

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Devolder-Santos for Congress

ADDRESS (number and street) 47 Flintlock Drive

(Check if address is changed)

Shirley CITY ▲ NY STATE ▲ 11967 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

nancy@campaignsunlimitedny.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 10 / 19 / 2022

3. FEC IDENTIFICATION NUMBER ▶ C C00721365

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marks, Nancy, , ,

Signature of Treasurer Marks, Nancy, , , [Electronically Filed] Date 10 / 19 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Devolder-Santos, George, Anthony, ,

Candidate Party Affiliation REP Party Affiliation Other

Office Sought: House Senate President

State NY State Other

District 03 District Other

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a NAT (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. Devolder Santos For Congress Recount

C C00762237

2. Devolder Santos Nassau Victory Committee

C C00822783

Write or Type Committee Name

Devolder-Santos for Congress

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

Devolder Santos For NY-03

Mailing Address

PO Box 30844

Bethesda

MD

20824

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Organization

Joint Fundraising Representative

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Marks, Nancy, , ,

Mailing Address

47 Flintlock Drive

Shirley

NY

11967

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

631

772

1900

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Marks, Nancy, , ,

Mailing Address

47 Flintlock Drive

Shirley

NY

11967

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

631

772

1900

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number [Empty grid]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Evolve Bank & Trust

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

301 Shoppingway Blvd

[Empty grid for Mailing Address line 2]

West Memphis AR 72301

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Flushing Bank

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

1044 William Floyd Parkway

[Empty grid for Mailing Address line 2]

Shirley NY 11967

CITY ▲

STATE ▲

ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundraising Participant:

1.	Devolder Santos Van Duyne Victory Committee	FEC ID number	C C00821660
2.	Devolder Santos Victory Committee	FEC ID number	C C00791137
3.	NRCC New York Victory	FEC ID number	C C00826222
4.	Take Back The House 2022	FEC ID number	C C00766782

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

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

Mailing Address

Relationship: CITY STATE ZIP CODE

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION CITY STATE ZIP CODE Telephone Number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE