

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL DEVOLDER-SANTOS FOR CONGRESS			
ADDRESS (number and street) 47 FLINTLOCK DRIVE			
CITY SHIRLEY		STATE NY	ZIP CODE 11967
2. NAME OF CANDIDATE Devolder Santos, George, Anthony, ,		3. OFFICE SOUGHT (State and District) House NY 03	
4. FEC IDENTIFICATION NUMBER C00721365			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME Brar, Harshdeep, , ,			
MAILING ADDRESS 132 Bayberry Lane		Name of Employer IQ Global	
CITY Levittown		STATE NY	ZIP CODE 11756
		Occupation Operations Manager	
		Transaction ID : F6.4431	
		Date (month, day, year) 06/22/2020	Amount 1000.00
B. FULL NAME Edwards, Christopher, , ,			
MAILING ADDRESS 9 Beacon Lane		Name of Employer Self Employed	
CITY East Northport		STATE NY	ZIP CODE 11731
		Occupation Recruiter	
		Transaction ID : F6.4420	
		Date (month, day, year) 06/22/2020	Amount 2500.00
C. FULL NAME Kuflik, Mitchell, , ,			
MAILING ADDRESS 655 3rd Avenue		Name of Employer Brahman Capital Corp	
CITY New York		STATE NY	ZIP CODE 10017
		Occupation Founding Partner	
		Transaction ID : F6.4430	
		Date (month, day, year) 06/22/2020	Amount 1000.00
D. FULL NAME Pipia, Vincent, , ,			
MAILING ADDRESS 87 Wildwood Drive		Name of Employer IV Medical Services	
CITY Dix Hills		STATE NY	ZIP CODE 11746
		Occupation President	
		Transaction ID : F6.4421	
		Date (month, day, year) 06/22/2020	Amount 2500.00
E. FULL NAME			
MAILING ADDRESS		Name of Employer	
CITY		STATE	ZIP CODE
		Occupation	
		Date (month, day, year)	Amount
SIGNATURE (optional) Marks, Nancy, , ,		DATE 06/23/2020	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

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FEC FORM 6
(Revised 03/2016)