

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 Shirley NY 11967 Check if different than previously reported. (ACC) CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00721365 3. IS THIS REPORT NEW (N) OR AMENDED (A) x STATE NY DISTRICT 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of NY

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 10/15/2020 through 11/23/2020

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 MM/DD/YYYY 11/05/2021

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

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)).... | 70511.00 | 346279.76 |
| (b) Total Contribution Refunds (from Line 20(d)) | 13600.00 | 13600.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 56911.00 | 332679.76 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 88827.71 | 302104.48 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 88827.71 | 302104.48 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 108746.77 | |
| 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)..... | 68550.00 | |

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 61

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

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 Total as of <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2020"/> (date of general election) | COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2020"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2020"/> (last day of reporting period) |
|---|---|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other than Political Committees | | |
| (i) Itemized (use Schedule A) | | |
| <input type="text" value="48950.00"/> | <input type="text" value="286694.42"/> | <input type="text" value="2500.00"/> |
| (ii) Unitemized | | |
| <input type="text" value="2276.00"/> | <input type="text" value="49585.34"/> | <input type="text" value="180.00"/> |
| (iii) Total of contributions from individuals | | |
| <input type="text" value="51226.00"/> | <input type="text" value="336279.76"/> | <input type="text" value="2680.00"/> |
| (b) Political Party Committees | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (c) Other Political Committees | | |
| <input type="text" value="19285.00"/> | <input type="text" value="10000.00"/> | <input type="text" value="10285.00"/> |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 61

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|---|---|---|
| (d) The Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) | | |
| 70511.00 | 346279.76 | 12965.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | | |
| 0.00 | 81250.00 | 0.00 |
| (b) All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b)) | | |
| 0.00 | 81250.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.) | | |
| 0.00 | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | | |
| 0.00 | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | | |
| 70511.00 | 427529.76 | 12965.00 |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Devolder-Santos for Congress

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

II. DISBURSEMENTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|---|---|---|
| 17. OPERATING EXPENDITURES | | |
| <input type="text" value="88827.71"/> | <input type="text" value="302104.48"/> | <input type="text" value="3422.32"/> |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| <input type="text" value="12700.00"/> | <input type="text" value="0.00"/> | <input type="text" value="12700.00"/> |
| (b) Of All Other Loans | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | | |
| <input type="text" value="12700.00"/> | <input type="text" value="0.00"/> | <input type="text" value="12700.00"/> |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| <input type="text" value="13600.00"/> | <input type="text" value="13600.00"/> | <input type="text" value="0.00"/> |
| (b) Political Party Committees | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 61

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|-------------------------------|---|---|
|-------------------------------|---|---|

(c) Other Political Committees (such as PACs)

| | | |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

| | | |
|----------|----------|------|
| 13600.00 | 13600.00 | 0.00 |
|----------|----------|------|

21. OTHER DISBURSEMENTS

| | | |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

| | | |
|-----------|-----------|----------|
| 115127.71 | 315704.48 | 16122.32 |
|-----------|-----------|----------|

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

| | | |
|----------|-----------|----------|
| 56911.00 | 332679.76 | 12965.00 |
|----------|-----------|----------|

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

| | | |
|----------|-----------|---------|
| 88827.71 | 302104.48 | 3422.32 |
|----------|-----------|---------|

V. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 153363.48 |
| 24. TOTAL RECIEPTS THIS PERIOD (from Line 16)..... | 70511.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 223874.48 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 115127.71 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 108746.77 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
ANGELAKIS, EVI, , ,
 Mailing Address 25-22 14TH PL, APT 3
 City ASTORIA State NY Zip Code 11102-3581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOLDEN KEY REALTY Occupation REAL ESTATE
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 27 2020
Transaction ID : SA11A.1196
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANZAI, RUKA, , ,
 Mailing Address 13011 58 AVE FLUSHING NY 11355
 City FLUSHING State NY Zip Code 11355-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SYSCOM USA Occupation NETWORK ENGINEER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 25 2020
Transaction ID : SA11A.1202
 Amount of Each Receipt this Period
 300.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRAR, RAVINDER, , ,
 Mailing Address 4611 PIPER GLEN DR.
 City CHARLOTTE State NC Zip Code 28277-0388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEST EFFORTS Occupation BEST EFFORTS
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2020
Transaction ID : SA11A.1201
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 61
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
BRULE, JENNIFER, , ,

Mailing Address 5 IVORY CT

City EAST NORTHPORT State NY Zip Code 11731-6331

FEC ID number of contributing federal political committee. **C**

Name of Employer BEST EFFORTS Occupation BEST EFFORTS

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 15 2020

Transaction ID : SA11A.1194

Amount of Each Receipt this Period
750.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
C.L.U., ROBERT, , ,

