

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

DeCillis for NY

ADDRESS (number and street)

PO Box 140245

 (Check if address
is changed)

Staten Island

NY

10314

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

decillisforcongress@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

decillisforcongress.com

2. DATE

M M / D D / Y Y Y Y
01 / 21 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00935742

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 White, Dennis, , ,

Signature of Treasurer

White, Dennis, , ,

Date

M M / D D / Y Y Y Y
01 / 21 / 2026NOTE: 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 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

DeCillis for NY

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

NONE

Mailing Address

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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

Khanna, Nidhi, , ,

Mailing Address

PO Box 140245

Staten Island

NY

10314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Campaign Manager

Telephone number

917 - 410 - 1354

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

White, Dennis, , ,

Mailing Address

PO Box 140245

Staten Island

NY

10314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

917 - 410 - 1354

Full Name of
Designated
Agent

Khanna, Nidhi, , ,

Mailing Address

PO Box 140245

Staten Island

NY

10314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

917 - 410 - 1354

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.

Amalgamated Bank

Mailing Address

275 Seventh Ave

New York

NY

10001

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