

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

Devolder-Santos for Congress

ADDRESS (number and street)

47 Flintlock Drive

Check if different than previously reported. (ACC)

Shirley

NY

11967

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00721365

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NY

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report 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

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Devolder-Santos for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	12965.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	12965.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27695.50	31117.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	23.89	23.89
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	27671.61	31093.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	62575.16	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	50000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Devolder-Santos for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	2500.00
(ii) Unitemized.....	0.00	180.00
(iii) TOTAL of contributions from individuals ▶	0.00	2680.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10285.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	12965.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	23.89	23.89
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	23.89	12988.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27695.50	31117.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	18500.00	31200.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	18500.00	31200.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	46195.50	62317.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	108746.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23.89
25. SUBTOTAL (add Line 23 and Line 24).....	108770.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	46195.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	62575.16

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. BEHNAME, SHAWN, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 100 CUTTERMILL ROAD, APT 4E		FEC Identification Number C
City GREAT NECK	State NY	Zip Code 11021
Purpose of Disbursement BOE OBSERVER		Amount of Each Disbursement this Period 300.00
Candidate Name		Transaction ID : SB17.I283
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. O'NEIL, CATHERINE, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2020
Mailing Address 1100 SOUTH OCEAN BLVD.		FEC Identification Number C
City PALM BEACH	State FL	Zip Code 33480
Purpose of Disbursement MARLAGO EVENT		Amount of Each Disbursement this Period 3087.30
Candidate Name		Transaction ID : SB17.I367
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. PERROTTO, DAVID, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 1353 TAFT AVENUE		FEC Identification Number C
City MERRICK	State NY	Zip Code 11566
Purpose of Disbursement BOE OBSERVER		Amount of Each Disbursement this Period 300.00
Candidate Name		Transaction ID : SB17.I319
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3687.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. 7-ELEVEN		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 149-52 14TH AVE		FEC Identification Number C
City WHITESTONE	State NY	Zip Code 11357
Purpose of Disbursement FOOD AND BEVERAGE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 4.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I353
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AIRBNB		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 888 BRANNAN STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement HOTEL STAY	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 2887.18	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I385
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ALLIANZ TRAVEL INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 9950 MAYLAND DRIVE		FEC Identification Number C
City RICHMOND	State VA	Zip Code 23233
Purpose of Disbursement TRAVEL INSURANCE	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 28.64	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I382
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2919.82
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2020		
Mailing Address 410 TERRY AVE N			FEC Identification Number C		
City SEATTLE	State WA	Zip Code 98109	Amount of Each Disbursement this Period 21.67		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.I339		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2020		
Mailing Address 410 TERRY AVE N			FEC Identification Number C		
City SEATTLE	State WA	Zip Code 98109	Amount of Each Disbursement this Period 82.72		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.I340		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 410 TERRY AVE N			FEC Identification Number C		
City SEATTLE	State WA	Zip Code 98109	Amount of Each Disbursement this Period 89.16		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.I341		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	193.55
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2020
Mailing Address 400 WEST 31ST STREET		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10001
Purpose of Disbursement TRAIN TICKET	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 15.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I182
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 400 WEST 31ST STREET		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10001
Purpose of Disbursement TRAIN FARE	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 674.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I183
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 400 WEST 31ST STREET		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10001
Purpose of Disbursement FOOD & BEVERAGE SERVICE	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 22.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I184
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	711.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. AMTRAK			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 400 WEST 31ST STREET			FEC Identification Number C		
City NEW YORK	State NY	Zip Code 10001	Amount of Each Disbursement this Period 22.00		
Purpose of Disbursement FOOD & BEVERAGE SERVICE		Category/ Type 002	Transaction ID : SB17.I185		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. AMTRAK			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 400 WEST 31ST STREET			FEC Identification Number C		
City NEW YORK	State NY	Zip Code 10001	Amount of Each Disbursement this Period 27.50		
Purpose of Disbursement FOOD & BEVERAGE SERVICE		Category/ Type 002	Transaction ID : SB17.I186		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. AMTRAK			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 400 WEST 31ST STREET			FEC Identification Number C		
City NEW YORK	State NY	Zip Code 10001	Amount of Each Disbursement this Period 248.00		
