

**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)

126 C STREET NW

THIRD FLOOR

WASHINGTON

DC

20001

☐ Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00721365

3. IS THIS
REPORTNEW
(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

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

10

D D /

01

Y Y Y Y /

2024

through

M M /

12

D D /

31

Y Y Y Y /

2024

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 BOLES, JASON, D, ,

Signature of Treasurer

BOLES, JASON, D, ,

Date

M M /

01

D D /

28

Y Y Y Y /

2025

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**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

DEVOLDER-SANTOS FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 / 01 / 2024

To:

M M / D D / Y Y Y Y
12 / 31 / 2024

	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	203359.27
(b) Total Contribution Refunds (from Line 20(d))	0.00	21048.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	182311.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	183489.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	387.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	183101.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	407.65	
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)	803157.07	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

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:

M M / D D / Y Y Y Y
10 01 2024

To:

M M / D D / Y Y Y Y
12 31 2024**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

174198.25

(ii) Unitemized

0.00

13161.02

(iii) TOTAL of contributions
from individuals ▶

0.00

187359.27

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

16000.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

203359.27

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.)

0.00

387.91

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)..... ▶

0.00

203747.18

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	183489.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	85000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	85000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	21048.00
(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	21048.00
21. OTHER DISBURSEMENTS	0.00	387.91
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	0.00	289925.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	407.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	407.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	407.65

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 5 OF 13

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LWVPKBQQ4TAXWYDG3USR

DEVOLDER-SANTOS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

DEVOLDER-SANTOS, GEORGE, ANTHONY, ,

Mailing Address

9002 QUEENS BOULEVARD

City

ELMHURST

State

NY

ZIP Code

11373

☒ Personal Funds of the Candidate

Original Amount of Loan

300000.00

Cumulative Payment To Date

85000.00

Balance Outstanding at Close of This Period

215000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 10 / 2022M M / D D / Y Y Y Y
12 31 / 2022Y Y Y Y
2022

0.00 % (apr)

☐ Yes ☒ 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).....▶

215000.00

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

PAGE 6 OF 13

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LJY3VYVCWFQZFHGJK8YT

DEVOLDER-SANTOS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

DEVOLDER-SANTOS, GEORGE, ANTHONY, ,

Mailing Address

9002 QUEENS BOULEVARD

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

City

ELMHURST

State

NY

ZIP Code

11373

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 20 / 2022M M / D D / Y Y Y Y
12 31 / 2022Y Y Y Y
2022

0.00 % (apr)

☐ Yes ☒ 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).....▶

100000.00

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

PAGE 7 OF 13

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LPDFP3AQ5VB3AVEWMQT2

DEVOLDER-SANTOS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

DEVOLDER-SANTOS, GEORGE, ANTHONY, ,

Mailing Address

9002 QUEENS BOULEVARD

City

ELMHURST

State

NY

ZIP Code

11373

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 10 / 2022M M / D D / Y Y Y Y
12 31 / 2022

0.00 % (apr)

☐ Yes ☒ 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).....▶

100000.00

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

PAGE 8 OF 13

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L8YW4YU9KCQ3X4X8UDYD

DEVOLDER-SANTOS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

DEVOLDER-SANTOS, GEORGE, ANTHONY, ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

9002 QUEENS BOULEVARD

City

ELMHURST

State

NY

ZIP Code

11373

☒ Personal Funds of the Candidate

Original Amount of Loan

90000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

90000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 17 / 2022M M / D D / Y Y Y Y
12 31 / 2022Y Y Y Y
2022

0.00 % (apr)

☐ Yes ☒ 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).....▶

90000.00

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

PAGE 9 OF 13

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LCRVDCDC9W7ZGNERFEEU96

DEVOLDER-SANTOS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

9002 QUEENS BOULEVARD

City

ELMHURST

State

NY

ZIP Code

11373

☒ Personal Funds of the Candidate

Original Amount of Loan

125000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

125000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 26 / 2022M M / D D / Y Y Y Y
12 / 31 / 2022Y Y Y Y
2022

0.00 % (apr)

☐ Yes ☒ 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).....▶

125000.00

TOTALS This Period (last page in this line only).....▶

630000.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 13

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DEVOLDER-SANTOS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DICKINSON WRIGHT PLC

Nature of Debt (Purpose):

LEGAL

Mailing Address 1825 EYE ST NW
SUITE 900City
WASHINGTONState
DCZip Code
20006

Outstanding Balance Beginning This Period

68727.79

Transaction ID : BNRWW4YAW8TYS3VES9W

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

68727.79

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SMITH, KEVIN, , ,

Nature of Debt (Purpose):