Mailing Address 58 OCEAN WATCH CT

City FREEPORT State NY Zip Code 11520-5742

FEC ID number of contributing federal political committee. **C**

Name of Employer BQ FINANCIAL Occupation EXECUTIVE BENEFITS

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 15 2020

Transaction ID : SA11A.1192

Amount of Each Receipt this Period
350.00

Memo Item CONTRIBUTION

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

Mailing Address 595 SOUTH BROADWAY

City DENVER State CO Zip Code 80209-4077

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 28 2020

Transaction ID : SA11A.1171

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2100.00

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
COHEN, WARREN, , ,

Mailing Address 595 SOUTH BROADWAY

City DENVER State CO Zip Code 80209-4077

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2020

Transaction ID : SA11A.1172

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item CONTRIBUTION

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

Mailing Address 526 THORPE ROAD

City ORLANDO State FL Zip Code 32824-8133

FEC ID number of contributing federal political committee. **C**

Name of Employer DANIELS MANUFACTURING CORP. Occupation EXECUTIVE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2020

Transaction ID : SA11A.1163

Amount of Each Receipt this Period
 _____ 2800.00

Memo Item CONTRIBUTION

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

Mailing Address 15 WEST 57TH STREET

City NEW YORK State NY Zip Code 10019-3400

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2020

Transaction ID : SA11A.1062

Amount of Each Receipt this Period
 _____ 1500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 5300.00

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
ELIASON, CALEB, , ,
 Mailing Address 7057 S VILLAGE CT
 City MIDVALE State UT Zip Code 84047-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VERSE CAPITAL Occupation MANAGING PARTNER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2825.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2020
Transaction ID : SA11A.1162
 Amount of Each Receipt this Period
 2800.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FAN, LIN, , ,
 Mailing Address 200 E 95TH ST
 APT 5D
 City NEW YORK State NY Zip Code 10128-4158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FORTUNE INFINITY Occupation PRESIDENT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2020
Transaction ID : SA11A.1179
 Amount of Each Receipt this Period
 2000.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FELDMAN, ELLEN, , ,
 Mailing Address 150 WEST END AVE #25D
 City NEW YORK State NY Zip Code 10023-5748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCENTURE Occupation CONSULTANT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2020
Transaction ID : SA11A.2
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW

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

4900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
THE DATA CLEANING LADY LLC
 Mailing Address 150 W END AVE APT 250
 City NEW YORK State NY Zip Code 10023-5702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 27 2020
Transaction ID : SA11A.1178
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 PARTNERSHIP ATTRIBUTION

B. Full Name (Last, First, Middle Initial)
FORTYNAID, JOHN, , ,
 Mailing Address 31 CRAIG AVE
 City STATEN ISLAND State NY Zip Code 10307-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
BEST EFFORTS BEST EFFORTS
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 15 2020
Transaction ID : SA11A.1191
 Amount of Each Receipt this Period
 350.00
 Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GASPARIS, ANTONIOS, , ,
 Mailing Address 12 KNEEL LANE
 City DIX HILLS State NY Zip Code 11746-5716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
SELF EMPLOYED DOCTOR
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 30 2020
Transaction ID : SA11A.1209
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 61
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
GRECO, JEFF, , ,

Mailing Address 11 LINDSEY PL

City: COMMACK State: NY Zip Code: 11725-1348

FEC ID number of contributing federal political committee: **C**

Name of Employer: BEST EFFORTS Occupation: BEST EFFORTS

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2020

Transaction ID : SA11A.1186

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

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

Mailing Address 100 WEST GARDEN STREET

City: ROME State: NY Zip Code: 13440-3424

FEC ID number of contributing federal political committee: **C**

Name of Employer: SELF EMPLOYED Occupation: BUSINESS OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2020

Transaction ID : SA11A.1173

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

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

Mailing Address 75 PROSPECT AVENUE

City: LARCHMONT State: NY Zip Code: 10538-3634

FEC ID number of contributing federal political committee: **C**

Name of Employer: ARBITER PARTNERS CAPITAL MGMT. Occupation: ANALYST

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2020

Transaction ID : SA11A.1174

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
JOYCE, CHARLES, , ,
Mailing Address P.O. BOX 483

City: **WELLSVILLE** State: **NY** Zip Code: **14895-0483**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **OTIS EASTERN SERVICE LLC** Occupation: **EXECUTIVE**

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.1168

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KNOTT, KATHARINE, , ,
Mailing Address 232 CLEFT ROAD

City: **MILL NECK** State: **NY** Zip Code: **11765-1001**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **RETIRED** Occupation: **RETIRED**

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.1065

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KNOTT, KATHARINE, , ,
Mailing Address 232 CLEFT ROAD

City: **MILL NECK** State: **NY** Zip Code: **11765-1001**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **RETIRED** Occupation: **RETIRED**

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.1066

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 OF 61
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
KRAKOWSKI, HARRY, , ,

Mailing Address 725-10TH AVE

City NEW YORK State NY Zip Code 10019-

FEC ID number of contributing federal political committee. **C**

Name of Employer SKYLINE HOTEL Occupation MANAGEMENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2020

Transaction ID : SA11A.1064

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 30 HITHER LANE

City EAST HAMPTON State NY Zip Code 11937-2635

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2020

Transaction ID : SA11A.1060

Amount of Each Receipt this Period
2800.00

Memo Item
CONTRIBUTION

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

Mailing Address 70-25 YELLOWSTONE BLVD.