Purpose of Disbursement TRAIN FARE		Category/ Type 002	Transaction ID : SB17.I187		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	297.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. ATRIUM CAFE DC			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 750 9TH STREET NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Disbursement this Period 21.89		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 002	Transaction ID : SB17.I392		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. BEST BUY			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 5001 NORTHERN BLVD.			FEC Identification Number C		
City QUEENS	State NY	Zip Code 11101	Amount of Each Disbursement this Period 2026.25		
Purpose of Disbursement CAMPAIGN COMPUTER		Category/ Type 006	Transaction ID : SB17.I377		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BEST BUY			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 5001 NORTHERN BLVD.			FEC Identification Number C		
City QUEENS	State NY	Zip Code 11101	Amount of Each Disbursement this Period 950.45		
Purpose of Disbursement CAMPAIGN COMPUTER		Category/ Type 006	Transaction ID : SB17.I378		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2998.59
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. BLEND ASTORIA			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 37-17 30TH AVENUE			FEC Identification Number C		
City ASTORIA	State NY	Zip Code 11103	Amount of Each Disbursement this Period 173.93		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I374		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. BP GAS			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2020		
Mailing Address 1680 N OCEAN AVENUE			FEC Identification Number C		
City HOLTSVILLE	State NY	Zip Code 11742	Amount of Each Disbursement this Period 25.79		
Purpose of Disbursement GAS		Category/ Type 002	Transaction ID : SB17.I160		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BP GAS			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 1680 N OCEAN AVENUE			FEC Identification Number C		
City HOLTSVILLE	State NY	Zip Code 11742	Amount of Each Disbursement this Period 28.25		
Purpose of Disbursement GAS		Category/ Type 002	Transaction ID : SB17.I161		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	227.97
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. BROOKLYN CAB SERVICE			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2020		
Mailing Address 2626 HOMECREST AVENUE			FEC Identification Number C		
City BROOKLYN	State NY	Zip Code 11235	Amount of Each Disbursement this Period 26.39		
Purpose of Disbursement TAXI FARE		Category/ Type 002	Transaction ID : SB17.I364		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. CAMPAIGNS UNLIMITED			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2020		
Mailing Address 47 FLINTLOCK DRIVE			FEC Identification Number C		
City SHIRLEY	State NY	Zip Code 11967	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement COMPLIANCE/ACCOUNTING		Category/ Type 001	Transaction ID : SB17.I242		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. CHERRY VALLEY DELI			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 12-29 150TH STREET			FEC Identification Number C		
City WHITESTONE	State NY	Zip Code 11357	Amount of Each Disbursement this Period 22.93		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I379		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1049.32
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. CIPOLLINI RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2020		
Mailing Address 2110C NORTHERN BLVD			FEC Identification Number C		
City MANHASSET	State NY	Zip Code 11030	Amount of Each Disbursement this Period 91.15		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I141		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. CIPOLLINI RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2020		
Mailing Address 2110C NORTHERN BLVD			FEC Identification Number C		
City MANHASSET	State NY	Zip Code 11030	Amount of Each Disbursement this Period 130.89		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I142		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. CIPOLLINI RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2020		
Mailing Address 2110C NORTHERN BLVD			FEC Identification Number C		
City MANHASSET	State NY	Zip Code 11030	Amount of Each Disbursement this Period 362.79		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I143		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	584.83
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. CIPOLLINI RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020	
Mailing Address 2110C NORTHERN BLVD			FEC Identification Number C	
City MANHASSET	State NY	Zip Code 11030	Amount of Each Disbursement this Period 240.00	
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I144	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. CIPOLLINI RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020	
Mailing Address 2110C NORTHERN BLVD			FEC Identification Number C	
City MANHASSET	State NY	Zip Code 11030	Amount of Each Disbursement this Period 201.09	
Purpose of Disbursement STAFF MEETING		Category/ Type 001	Transaction ID : SB17.I145	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. CLARA BARTON			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020	
Mailing Address 616 EAST STREET NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 15.00	
Purpose of Disbursement PARKING FEE		Category/ Type 002	Transaction ID : SB17.I395	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	▶	456.09
TOTAL This Period (last page this line number only).....	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. CONOCO GAS		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 130-05 20TH AVENUE		FEC Identification Number C
City COLLEGE POINT	State NY	Zip Code 11356
Purpose of Disbursement GAS	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 32.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I381
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2020
Mailing Address 1030 DELTA BLVD		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement CHECKED BAGS	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 98.10	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I164
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2020
Mailing Address 1030 DELTA BLVD		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement AIR FARE	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 396.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I165
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	526.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2020		
Mailing Address 1030 DELTA BLVD			FEC Identification Number C		
City ATLANTA	State GA	Zip Code 30354	Amount of Each Disbursement this Period 396.20		
Purpose of Disbursement AIR FARE		Category/ Type 002	Transaction ID : SB17.I166		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2020		
Mailing Address 1030 DELTA BLVD			FEC Identification Number C		
City ATLANTA	State GA	Zip Code 30354	Amount of Each Disbursement this Period 234.20		
Purpose of Disbursement AIR FARE		Category/ Type 002	Transaction ID : SB17.I167		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2020		
Mailing Address 1030 DELTA BLVD			FEC Identification Number C		
City ATLANTA	State GA	Zip Code 30354	Amount of Each Disbursement this Period 234.20		
Purpose of Disbursement AIR FARE		Category/ Type 002	Transaction ID : SB17.I168		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	864.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

