Image# 202008149261319052				08/14/2020 23 : 46
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 —
_			Offi	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Devin Pandy for				
ADDRESS (number and street)	P.O. Box 908242			
 (Check if address is changed) 				
	Gainesville └───────────────────────────────────		GA 3050 STATE ▲	01
COMMITTEE'S E-MAIL ADDRI				
(Check if address is changed)	devin@devinpandyford			
	Optional Second E-Mail Ad ddpandy@gmail.con			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)	congress.com		
	4 / Y Y Y Y 2020			
3. FEC IDENTIFICATION N		00730853		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined t	his Statement and to the best	of my knowledge and belief i	it is true, correct and	complete.
		-		
Type or Print Name of Treasure	er Pandy, Deshana, , ,			
Signature of Treasurer	ły, Deshana, , ,	[Electronically Filed]	Date 08	14 / Y Y Y Y 2020
NOTE: Submission of false, error		may subject the person signing ON SHOULD BE REPORTED		penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

08/14/2020 23 : 46

FEC Form 1 (Revised 02/2009) Page 2 TVFE OF COMMITTEE Candidate Committee (a) This committee is an authorized 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 Pardy Devin, D., Mr., Sr. Candidate DEM Office State QA QB QB<				
Candidate Committee: (a) In 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 Pandy, Devin, D., Mr., Sr. (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Intercommittee (PAC): (a) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a comportation with capital state organization is a comportation or committee is a clobbyist/Registrant PAC. (a) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (a) This committee is a Lobbyist/Registrant PAC. (b) In addition, this committee is a Lobbyist/Registrant PAC. (c) This committee sing autorized committee) is a Lobbyist/Registrant PAC. (c) In addition, this committee is a Lobbyist/Registrant PAC. (c) This committee singentization or file is a subforized committee or a subformate constrate committee organization, an authorized committee organization, at least one of which is an authorized committee organization, at least one of which is an authorized committee organization, at least one of which is an authorized committee of a federal candidate.	F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
(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.) Pandy, Devin, D., Mr., Sr. Candidate Pandy, Devin, D., Mr., Sr. Candidate Pandy, Devin, D., Mr., Sr. Candidate DetM Office State DetM Office State President District Obstrict This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (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 w/o Capital Stock Labor Organization Corporation Corporation w/o Capital Stock Labor Organization 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. (f) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committee/organizations, and east one of which is an authorized committee of a federal candidate. <				
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3 FEC ID number C		1.	FEC ID number	
		2.	FEC ID number	
4 FEC ID number C		3.	FEC ID number	
		4.	FEC ID number	

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Write or Type Committee Name

Devin Pandy for Congress

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

N 																																					
L																																					
	Mailing Address																																				
			L																																		
			L																								L						-				
											С	ITY											S	TA	ΓE						ZIF	, с	OD	Е			
	Relationship:	Connected	l Or	.gar	niza	itio	n		Aff	ilia	ted	Co	mn	nitte	e		Jc	oint	Fu	ndra	aisi	ng	Re	pre	ser	ntat	ive	l	l	_ea	dei	rshi	ip P	'AC	: Sp	ons	sor
7.	Custodian of Rec books and records		ıtify	by	na	me	, а	ddr	es	s (pho	one	nu	mb	er ·	C	ptic	onal	l) a	ind	ро	sitio	on	of 1	he	pe	rso	n i	n p	005	ses	sio	n o	of C	omr	mitt	ee
		Pandy Do	cho																																		

Pandy, De	snana, , ,
Full Name	
Mailing Address	87-1787 Mokila St.
	Waianae HI 96792
Title or Position	CITY STATE ZIP CODE
	Telephone number

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	Pandy, Deshana, , ,
of Treasurer	
Mailing Address	87-1787 Mokila St.
	Waianae HI 96792
	CITY STATE ZIP CODE
Title or Position	
	Image: Telephone number 808 784 9089

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent														1									1			
Mailing Address																										
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						C	:IT)	(STA	ΤE				ZII	ΡC	OD	ιE		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

S	Suntrust Bank	
Mailing Address	101 N Lumpkin St	
	Athens	GA 30601
	CITY	STATE ZIP CODE
Name of Bank, Dep	ository, etc.	
L		
Mailing Address		
	CITY	STATE ZIP CODE