City FOREST HILLS State NY Zip Code 11375-3164

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2020

Transaction ID : SA11A.1166

Amount of Each Receipt this Period
2800.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6600.00

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 61
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
LORBER, HOWARD, , ,

Mailing Address 1525 NORTH VIEW DRIVE

City MIAMI BEACH State FL Zip Code 33140-4249

FEC ID number of contributing federal political committee. **C**

Name of Employer VECTOR GROUP LTD Occupation EXECUTIVE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2020

Transaction ID : SA11A.1167

Amount of Each Receipt this Period
2800.00

Memo Item
CONTRIBUTION

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

Mailing Address 38 APPLGREEN DR.

City OLD WESTBURY State NY Zip Code 11568-1203

FEC ID number of contributing federal political committee. **C**

Name of Employer BEST EFFORTS Occupation BEST EFFORTS

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2020

Transaction ID : SA11A.1204

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 88 BRITTEN ROAD

City GREEN VILLAGE State NJ Zip Code 07935-3000

FEC ID number of contributing federal political committee. **C**

Name of Employer DEVOLDER-SANTOS FOR CONGRESS Occupation DEPUTY CAMPAIGN MANAGER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2020

Transaction ID : SA11A.1206

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3450.00

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 61
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
MOLLER, LOUIS, , ,

Mailing Address 20 MEADOW LN

City SYOSSET State NY Zip Code 11791-4125

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 29 2020

Transaction ID : SA11A.1239

Amount of Each Receipt this Period
900.00

Memo Item CONTRIBUTION

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

Mailing Address 245-20 GRAND CENTRAL PARKWAY, 4L

City BELLEROSE State NY Zip Code 11426-2712

FEC ID number of contributing federal political committee. **C**

Name of Employer JOSEPH W MURRAY, ESQ. Occupation ATTORNEY

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 03 2020

Transaction ID : SA11A.1208

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

Mailing Address 128 MAJESTIC DR.

City DIX HILLS State NY Zip Code 11746-4934

FEC ID number of contributing federal political committee. **C**

Name of Employer BEST EFFORTS Occupation BEST EFFORTS

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 22 2020

Transaction ID : SA11A.1189

Amount of Each Receipt this Period
350.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 61
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
OPPEDISANO, JOSEPH, , ,

Mailing Address 160-17 RIVERSIDE DRIVE

City BEECHHURST State NY Zip Code 11357-1345

FEC ID number of contributing federal political committee. **C**

Name of Employer BEST EFFORTS Occupation BEST EFFORTS

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 30 2020

Transaction ID : SA11A.1198

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

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

Mailing Address 164-05 57TH STREET

City NEW YORK State NY Zip Code 11358-

FEC ID number of contributing federal political committee. **C**

Name of Employer NEW YORK PRESBYTERIAN Occupation PATIENT COORDINATOR

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 22 2020

Transaction ID : SA11A.1061

Amount of Each Receipt this Period
2800.00

Memo Item CONTRIBUTION

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

Mailing Address 280 CANDLEWOOD PATH

City DIX HILLS State NY Zip Code 11746-8004

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN CAPITAL PARTNERS Occupation WEALTH MANAGER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 23 2020

Transaction ID : SA11A.1184

Amount of Each Receipt this Period
400.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4200.00

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
PERSICO, DANA, , ,
 Mailing Address 903 THOMPSON DRIVE
 City WEST BAY SHORE State NY Zip Code 11706-7530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LI NAIL & SKIN INSTITUTE Occupation CEO
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2020
Transaction ID : SA11A.1252
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PREVEN, ELMA S., , ,
 Mailing Address 82-16 34 AVE #2D
 City JACKSON HEIGHTS State NY Zip Code 11372-3042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USPS Occupation MAIL HANDLER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2020
Transaction ID : SA11A.1063
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROCKWELL, LYLY, , ,
 Mailing Address 187 THE HELM
 City EAST ISLIP State NY Zip Code 11730-2915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2020
Transaction ID : SA11A.1165
 Amount of Each Receipt this Period
 2000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 OF 61
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
ROMANO, LAWRENCE, , ,

Mailing Address 5029 SHAW AVE

City SAINT LOUIS State MO Zip Code 63110-3021

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation FILM

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 15 2020

Transaction ID : SA11A.1193

Amount of Each Receipt this Period
350.00

Memo Item
CONTRIBUTION

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

Mailing Address 8273 SAVARA STREAMS LANE

City BOYNTON BEACH State FL Zip Code 33473-7893

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation M.D.