A. DIRECT MAIL PROCESSORS

Full Name (Last, First, Middle Initial)
Mailing Address 1150 CONRAD CT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement CAGING & ESCROW AND SHIPPING EXPENSE Category/Type 003

Candidate Name

Office Sought: House Senate President Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement 12 / 10 / 2020

FEC Identification Number C

Amount of Each Disbursement this Period 413.25

Transaction ID : SB17.I272

Memo Item

B. DUNKIN

Full Name (Last, First, Middle Initial)
Mailing Address 333 JERICHO TPKE

City SYOSSET State NY Zip Code 11791

Purpose of Disbursement FOOD & BEVERAGE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement 11 / 24 / 2020

FEC Identification Number C

Amount of Each Disbursement this Period 17.51

Transaction ID : SB17.I136

Memo Item

C. EINSTEIN BROS BAGELS

Full Name (Last, First, Middle Initial)
Mailing Address 50 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement FOOD & BEVERAGE Category/Type 002

Candidate Name

Office Sought: House Senate President Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement 11 / 24 / 2020

FEC Identification Number C

Amount of Each Disbursement this Period 6.03

Transaction ID : SB17.I394

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 436.79

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. EPIC PAY			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2020		
Mailing Address 9300 WADE BLVD, STE 200			FEC Identification Number C		
City FRISCO	State TX	Zip Code 75035	Amount of Each Disbursement this Period 68.49		
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 003	Transaction ID : SB17.I265		
Candidate Name		Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. EXXONMOBILE			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2020		
Mailing Address 449 OLD COUNTRY ROAD			FEC Identification Number C		
City ROSLYN HEIGHTS	State NY	Zip Code 11577	Amount of Each Disbursement this Period 29.21		
Purpose of Disbursement GAS		Category/ Type 002	Transaction ID : SB17.I10		
Candidate Name		Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. EXXONMOBILE WHITESTONE			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 150-65 CROSS ISLAND PARKWAY			FEC Identification Number C		
City WHITESTONE	State NY	Zip Code 11357	Amount of Each Disbursement this Period 7.70		
Purpose of Disbursement GAS		Category/ Type 002	Transaction ID : SB17.I34		
Candidate Name		Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	105.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. EXXONMOBILE WHITESTONE		Date of Disbursement
Mailing Address 150-65 CROSS ISLAND PARKWAY		M M / D D / Y Y Y Y 11 / 24 / 2020
City WHITESTONE	State NY	Zip Code 11357
Purpose of Disbursement GAS	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	30.00
State: District:	Transaction ID : SB17.I35	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. EXXONMOBILE WHITESTONE		Date of Disbursement
Mailing Address 150-65 CROSS ISLAND PARKWAY		M M / D D / Y Y Y Y 11 / 24 / 2020
City WHITESTONE	State NY	Zip Code 11357
Purpose of Disbursement GAS	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	27.82
State: District:	Transaction ID : SB17.I36	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. EXXONMOBILE		Date of Disbursement
Mailing Address 449 OLD COUNTRY ROAD		M M / D D / Y Y Y Y 11 / 24 / 2020
City ROSLYN HEIGHTS	State NY	Zip Code 11577
Purpose of Disbursement GAS	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	30.02
State: District:	Transaction ID : SB17.I9	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	87.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. FINNEGAN'S			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 5 WALL STREET			FEC Identification Number C		
City HUNTINGTON	State NY	Zip Code 11743	Amount of Each Disbursement this Period 240.00		
Purpose of Disbursement FOOD & BEVERAGE FOR STAFF		Category/ Type 001	Transaction ID : SB17.I376		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. FOGO DE CHAO DC			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 1101 PENNSYLVANIA AVENUE NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 184.45		
Purpose of Disbursement DINNER FOR STAFF		Category/ Type 001	Transaction ID : SB17.I397		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. GIUNTA'S MEAT FARMS			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 134 COMMACK ROAD			FEC Identification Number C		
City COMMACK	State NY	Zip Code 11725	Amount of Each Disbursement this Period 188.48		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I375		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	612.93
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. GULF OIL		Date of Disbursement
Mailing Address 10702 GRAND CENTRAL PARKWAY		M M / D D / Y Y Y Y 12 / 20 / 2020
City EAST ELMHURST	State NY	Zip Code 11369
Purpose of Disbursement GAS	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	54.15
State: District:	Transaction ID : SB17.I58 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HYATT REGENCY WASHINGTON ON CAPITOL HILL		Date of Disbursement
Mailing Address 400 NEW JERSEY AVENUE NW		M M / D D / Y Y Y Y 11 / 24 / 2020
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement HOTEL STAY	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	132.50
State: District:	Transaction ID : SB17.I388 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HYATT REGENCY WASHINGTON ON CAPITOL HILL		Date of Disbursement
Mailing Address 400 NEW JERSEY AVENUE NW		M M / D D / Y Y Y Y 11 / 24 / 2020
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement HOTEL STAY	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	83.33
State: District:	Transaction ID : SB17.I389 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	269.98
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. HYATT REGENCY WASHINGTON ON CAPITOL HILL		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 400 NEW JERSEY AVENUE NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement HOTEL WIFI	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 26.40	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I390
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HYATT REGENCY WASHINGTON ON CAPITOL HILL		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 400 NEW JERSEY AVENUE NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement HOTEL WIFI	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 22.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I391
