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FEC FORM 2

STATEMENT OF CANDIDACY

	me of Candidate (in full)									
	evolder-Santos, George, An					1				
	Address (number and street) Check if address changed 9002 QUEENS BLVD			Candidate's FEC Identification Number H0NY03083						
(c) City	y, State, and ZIP Code					3. Is This	Ne	W		Amended
	LMHURST		NY	1137	3	Statem	nent (N)	OR	×	(A)
4. Party	Affiliation	5. Office Soug	ht		6. State & Dist	trict of Candid	late			
REPU	JBLICAN PARTY	House			NY	03				
	DI	SIGNATIO	N OF PR	INCIPAL	CAMPAIGI	N COMMI	TTEE			
7. I herek	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
NOTE	: This designation should be	filed with the ap	propriate offi	ce listed in t	ne instructions.					
(a) Na	me of Committee (in full)									
D	evolder Santos Fo	or Congres	SS							
(b) A d	duana (n. mahawand atuant)									
` '	dress (number and street) 7 Flintlock Drive									
(c) City	y, State, and ZIP Code									
5	Shirley				NY	11967				
	DI	SIGNATIO	N OF OT	HED VII.	THORIZED	COMMIT	TEEQ			
	Di			_	g Representativ		IEES			
0				T				6		
candic	by authorize the following nat lacy.	nea committee,	which is NO	i my princip	ai campaign cor	nmittee, to re	ceive and exp	ena tunas	on bei	nair or my
NOTE	: This designation should be	filed with the pri	ncipal campa	aign committ	ee.					
(a) Na	me of Committee (in full)									
(b) Ad	dress (number and street)									
(c) Cit	y, State, and ZIP Code									
(c) Cit	y, State, and Zir Code									
	1 45 - 41 - 41 1	i		. 41 1 4 6			4		-4-	
	I certify that I have ex	amined this Stat	ement and to	the best of	my knowleage a	ana bellet it is	true, correct a	апа сотрі	ete.	
_	e of Candidate					Date				•
Devolder-Santos, George, Anthony, , [Electronically Filed] 09/22/2022										
				[Elec	топісану Гивај					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint Fundraising Representatives)				
B. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend fund candidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)				
	Devolder Santos For NY-03				
	(b) Address (number and street) PO Box 30844				
	(c) City, State, and ZIP Code				
	Bethesda MD)	20824		
š.	 I hereby authorize the following named committee, which is NOT my principal cam candidacy. NOTE: This designation should be filed with the principal campaign co 	-	nmittee, to receive and expend funds on behalf of my		
	(a) Name of Committee (in full)				
	Take Back The House 2022				
	(b) Address (number and street) PO Box 30844				
	(c) City, State, and ZIP Code				
	Bethesda MD		20824		
3.	 I hereby authorize the following named committee, which is NOT my principal cam candidacy. NOTE: This designation should be filed with the principal campaign co 	-	nmittee, to receive and expend funds on behalf of my		
	(a) Name of Committee (in full)				
	(b) Address (number and street)				
	(c) City, State, and ZIP Code				
3.	B. I hereby authorize the following named committee, which is NOT my principal cam candidacy. NOTE: This designation should be filed with the principal campaign co		nmittee, to receive and expend funds on behalf of my		
		minitee.			
	(a) Name of Committee (in full)				
	(b) Address (number and street)				
	(c) City, State, and ZIP Code		-		