FIELD OPERATIONS AND WIN BONUS

Mailing Address 820 N KINGS AVE

City
LINDENHURSTState
NYZip Code
11757

Outstanding Balance Beginning This Period

27500.00

Transaction ID : BSZX5RRYKN6C59HBZSKK

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

IL BACCO

Nature of Debt (Purpose):

ELECTION NIGHT CATERING

Mailing Address 25324 NORTHERN BLVD

City
QUEENSState
NYZip Code
11362

Outstanding Balance Beginning This Period

10000.00

Transaction ID : BRC3KPYC4YZBKJW8PWW

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

1) **SUBTOTALS** This Period This Page (optional) ▶

106227.79

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 13

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DEVOLDER-SANTOS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LIPSKY, GABRIELLE, , ,

Nature of Debt (Purpose):

CAMPAIGN MANAGEMENT

Mailing Address 137 OAKFIELD AVENUE

City

DIX HILLS

State

NY

Zip Code

11746

Outstanding Balance Beginning This Period

4000.00

Transaction ID : BSCPXJJXV4CHWTBCSFA2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSP DIRECT LLC

Nature of Debt (Purpose):

MAIL FUNDRAISING PROGRAM

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City

ASHBURN

State

VA

Zip Code

20147

Outstanding Balance Beginning This Period

6500.00

Transaction ID : B9F47A3UMCQFZR9N6YQU

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NOVA LIST

Nature of Debt (Purpose):

MAIL FUNDRAISING PROGRAM

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City

AHBURN

State

VA

Zip Code

20147

Outstanding Balance Beginning This Period

4790.76

Transaction ID : BHM5QHZYJCSF59PR8H

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4790.76

1) **SUBTOTALS** This Period This Page (optional)

15290.76

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 13

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DEVOLDER-SANTOS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SUNRISE DATA SERVICES

Nature of Debt (Purpose):

MAIL FUNDRAISING PROGRAM

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City

ASHBURN

State

VA

Zip Code

20147

Outstanding Balance Beginning This Period

1887.02

Transaction ID : BPSPYEFW7HJFUZ8KN6JF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1887.02

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LOVETT, CHARLES, , ,

Nature of Debt (Purpose):

FIELD OPERATIONS

Mailing Address 5077 BURRELL DRIVE

City

SHEFFIELD VILLAGE

State

OH

Zip Code

44054

Outstanding Balance Beginning This Period

15000.00

Transaction ID : BBQ95FNR2AD3YK48A4W2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

WINRED TECHNICAL SERVICES

Nature of Debt (Purpose):

PAYMENT AMOUNT RECONCILES TO
CONTRIBUTIONS NET FEES REPORTED.
BALANCE OUTSTANDING IS
CHARGEBACKS OWEMailing Address 1776 WILSON BLVD
SUITE 530

City

ARLINGTON

State

VA

Zip Code

22219

Outstanding Balance Beginning This Period

7511.50

Transaction ID : B6NJ7DZBWYC9927B3SYK

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7511.50

1) **SUBTOTALS** This Period This Page (optional)

24398.52

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 13

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DEVOLDER-SANTOS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RTA STRATEGY LLC

Nature of Debt (Purpose):

COMPLIANCE CONSULTING TREASURY
REPORTING

Mailing Address PO BOX 1483

City

ROSWELL

State

GA

Zip Code

30077

Outstanding Balance Beginning This Period

8515.00

Transaction ID : B2A5XT6R77KZ7PQ2S9XX

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8515.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TABULARIUS GROUP

Nature of Debt (Purpose):

COMPLIANCE AND ETHICS CONSULTING -
REGULATORY REPORTINGMailing Address 126 C STREET NW
THIRD FLOOR

City

WASHINGTON

State

DC

Zip Code

20001

Outstanding Balance Beginning This Period

10500.00

Transaction ID : BZS2WVET4JW9AJCSP3S7

Amount Incurred This Period

7500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FRONTRUNNER

Nature of Debt (Purpose):

CAMPAIGN FINANCE SOFTWARE
SUBSCRIPTION

Mailing Address PO BOX 1

City

ROSWELL

State

GA

Zip Code

30077

Outstanding Balance Beginning This Period

290.00

Transaction ID : BRD2H32GED72GYEMYXC

Amount Incurred This Period

435.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

725.00

1) **SUBTOTALS** This Period This Page (optional) ▶

27240.00

2) **TOTALS** This Period (last page this line number only) ▶

173157.07

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

630000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

803157.07