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. IL BACCO RESTAURANTE		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2020
Mailing Address 253-24 NORTHERN BLVD		FEC Identification Number C
City LITTLE NECK	State NY	Zip Code 11362
Purpose of Disbursement FOOD & BEVERAGE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 325.94	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I289
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	374.34
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. IL BACCO RESTAURANTE			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2020		
Mailing Address 253-24 NORTHERN BLVD			FEC Identification Number C		
City LITTLE NECK	State NY	Zip Code 11362	Amount of Each Disbursement this Period 142.09		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I292		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. IL BACCO RESTAURANTE			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 253-24 NORTHERN BLVD			FEC Identification Number C		
City LITTLE NECK	State NY	Zip Code 11362	Amount of Each Disbursement this Period 391.80		
Purpose of Disbursement STAFF MEETING		Category/ Type 001	Transaction ID : SB17.I293		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. JW MARRIOTT WASHINGTON			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 1331 PENNSYLVANIA AVE NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 195.40		
Purpose of Disbursement ITEMS FOR STAFF		Category/ Type 001	Transaction ID : SB17.I400		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	729.29
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. LA BONNE SOUPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2020
Mailing Address 48 WEST 55TH STREET		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10019
Purpose of Disbursement FOOD & BEVERAGE	Category/ Type 001	Amount of Each Disbursement this Period 333.14
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.I360 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LA BONNE SOUPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2020
Mailing Address 48 WEST 55TH STREET		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10019
Purpose of Disbursement FOOD & BEVERAGE	Category/ Type 001	Amount of Each Disbursement this Period 299.34
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.I361 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LANDMARK DINER		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 1027 NORTHERN BLVD		FEC Identification Number C
City ROSLYN	State NY	Zip Code 11576
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	Amount of Each Disbursement this Period 28.85
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.I19 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	661.33
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. LANDMARK DINER			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2020		
Mailing Address 1027 NORTHERN BLVD			FEC Identification Number C		
City ROSLYN	State NY	Zip Code 11576	Amount of Each Disbursement this Period 35.53		
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : SB17.I20		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. LE BON CAFE			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 210 2ND STREET SE			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 11.64		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 002	Transaction ID : SB17.I396		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MAMA LISA RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 1226 MONTAUK HIGHWAY			FEC Identification Number C		
City MASTIC	State NY	Zip Code 11950	Amount of Each Disbursement this Period 70.80		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I371		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	117.97
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. MCDONALDS			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address			FEC Identification Number C		
City ELKTON	State MD	Zip Code 00000	Amount of Each Disbursement this Period 6.52		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I102		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. MDI IMAGING & MAIL			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2020		
Mailing Address 21955 CASCADES PARKWAY			FEC Identification Number C		
City DULLES	State VA	Zip Code 20166	Amount of Each Disbursement this Period 2530.17		
Purpose of Disbursement MAILSHOP SERVICES & PRINTING EXPENSE		Category/ Type 003	Transaction ID : SB17.I273		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MIDDLETOWN VALLEY BANK			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2020		
Mailing Address			FEC Identification Number C		
City	State	Zip Code 00000	Amount of Each Disbursement this Period 14.57		
Purpose of Disbursement BANK SERVICE CHARGES		Category/ Type 003	Transaction ID : SB17.I264		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2551.26
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. NEW CHINA EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 439 NORTH MAIN STREET			FEC Identification Number C		
City FREEPORT	State NY	Zip Code 11520	Amount of Each Disbursement this Period 106.68		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I380		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. NORTH SHORE FARMS			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2020		
Mailing Address 153-01 10TH AVENUE			FEC Identification Number C		
City WHITESTONE	State NY	Zip Code 11357	Amount of Each Disbursement this Period 77.26		
Purpose of Disbursement FOOD ITEMS FOR OFFICE		Category/ Type 001	Transaction ID : SB17.I365		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. NORTHERN BLVD SERVICE STATION			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2020		
Mailing Address 50-35 NORTHERN BLVD			FEC Identification Number C		
City LONG ISLAND CITY	State NY	Zip Code 11101	Amount of Each Disbursement this Period 30.38		
Purpose of Disbursement GAS		Category/ Type 002	Transaction ID : SB17.I47		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	214.32
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. PASTRAMI N FRIENDS			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 110 COMMACK ROAD A			FEC Identification Number C
City COMMACK	State NY	Zip Code 11725	Amount of Each Disbursement this Period 93.74
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I372
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. PASTRAMI N FRIENDS			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2020