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 28 2020

Transaction ID : SA11A.1170

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 205 SYOSSET WOODBURY RD

City SYOSSET State NY Zip Code 11791-3213

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 23 2020

Transaction ID : SA11A.1195

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2550.00

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 OF 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
SCOTT, MARVELL, , ,
 Mailing Address 70 EAST 55TH STREET
 City NEW YORK State NY Zip Code 10022-3222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PERFORMANCE MEDICAL Occupation DOCTOR
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 28 2020
Transaction ID : SA11A.1169
 Amount of Each Receipt this Period
 2500.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TESTA, STEPHEN, , ,
 Mailing Address 22 MILMOHR CT
 City NORTHPORT State NY Zip Code 11768-3435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEST EFFORTS Occupation BEST EFFORTS
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 22 2020
Transaction ID : SA11A.1190
 Amount of Each Receipt this Period
 400.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ZERE, DAVID, , ,
 Mailing Address 239 WOODHULL AVENUE
 City PORT JEFFERSON STA State NY Zip Code 11776-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEST EFFORTS Occupation BEST EFFORTS
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 27 2020
Transaction ID : SA11A.1197
 Amount of Each Receipt this Period
 350.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 21 OF 61 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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

A. Full Name (Last, First, Middle Initial)
SILVA & SILVA PA

Mailing Address 236 VALENCIA AVE

| | | |
|----------------------|-------------|------------------------|
| City CORAL GABLES | State FL | Zip Code 33134-5906 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2020

Transaction ID : SA11A.1

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW

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

Mailing Address 236 VALENCIA AVENUE

| | | |
|----------------------|-------------|------------------------|
| City CORAL GABLES | State FL | Zip Code 33134-5906 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--------------------------------------|-----------------------|
| Name of Employer SILVA & SILVA PA | Occupation PARTNER |
|--------------------------------------|-----------------------|

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2020

Transaction ID : SA11A.1262

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION
PARTNERSHIP ATTRIBUTION

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

| |
|----------|
| 2500.00 |
| 48950.00 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 61 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

A. Full Name (Last, First, Middle Initial)
BROADWELL, NANJI, , ,

Mailing Address 7404 RIDGEVIEW PLACE

| | | |
|--------------------|-------------|------------------------|
| City WILMINGTON | State NC | Zip Code 28411-7695 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|----------------------------------|----------------------------|
| Name of Employer BEST EFFORTS | Occupation BEST EFFORTS |
|----------------------------------|----------------------------|

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 09 / 2020

Transaction ID : SA11C.1250

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

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

Mailing Address 131 STEEPLECHURCH CT

| | | |
|--------------------|-------------|------------------------|
| City HUNTSVILLE | State AL | Zip Code 35806-4073 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|----------------------------------|----------------------------|
| Name of Employer BEST EFFORTS | Occupation BEST EFFORTS |
|----------------------------------|----------------------------|

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2020

Transaction ID : SA11C.1253

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 900 SOUTHWOOD HEIGHTS

| | | |
|--------------------|-------------|------------------------|
| City HUNTINGTON | State WV | Zip Code 25701-9386 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|----------------------------------|----------------------------|
| Name of Employer BEST EFFORTS | Occupation BEST EFFORTS |
|----------------------------------|----------------------------|

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2020

Transaction ID : SA11C.1251

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 175.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 OF 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
GOTTER, SANDRA, , ,
 Mailing Address 217 MONROE AVE
 City CUYAHOGA FALLS State OH Zip Code 44221-2119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 20.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2020
Transaction ID : SA11C.1261
 Amount of Each Receipt this Period
 20.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HALVERSON, WARREN, , ,
 Mailing Address 13701 NE 32ND PL
 City BELLEVUE State WA Zip Code 98005-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEST EFFORTS Occupation BEST EFFORTS
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2020
Transaction ID : SA11C.1254
 Amount of Each Receipt this Period
 200.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HILLMAN, TATNALL, , ,
 Mailing Address 504 W BLEEKER ST
 City ASPEN State CO Zip Code 81611-1228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2020
Transaction ID : SA11C.1258
 Amount of Each Receipt this Period
 2800.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3020.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 OF 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
HILLMAN, TATNALL, , ,
 Mailing Address 504 W BLEEKER ST
 City ASPEN State CO Zip Code 81611-1228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2020
Transaction ID : SA11C.1259
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HUMPHREY, MARY, , ,
 Mailing Address P.O. BOX 281
 City SONORA State TX Zip Code 76950-0281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TEXAS PARKS & WILDLIFE Occupation NRSIII WILDLIFE BIOLOGIST
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2020
Transaction ID : SA11C.1249
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MAYERSAK, DIANNE, , ,
 Mailing Address 43546 COAL BED COURT
 City ASHBURN State VA Zip Code 20147-5455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEST EFFORTS Occupation BEST EFFORTS
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2020
Transaction ID : SA11C.1256
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2925.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 25 OF 61 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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

A. Full Name (Last, First, Middle Initial)
PERRYMAN, MACK, , ,

Mailing Address 9396 SE 124TH PLACE

| | | |
|---------------------|-------------|------------------------|
| City SUMMERFIELD | State FL | Zip Code 34491-9740 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|----------------------------------|----------------------------|
| Name of Employer BEST EFFORTS | Occupation BEST EFFORTS |
|----------------------------------|----------------------------|

