

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

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

ROCKLAND COUNTY PATROLMEN'S BENEVOLENT
ASSOCIATION PAC

ADDRESS (number and street) 25 SMITH STREET
(Check if address is changed) SUITE 402
NANKET NY 10954
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
X (Check if address is changed) TREASURER@RCPBA.ORG
Optional Second E-Mail Address
INFO@RCPBA.ORG

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

2. DATE 04/10/2021

3. FEC IDENTIFICATION NUMBER C00339887

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 MATTHEW DOWEN

Signature of Treasurer M. Do Date 04/14/2021

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.

2021-05-04 PM 00:00:01

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 AffiliationOffice
Sought:

House

Senate

President

State

District

- (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:

Corporation

Corporation w/o Capital Stock

☒

Labor Organization

Membership Organization

Trade Association

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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

2021-05-04-03-00AM/68862

Write or Type Committee Name

ROCKLAND COUNTY PATROLMEN'S BENEVOLENT ASSOCIATION PAC

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

ROCKLAND COUNTY PATROLMEN'S BENEVOLENT ASSOCIATION

Mailing Address

25 SMITH STREET

STE 402

NANUET NY 10954-

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ 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

MATTHEW DOWEN

Mailing Address

25 SMITH STREET

STE 402

NANUET NY 10954-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 845-304-8749

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

MATTHEW DOWEN

Mailing Address

25 SMITH STREET

STE 402

NANUET NY 10954-

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number 845-304-8749

2021-05-04 PM 00:00:00

EDMOND P. BRADY, CPA

1293 Eisenhower Pkwy

Suite 170

LIVINGSTON

CITY

125

STATE

107039

ZIP CODE

ACCOUNTANT

19.73

1-5

35-12880

- Name of Bank, Depository, etc.

CHASE BANK

2 New Hempstead Road

New City

CITY

NY

STATE

10956

ZIP CODE

Name of Bank, Depository, etc.

N/A

Mailing Address

CITY

STATE

ZIP CODE

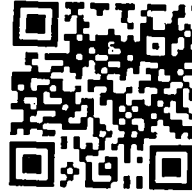
PRESS FIRMLY TO SEAL

PRIORITY MAIL EXPRESS

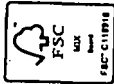
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ENVELOPE

ONE RATE ■ ANY WEIGHT

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1007

20463



U.S. POSTAGE PAID
PERMIT NO. 10994
NANUET, NY
APR 15 21
AMOUNT
\$26.35
R2305K139434-16

FOR DOMESTIC AND INTERNATIONAL USE
DISPATCH MAILING

PRIORITY
MAIL
EXPRESS®



CUSTOMER USE ONLY
FROM: (PLEASE PRINT)

PHONE 845 304-8749

Rackland County P.B.A.
25 Smith St. Suite 402
Nanuet, NY 10954



EJ 627 408 599 US

PAYMENT BY ACCOUNT (if applicable)
USPS® Corporate Act. No.

Federal Agency Act. No. or Postal Service® Act. No.

ORIGIN (POSTAL SERVICE USE ONLY)

☐ 1-Day	☐ 2-Day	☐ Military	☐ DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
10954	4/16/21	\$26.35	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
4/15/21	12:00 PM	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
2:04 PM	\$	\$	\$
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
	\$	\$35	
Weight	Acceptance Employee Initials		
1.5 lbs.	QZ		
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YY)	Time	Employee Signature	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature	

DELIVERY OPTIONS (Customer Use Only)

☒ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available*)
- ☐ 10:30 AM Delivery Required (additional fee, where available*)
- *Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

PHONE 202 694-1100
Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

ZIP + 4® (U.S. ADDRESSES ONLY)

20463

- For pickup or USPS Tracking®, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.

7A

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked Date of Receipt
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
☒ USPS Priority Mail Express	Postmarked 4/15/21
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery ☐
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked

SPM
PREPARER
(3/2015)

4/30/21
DATE PREPARED

2021-04-04 10:00:00