Mailing Address 110 COMMACK ROAD A			FEC Identification Number C
City COMMACK	State NY	Zip Code 11725	Amount of Each Disbursement this Period 89.08
Purpose of Disbursement FOOD & BEVERAGE FOR STAFF		Category/ Type 001	Transaction ID : SB17.I373
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. PDQ PRINT & MAIL SERVICES			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2020
Mailing Address P.O. BOX 245			FEC Identification Number C
City BOHEMIA	State NY	Zip Code 11716	Amount of Each Disbursement this Period 731.29
Purpose of Disbursement HOLIDAY CARDS		Category/ Type 003	Transaction ID : SB17.I370
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	914.11
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. SEVEN SEAS		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 607 NORTHERN BLVD		FEC Identification Number C
City GREAT NECK	State NY	Zip Code 11021
Purpose of Disbursement FOOD & BEVERAGE	Category/ Type 004	
Candidate Name		Amount of Each Disbursement this Period 25.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I33
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 49 WEST JERICHO TURNPIKE		FEC Identification Number C
City HUNTINGTON	State NY	Zip Code 11746
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 23.89
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I383
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STARBUCKS		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address		FEC Identification Number C
City CRANBERRY	State NJ	Zip Code 00000
Purpose of Disbursement FOOD & BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 9.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I107
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	58.86
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. SUNOCO			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2020	
Mailing Address 3240 NJ 38			FEC Identification Number C	
City MOUNT LAUREL	State NJ	Zip Code 08054	Amount of Each Disbursement this Period 27.40	
Purpose of Disbursement GAS		Category/Type 002	Transaction ID : SB17.I116	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. TAHLI'S DISCOUNT LIQUORS			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2020	
Mailing Address 340 NORTHERN BLVD.			FEC Identification Number C	
City GREAT NECK	State NY	Zip Code 11021	Amount of Each Disbursement this Period 156.96	
Purpose of Disbursement BEVERAGES FOR EVENT		Category/Type 007	Transaction ID : SB17.I362	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. TARGET			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020	
Mailing Address 3100 14TH STREET NW SUITE 201			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20010	Amount of Each Disbursement this Period 79.99	
Purpose of Disbursement OFFICE SUPPLIES		Category/Type 001	Transaction ID : SB17.I386	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	▶	264.35
TOTAL This Period (last page this line number only).....	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. TARGET FLUSHING		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 4024 COLLEGE POINT BLVD SUITE F600		FEC Identification Number C
City QUEENS	State NY	Zip Code 11354
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 102.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I393
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. THE BREAKERS PALM BEACH		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2020
Mailing Address 1 SOUTH COUNTY ROAD		FEC Identification Number C
City PALM BEACH	State FL	Zip Code 33480
Purpose of Disbursement EVENT VENUE	Category/Type 007	
Candidate Name		Amount of Each Disbursement this Period 3000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I366
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TJMAXX		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2020
Mailing Address 13603 20TH AVE		FEC Identification Number C
City COLLEGE POINT	State NY	Zip Code 11356
Purpose of Disbursement FUNDRAISER GIFTS	Category/Type 007	
Candidate Name		Amount of Each Disbursement this Period 86.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I243
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3189.29
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. TOSKANA PIZZERIA			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 163 POST AVENUE			FEC Identification Number C		
City WESTBURY	State NY	Zip Code 11590	Amount of Each Disbursement this Period 54.67		
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : SB17.I358		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. TRUMP INTERNATIONAL HOTEL DC			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2020		
Mailing Address 1100 PENNSYLVANIA AVENUE NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 187.30		
Purpose of Disbursement HOTEL STAY		Category/ Type 002	Transaction ID : SB17.I174		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 22.48		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I59		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	264.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 18.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I60 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 27.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I61 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 52.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I62 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	98.53
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. UBER			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 44.21		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I63		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 54.16		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I64		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 29.47		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I65		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	127.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement
Mailing Address 405 HOWARD STREET		M M / D D / Y Y Y Y 11 / 24 / 2020
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE		002
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 8.75
State: District:		Transaction ID : SB17.I66 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement
Mailing Address 405 HOWARD STREET		M M / D D / Y Y Y Y 11 / 24 / 2020
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE		002
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 10.11