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 11 / 2020 |

Transaction ID : SA11C.1260

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 903 THOMPSON DRIVE

| | | |
|------------------------|-------------|------------------------|
| City WEST BAY SHORE | State NY | Zip Code 11706-7530 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|-------------------|
| Name of Employer LI NAIL & SKIN INSTITUTE | Occupation CEO |
|--|-------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 02 / 2020 |

Transaction ID : SA11C.1200

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 163 Santa Rosa

| | | |
|-------------------------|-------------|-------------------|
| City Rio Grande City | State TX | Zip Code 78582 |
|-------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|----------------------------------|----------------------------|
| Name of Employer Best Efforts | Occupation Best Efforts |
|----------------------------------|----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 16 / 2020 |

Transaction ID : SA11A.1255

Amount of Each Receipt this Period
15.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 615.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 26 OF 61 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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

A. Full Name (Last, First, Middle Initial)
WINCHESTER, SARAH, , ,

Mailing Address 3924 S DERLAWARE PLACE

City TULSA State OK Zip Code 74105-

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2020

Transaction ID : SA11C.1257

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CAROL FOR CONGRESS

Mailing Address 1316 12TH STREET

City HUNTINGTON State WV Zip Code 25701-4015

FEC ID number of contributing federal political committee. **C** C00653220

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2020

Transaction ID : SA11C.1175

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
MONIES FROM PERMISSIBLE FUNDS

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

Mailing Address P.O. BOX 2008

City LITTLE ROCK State AR Zip Code 72203-2008

FEC ID number of contributing federal political committee. **C** C00448373

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2020

Transaction ID : SA11C.1199

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 6050.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 27 OF 61 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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

A. Full Name (Last, First, Middle Initial)
LOG CABIN REPUBLICANS PAC

Mailing Address 1220 L STREET NW
STE. 100-407

City WASHINGTON State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C** C00405506

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2020

Transaction ID : SA11C.1176

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LOG CABIN REPUBLICANS PAC

Mailing Address 1220 L STREET NW
STE. 100-407

City WASHINGTON State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C** C00405506

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2020

Transaction ID : SA11C.1248

Amount of Each Receipt this Period
4000.00

Memo Item CONTRIBUTION
POSTMARKED BY DEADLINE

C. Full Name (Last, First, Middle Initial)
SUFFOLK COUNTY PATROLMEN'S BENEVOLENT ASSOCIATION FEDERAL PAC (SCPBA FEDERAL PAC)

Mailing Address 500 EXPRESS DRIVE S
2ND FLOOR

City BRENTWOOD State NY Zip Code 11717-1273

FEC ID number of contributing federal political committee. **C** C00196055

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 26 / 2020

Transaction ID : SA11C.1164

Amount of Each Receipt this Period
1500.00

Memo Item CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 6500.00 |
| TOTAL This Period (last page this line number only)..... ▶ | 19285.00 |

