

**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

Devolder-Santos for Congress

ADDRESS (number and street)

47 Flintlock Drive

☐ (Check if address is changed)

Shirley

CITY ▲

NY

STATE ▲

11967

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

nancy@campaignsunlimitedny.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

09 / 22 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00721365

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ 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 Marks, Nancy, , ,

Signature of Treasurer Marks, Nancy, , ,

[Electronically Filed]

Date

09 / 22 / 2022

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.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

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 Devolder-Santos, George, Anthony, ,

Candidate Party Affiliation REP

Office Sought: ☒ House ☐ Senate ☐ President

State NY

District 03

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) ☐ This committee is a NAT (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.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) ☐ 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.
- (j) ☐ 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. Devolder Santos For Congress Recount

C C00762237

2. Devolder Santos Nassau Victory Committee

C C00822783

Write or Type Committee Name

Devolder-Santos for Congress

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

Devolder Santos For NY-03

Mailing Address

PO Box 30844

Bethesda

MD

20824

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☒ Affiliated Organization ☐ 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 Marks, Nancy, , ,

Mailing Address

47 Flintlock Drive

Shirley

NY

11967

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

631

772

1900

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 Marks, Nancy, , ,

Mailing Address

47 Flintlock Drive

Shirley

NY

11967

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

631

772

1900

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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.

Evolve Bank & Trust

Mailing Address

301 Shoppingway Blvd

West Memphis

CITY ▲

AR

STATE ▲

72301

ZIP CODE ▲

Name of Bank, Depository, etc.

Flushing Bank

Mailing Address

1044 William Floyd Parkway

Shirley

CITY ▲

NY

STATE ▲

11967

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. Devolder Santos Van Duyne Victory Committee
2. Devolder Santos Victory Committee
3. NRCC New York Victory
4. Take Back The House 2022

FEC ID number

C C00821660

FEC ID number

C C00791137

FEC ID number

C

FEC ID number

C C00766782

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

Mailing Address

_____-____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

_____-____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____-____-____

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.

Mailing Address

_____-____

CITY ▲

STATE ▲

ZIP CODE ▲