State: District:		Transaction ID : SB17.I67 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement
Mailing Address 405 HOWARD STREET		M M / D D / Y Y Y Y 11 / 24 / 2020
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE		002
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 76.88
State: District:		Transaction ID : SB17.I68 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	95.74
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 22.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I69 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 15.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I70 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 8.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I71 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	46.86
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. UBER			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 8.75		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I72		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. UBER			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 9.40		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I73		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 10.22		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I74		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	28.37
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 8.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I75 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 9.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I76 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 32.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I77 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	50.55
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 8.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I78
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 9.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I79
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 64.37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I83
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	82.28
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 6.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I84 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 57.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I85 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2020
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State NY	Zip Code 94105
Purpose of Disbursement CAR SERVICE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 51.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I86 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	115.19
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 16.45		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I87		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 19.99		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I88		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 23.18		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I89		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	59.62
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 22.15		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I90		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 11.33		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I91		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 45.98		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I92		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	79.46
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2020		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State NY	Zip Code 94105	Amount of Each Disbursement this Period 42.53		
Purpose of Disbursement CAR SERVICE		Category/ Type 002	Transaction ID : SB17.I93		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. UBER EATS			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 1455 MARKET STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 27.50		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I387		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. UMI SAKE			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2020		
Mailing Address 9726 YORK ROAD			FEC Identification Number C		
City COCKEYSVILLE	State MD	Zip Code 21030	Amount of Each Disbursement this Period 154.27		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I363		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	224.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. UNO'S PIZZERIA & GRILL			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 37-11 35TH AVENUE			FEC Identification Number C		
City QUEENS	State NY	Zip Code 11101	Amount of Each Disbursement this Period 65.76		
Purpose of Disbursement DINNER FOR STAFF		Category/ Type 001	Transaction ID : SB17.I399		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. WILLIAM FLOYD DINER			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address 467 WILLIAM FLOYD PARKWAY			FEC Identification Number C		
City SHIRLEY	State NY	Zip Code 11967	Amount of Each Disbursement this Period 62.69		
Purpose of Disbursement STAFF MEETING		Category/ Type 001	Transaction ID : SB17.I398		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. WINRED			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2020		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 23113	Amount of Each Disbursement this Period 506.21		
Purpose of Disbursement FEES		Category/ Type 001	Transaction ID : SB17.I148		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	634.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial) A. NEW YORK YOUNG REPUBLICANS CLUB			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2020	
Mailing Address 157-42 12TH ROAD			FEC Identification Number C	
City WHITESTONE	State NY	Zip Code 11357	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement DONATION		Category/ Type 011	Transaction ID : SB17.I368	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. NEW YORK YOUNG REPUBLICANS CLUB			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2020	
Mailing Address 157-42 12TH ROAD			FEC Identification Number C	
City WHITESTONE	State NY	Zip Code 11357	Amount of Each Disbursement this Period 182.72	
Purpose of Disbursement EVENT ITEMS		Category/ Type 007	Transaction ID : SB17.I369	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	682.72
TOTAL This Period (last page this line number only).....▶	27695.50