**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 61 | |
| | <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. BRAR, HARSHDEEP, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2020 | |
| Mailing Address 132 BAYBERRY LANE | | | FEC Identification Number C | |
| City LEVITTOWN | State NY | Zip Code 11756 | Amount of Each Disbursement this Period 6227.00 | |
| Purpose of Disbursement CAMPAIGN MANAGER | | Category/ Type 001 | Transaction ID : SB17.I252 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. CAVAZOS, GENARO, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2020 | |
| Mailing Address 30 COVE RD | | | FEC Identification Number C | |
| City HUNTINGTON | State NY | Zip Code 11743 | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement FIELD REPRESENTATIVE | | Category/ Type 001 | Transaction ID : SB17.I317 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. LENZO, CHRISTINE, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2020 | |
| Mailing Address 21 E 72ND STREET | | | FEC Identification Number C | |
| City NEW YORK | State NY | Zip Code 10021 | Amount of Each Disbursement this Period 2000.00 | |
| Purpose of Disbursement CAMPAIGN MEDIA | | Category/ Type 004 | Transaction ID : SB17.I315 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 9227.00 |
| 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 29 OF 61 | |
| | <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. LENZO, CHRISTINE, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2020 | |
| Mailing Address 21 E 72ND STREET | | | FEC Identification Number C | |
| City NEW YORK | State NY | Zip Code 10021 | Amount of Each Disbursement this Period 2000.00 | |
| Purpose of Disbursement | | Category/Type 003 | Transaction ID : SB17.I316 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. MARKS, NANCY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2020 | |
| Mailing Address 47 FLINTLOCK DRIVE | | | FEC Identification Number C | |
| City SHIRLEY | State NY | Zip Code 11967 | Amount of Each Disbursement this Period 600.00 | |
| Purpose of Disbursement GAS CARDS | | Category/Type 001 | Transaction ID : SB17.I152 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. MIELE, SAMUEL, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2020 | |
| Mailing Address 88 BRITTEN ROAD | | | FEC Identification Number C | |
| City GREEN VILLAGE | State NJ | Zip Code 07935 | Amount of Each Disbursement this Period 39337.50 | |
| Purpose of Disbursement FUNDRAISING | | Category/Type 003 | Transaction ID : SB17.I253 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 41937.50 |
| 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 30 OF 61 | |
| | <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. MURDOLO, TOM, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2020 | |
| Mailing Address 25 APEX DRIVE | | | FEC Identification Number C | |
| City CORAM | State NY | Zip Code 11727 | Amount of Each Disbursement this Period 700.00 | |
| Purpose of Disbursement FIELD REPRESENTATIVE | | Category/ Type 001 | Transaction ID : SB17.I154 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. PERROTTO, DAVID, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2020 | |
| Mailing Address 1353 TAFT AVENUE | | | FEC Identification Number C | |
| City MERRICK | State NY | Zip Code 11566 | Amount of Each Disbursement this Period 1500.00 | |
| Purpose of Disbursement FIELD REPRESENTATIVE | | Category/ Type 001 | Transaction ID : SB17.I318 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. PIRONI, PAULO, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2020 | |
| Mailing Address 219 BROOKVILLE RD | | | FEC Identification Number C | |
| City GLEN HEAD | State NY | Zip Code 11545 | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement FIELD REPRESENTATIVE | | Category/ Type 001 | Transaction ID : SB17.I260 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3200.00 |
| 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 31 OF 61 | | | |
| | <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. SCHWARTZ, DYLAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2020 | | |
| Mailing Address 110 HENDRICKS AVENUE | | | FEC Identification Number C | | |
| City STATEN ISLAND | State NY | Zip Code 10301 | Amount of Each Disbursement this Period 1200.00 | | |
| Purpose of Disbursement FUNDRAISING CONSULTANT | | Category/ Type 003 | Transaction ID : SB17.I346 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. 23 W 55TH ST PARKING | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2020 | | |
| Mailing Address 25 W 55TH STREET | | | FEC Identification Number C | | |
| City NEW YORK | State NY | Zip Code 10019 | Amount of Each Disbursement this Period 40.00 | | |
| Purpose of Disbursement PARKING | | Category/ Type 002 | Transaction ID : SB17.I344 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. 7-ELEVEN | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2020 | | |
| Mailing Address 149-52 14TH AVE | | | FEC Identification Number C | | |
| City WHITESTONE | State NY | Zip Code 11357 | Amount of Each Disbursement this Period 4.91 | | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/ Type 001 | Transaction ID : SB17.I352 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1244.91 |
| 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 61 | | | |
| | <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 10 / 26 / 2020 | | |
| Mailing Address 410 TERRY AVE N | | | FEC Identification Number C | | |
| City SEATTLE | State WA | Zip Code 98109 | Amount of Each Disbursement this Period 76.16 | | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.I334 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" 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 10 / 26 / 2020 | | |
| Mailing Address 410 TERRY AVE N | | | FEC Identification Number C | | |
| City SEATTLE | State WA | Zip Code 98109 | Amount of Each Disbursement this Period 76.16 | | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.I335 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" 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 / 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 116.75 | | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.I336 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 269.07 |
| 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 61 | |
| | <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 |
| Mailing Address 410 TERRY AVE N | | M M / D D / Y Y Y Y 11 / 03 / 2020 |
| City SEATTLE | State WA | Zip Code 98109 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 195.95 |
| State: District: | Transaction ID : SB17.I337 | |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. AMAZON | | Date of Disbursement |
| Mailing Address 410 TERRY AVE N | | M M / D D / Y Y Y Y 11 / 03 / 2020 |
| City SEATTLE | State WA | Zip Code 98109 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 68.81 |
| State: District: | Transaction ID : SB17.I338 | |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. AMOCO GAS GREAT NECK | | Date of Disbursement |
| Mailing Address 31 NORTHERN BLVD | | M M / D D / Y Y Y Y 10 / 26 / 2020 |
| City GREAT NECK | State NY | Zip Code 11021 |
| 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: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 30.12 |
| State: District: | Transaction ID : SB17.I332 | |
| | | <input type="checkbox"/> Memo Item |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 294.88 |
| 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 61 | |
| | <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. ARENA LLC | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2020 | |
| Mailing Address 1260 STRINGHAM AVE | | | FEC Identification Number C | |
| City SALT LAKE CITY | State UT | Zip Code 84106 | Amount of Each Disbursement this Period 3957.99 | |
| Purpose of Disbursement DIGITAL | | Category/Type 004 | | |
| Candidate Name | | Transaction ID : SB17.I310 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|----------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. BISTRO MILANO | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2020 | |
| Mailing Address 1350 6TH AVE | | | FEC Identification Number C | |
| City NEW YORK | State NY | Zip Code 10019 | Amount of Each Disbursement this Period 32.86 | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/Type 001 | | |
| Candidate Name | | Transaction ID : SB17.I325 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|----------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. BURGER KING | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2020 | |
| Mailing Address | | | FEC Identification Number C | |
| City HUNTINGTON | State NY | Zip Code 00000 | Amount of Each Disbursement this Period 11.74 | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/Type 001 | | |
| Candidate Name | | Transaction ID : SB17.I121 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | |
| State: _____ | District: _____ | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 4002.59 |
| 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 35 OF 61 | |
| | <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. BURLINGTON STORES | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2020 | |
| Mailing Address | | | FEC Identification Number C | |
| City | State | Zip Code | Amount of Each Disbursement this Period | |
| | | 00000 | 85.72 | |
| Purpose of Disbursement | | Category/Type | Transaction ID : SB17.I356 | |
| | | 001 | <input type="checkbox"/> Memo Item | |
| Candidate Name | Disbursement For: 2020 | | | |
| Office Sought: | House | <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | |
| | Senate | <input type="checkbox"/> Other (specify) ▼ | | |
| | President | | | |
| State: | District: | | | |

