transaction ID : 5294748<br>Occupation<br>CEO                |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>06/13/2024                                                                     |  |
|                                                                                                                                                                         |  | Amount<br>2000.00                                                                                         |  |

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| 2. NAME OF CANDIDATE<br>Suozzi, Thomas, , ,                                                                                                                             |  | 3. OFFICE SOUGHT (State and District)<br>House NY 03                                                                                                 |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00607200                                                                                                            |  |
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| continuation page                                                                                                                                                       |  |                                                                                                                                                      |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Larian, Isaac, , ,<br>9220 Winnetka Ave<br>Chatsworth CA 91311-8172                                                       |  | Name of Employer<br>MGA Entertainment<br>Transaction ID : 5294749<br>Occupation<br>CEO<br>Date (month, day, year)<br>06/13/2024<br>Amount<br>1000.00 |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br><br>Occupation                                                                                                                   |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br><br>Occupation                                                                                                                   |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br><br>Occupation                                                                                                                   |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br><br>Occupation                                                                                                                   |  |