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Devolder-Santos for Congress

Full Name (Last, First, Middle Initial)
A. DEVOLDER SANTOS, GEORGE, ANTHONY, ,

Mailing Address **90-02 QUEENS BOULEVARD**

City **ELMHURST** State **NY** Zip Code **11373**

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 30 / 2020

FEC Identification Number
C

Amount of Each Disbursement this Period
18500.00

Transaction ID : **SB19A.I413**

Memo Item

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	18500.00
TOTAL This Period (last page this line number only).....▶	18500.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Devolder-Santos for Congress** Transaction ID : **SC.2**

LOAN SOURCE Full Name (Last, First, Middle Initial) Devolder-Santos, George, Anthony, ,		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9002 Queens Blvd			
City Elmhurst	State NY	ZIP Code 11373	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 18550.00	Cumulative Payment To Date 18550.00	Balance Outstanding at Close of This Period 0.00
-------------------------------------	--	---

TERMS	Date Incurred M 01 / D 03 / Y 2019	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	---------------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	0.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Devolder-Santos for Congress** Transaction ID : **SC.1**

LOAN SOURCE Full Name (Last, First, Middle Initial) Devolder-Santos, George, Anthony, ,		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9002 Queens Blvd			
City Elmhurst	State NY	ZIP Code 11373	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5300.00	Cumulative Payment To Date 5300.00	Balance Outstanding at Close of This Period 0.00
------------------------------------	---------------------------------------	---

TERMS	Date Incurred M 12 / D 31 / Y 2019	Date Due M / D / Y 00	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	0.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Devolder-Santos for Congress** Transaction ID : **SC.3**

LOAN SOURCE Full Name (Last, First, Middle Initial) Devolder-Santos, George, Anthony, ,		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9002 Queens Blvd			
City Elmhurst	State NY	ZIP Code 11373	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 4200.00	Cumulative Payment To Date 4200.00	Balance Outstanding at Close of This Period 0.00
------------------------------------	---------------------------------------	---

TERMS	Date Incurred M 01 / D 10 / Y 2020	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	---------------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	0.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Devolder-Santos for Congress** Transaction ID : **SC.4**

LOAN SOURCE Full Name (Last, First, Middle Initial) Devolder-Santos, George, Anthony, ,		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9002 Queens Blvd			
City Elmhurst	State NY	ZIP Code 11373	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000.00	Cumulative Payment To Date 2000.00	Balance Outstanding at Close of This Period 0.00
------------------------------------	---------------------------------------	---

TERMS	Date Incurred M 03 / D 10 / Y 2020	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 0.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Devolder-Santos for Congress** Transaction ID : **SC.5**

LOAN SOURCE Full Name (Last, First, Middle Initial) Devolder-Santos, George, Anthony, ,		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9002 Queens Blvd			
City Elmhurst	State NY	ZIP Code 11373	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred M 03 / D 31 / Y 2020	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC.6
 Devolder-Santos for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Devolder-Santos, George, Anthony, ,		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9002 Queens Blvd		
City Elmhurst	State NY	ZIP Code 11373 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1200.00	Cumulative Payment To Date 1200.00	Balance Outstanding at Close of This Period 0.00
------------------------------------	---------------------------------------	---

TERMS	Date Incurred M 06 / D 25 / Y 2020	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	---------------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____	