| | | | | |
|--|------------------------|--|---|--|
| Full Name (Last, First, Middle Initial) B. CASA ASIA | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2020 | |
| Mailing Address 149-45 14TH AVENUE | | | FEC Identification Number C | |
| City | State | Zip Code | Amount of Each Disbursement this Period | |
| WHITESTONE | NY | 11357 | 55.35 | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/Type | Transaction ID : SB17.I327 | |
| | | 001 | <input type="checkbox"/> Memo Item | |
| Candidate Name | Disbursement For: 2020 | | | |
| Office Sought: | House | <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | |
| | Senate | <input type="checkbox"/> Other (specify) ▼ | | |
| | President | | | |
| State: | District: | | | |

| | | | | |
|---|------------------------|--|---|--|
| Full Name (Last, First, Middle Initial) C. CHICK-FIL-A HICKSVILLE | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2020 | |
| Mailing Address 1401 BROADWAY MALL | | | FEC Identification Number C | |
| City | State | Zip Code | Amount of Each Disbursement this Period | |
| HICKSVILLE | NY | 11801 | 16.56 | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/Type | Transaction ID : SB17.I333 | |
| | | 001 | <input type="checkbox"/> Memo Item | |
| Candidate Name | Disbursement For: 2020 | | | |
| Office Sought: | House | <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | |
| | Senate | <input type="checkbox"/> Other (specify) ▼ | | |
| | President | | | |
| State: | District: | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 157.63 |
| 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 61 | |
| | <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. DEEP ROOT ANALYTICS LLC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2020 |
| Mailing Address 1600 WILSON BLVD, STE 330 | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209 |
| Purpose of Disbursement CAMPAIGN CONSULTANT | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 15000.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I280 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. ENTERPRISE PARKING | | Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2020 |
| Mailing Address | | FEC Identification Number C |
| City NEW YORK | State NY | Zip Code 10001 |
| Purpose of Disbursement PARKING GARAGE | Category/Type 002 | |
| Candidate Name | Amount of Each Disbursement this Period 117.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I347 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. EXXONMOBILE | | Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2020 |
| Mailing Address 449 OLD COUNTRY ROAD | | FEC Identification Number C |
| City ROSLYN HEIGHTS | State NY | Zip Code 11577 |
| Purpose of Disbursement GAS | Category/Type 002 | |
| Candidate Name | Amount of Each Disbursement this Period 33.51 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I11 |
| State: District: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 15150.51 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 37 OF 61 | |
| | <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 M M / D D / Y Y Y Y 11 / 03 / 2020 |
| Mailing Address 150-65 CROSS ISLAND PARKWAY | | FEC Identification Number C |
| City WHITESTONE | State NY | Zip Code 11357 |
| Purpose of Disbursement GAS | Category/ Type 002 | |
| Candidate Name | | Amount of Each Disbursement this Period 35.50 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I39 <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. EXXONMOBILE WHITESTONE | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2020 |
| Mailing Address 150-65 CROSS ISLAND PARKWAY | | FEC Identification Number C |
| City WHITESTONE | State NY | Zip Code 11357 |
| Purpose of Disbursement GAS | Category/ Type 002 | |
| Candidate Name | | Amount of Each Disbursement this Period 29.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I40 <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. EXXONMOBILE WHITESTONE | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2020 |
| Mailing Address 150-65 CROSS ISLAND PARKWAY | | FEC Identification Number C |
| City WHITESTONE | State NY | Zip Code 11357 |
| Purpose of Disbursement GAS | Category/ Type 002 | |
| Candidate Name | | Amount of Each Disbursement this Period 28.34 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I41 <input type="checkbox"/> Memo Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 92.84 |
| 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 38 OF 61 | |
| | <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 M M / D D / Y Y Y Y 10 / 26 / 2020 |
| Mailing Address 150-65 CROSS ISLAND PARKWAY | | FEC Identification Number C |
| City WHITESTONE | State NY | Zip Code 11357 |
| Purpose of Disbursement GAS | Category/ Type 002 | |
| Candidate Name | | Amount of Each Disbursement this Period 8.24 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I42 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. EXXONMOBILE WHITESTONE | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2020 |
| Mailing Address 150-65 CROSS ISLAND PARKWAY | | FEC Identification Number C |
| City WHITESTONE | State NY | Zip Code 11357 |
| Purpose of Disbursement GAS | 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: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I43 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. GEORGIANS FOR KELLY LOEFFLER | | Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2020 |
| Mailing Address 9755 DOGWOOD ROAD STE 340 | | FEC Identification Number C |
| City ROSWELL | State GA | Zip Code 30075 |
| Purpose of Disbursement RUNOFF | Category/ Type 012 | |
| Candidate Name | | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I345 |
| State: District: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1030.24 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 61 | | | |
| | <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. GMG PRINTING | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2020 | | |
| Mailing Address P.O. BOX 677 | | | FEC Identification Number C | | |
| City SHIRLEY | State NY | Zip Code 11967 | Amount of Each Disbursement this Period 1222.32 | | |
| Purpose of Disbursement LAWN SIGNS | | Category/ Type 006 | Transaction ID : SB17.I294 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. GOLDEN GLOBE DINER | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2020 | | |
| Mailing Address 365 MAIN STREET | | | FEC Identification Number C | | |
| City HUNTINGTON | State NY | Zip Code 11743 | Amount of Each Disbursement this Period 78.81 | | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/ Type 001 | Transaction ID : SB17.I354 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. GULF OIL | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2020 | | |
| Mailing Address 10702 GRAND CENTRAL PARKWAY | | | FEC Identification Number C | | |
| City EAST ELMHURST | State NY | Zip Code 11369 | Amount of Each Disbursement this Period 40.00 | | |
| Purpose of Disbursement GAS | | Category/ Type 002 | Transaction ID : SB17.I57 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1341.13 |
| 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 61 | |
| | <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. HICKSVILLE DINNER