SUBTOTALS This Period This Page (optional).....▶	0.00
TOTALS This Period (last page in this line only).....▶	50000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC FORM 3Z (File with Form 3)

Report Covering Period from:

M	M
11	

 /

D	D
24	

 /

Y	Y	Y	Y
2020			

Part 1: CONSOLIDATION REPORT

to:

M	M
12	

 /

D	D
31	

 /

Y	Y	Y	Y
2020			

NAME OF PRINCIPAL CAMPAIGN COMMITTEE
Devolder-Santos for Congress

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE
(Use Separate Page for Each Committee)
Devolder Santos For Congress Recount

LINE DESCRIPTION	LINE DESCRIPTION
6(c) Net Contributions	15 Other Receipts
- 2213.00	0.00
7(c) Net Operating Expenditures	16 Total Receipts
69796.31	261.00
9 Debts and Obligations Owed TO the Committee	17 Operating Expenditures
0.00	69796.31
10 Debts and Obligations Owed BY the Committee	18 Transfers to Other Authorized Committees
0.00	0.00
11(a) Contributions from Individuals/Persons Other Than Political Committees	19(a) Repayments of Loans Made or Guaranteed by Candidate
261.00	0.00
11(b) Contributions from Political Party Committees	19(b) Other Loan Repayments
0.00	0.00
11(c) Contributions from Other Political Committees	19(c) Total Loan Repayments
0.00	0.00
11(d) Contributions from the Candidate	20(a) Refunds of Contributions to Individuals/Persons
0.00	2474.00
11(e) Total Contributions	20(b) Refunds of Contributions to Political Party Committees
261.00	0.00
12 Transfers from Other Authorized Committees	20(c) Refunds of Contributions to Other Political Committees
0.00	0.00
13(a) Loans Made or Guaranteed by the Candidate	20(d) Total Contributions Refunds
0.00	2474.00
13(b) All Other Loans	21 Other Disbursements
0.00	0.00
13(c) Total Loans	22 Total Disbursements
0.00	72270.31
14 Offsets to Operating Expenditures	23 Cash on Hand at Beginning of Reporting Period
0.00	77157.35
	27 Cash on Hand at Close of Reporting Period
	5148.04

FEC FORM 3Z (File with Form 3)

Report Covering Period from:

M	M
11	

 /

D	D
24	

 /

Y	Y	Y	Y
20	20		

**Part 2: CONSOLIDATED TOTALS
FOR ALL AUTHORIZED COMMITTEES**

to:

M	M
12	

 /

D	D
31	

 /

Y	Y	Y	Y
20	20		

NAME OF PRINCIPAL CAMPAIGN COMMITTEE
Devolder-Santos for Congress

For each line, add the amounts for all authorized committees and disclose the total on the appropriate line below.

LINE DESCRIPTION	
6(c) Net Contributions	- 2213.00
7(c) Net Operating Expenditures	69796.31
9 Debts and Obligations Owed TO the Committee	0.00
10 Debts and Obligations Owed BY the Committee	0.00
11(a) Contributions from Individuals/Persons Other Than Political Committees	261.00
11(b) Contributions from Political Party Committees	0.00
11(c) Contributions from Other Political Committees	0.00
11(d) Contributions from the Candidate	0.00
11(e) Total Contributions	261.00
12 Transfers from Other Authorized Committees	0.00
13(a) Loans Made or Guaranteed by the Candidate	0.00
13(b) All Other Loans	0.00
13(c) Total Loans	0.00
14 Offsets to Operating Expenditures	0.00

LINE DESCRIPTION	
15 Other Receipts	0.00
16 Total Receipts	261.00
17 Operating Expenditures	69796.31
18 Transfers to Other Authorized Committees	0.00
19(a) Repayments of Loans Made or Guaranteed by Candidate	0.00
19(b) Other Loan Repayments	0.00
19(c) Total Loan Repayments	0.00
20(a) Refunds of Contributions to Individuals/Persons	2474.00
20(b) Refunds of Contributions to Political Party Committees	0.00
20(c) Refunds of Contributions to Other Political Committees	0.00
20(d) Total Contributions Refunds	2474.00
21 Other Disbursements	0.00
22 Total Disbursements	72270.31
23 Cash on Hand at Beginning of Reporting Period	77157.35
27 Cash on Hand at Close of Reporting Period	5148.04