Full Name (Last, First, Middle Initial)
Mailing Address 495 E OLD COUNTRY RD

City HICKSVILLE State NY Zip Code 11801

Purpose of Disbursement FOOD AND BEVERAGE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 20 / 2020

FEC Identification Number C

Amount of Each Disbursement this Period 62.60

Transaction ID : SB17.I324

Memo Item

B. IL BACCO RESTAURANTE

Full Name (Last, First, Middle Initial)
Mailing Address 253-24 NORTHERN BLVD

City LITTLE NECK State NY Zip Code 11362

Purpose of Disbursement ELECTION NIGHT EVENT Category/Type 007

Candidate Name

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement 11 / 03 / 2020

FEC Identification Number C

Amount of Each Disbursement this Period 5255.00

Transaction ID : SB17.I290

Memo Item

C. LANDMARK DINER

Full Name (Last, First, Middle Initial)
Mailing Address 1027 NORTHERN BLVD

City ROSLYN State NY Zip Code 11576

Purpose of Disbursement FOOD AND BEVERAGE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement 11 / 03 / 2020

FEC Identification Number C

Amount of Each Disbursement this Period 104.40

Transaction ID : SB17.I18

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 5422.00

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 41 OF 61 | | | |
| | <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 WHITESTONE | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2020 | | |
| Mailing Address 160-11 WILLETS POINT BLVD | | | FEC Identification Number C | | |
| City WHITESTONE | State NY | Zip Code 11357 | Amount of Each Disbursement this Period 8.68 | | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/ Type 001 | Transaction ID : SB17.I321 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. MCDONALDS WHITESTONE | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2020 | | |
| Mailing Address 160-11 WILLETS POINT BLVD | | | FEC Identification Number C | | |
| City WHITESTONE | State NY | Zip Code 11357 | Amount of Each Disbursement this Period 22.69 | | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/ Type 001 | Transaction ID : SB17.I322 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. MCDONALDS AMITYVILLE | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2020 | | |
| Mailing Address 900 BROADWAY | | | FEC Identification Number C | | |
| City AMITYVILLE | State NY | Zip Code 11701 | Amount of Each Disbursement this Period 10.31 | | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/ Type 001 | Transaction ID : SB17.I323 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 41.68 |
| 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 61 | |
| | <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 HICKSVILLE | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2020 | |
| Mailing Address 280 N BROADWAY | | | FEC Identification Number C | |
| City HICKSVILLE | State NY | Zip Code 11801 | Amount of Each Disbursement this Period 7.81 | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/ Type 001 | Transaction ID : SB17.I326 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. MCDONALDS FLUSHING | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2020 | |
| Mailing Address 40--18 MAIN STREET | | | FEC Identification Number C | |
| City FLUSHING | State NY | Zip Code 11354 | Amount of Each Disbursement this Period 11.42 | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/ Type 001 | Transaction ID : SB17.I351 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. NEW HONG KONG | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2020 | |
| Mailing Address 1017 S 54TH ST | | | FEC Identification Number C | |
| City NEW YORK | State NY | Zip Code 11357 | Amount of Each Disbursement this Period 29.55 | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/ Type 001 | Transaction ID : SB17.I132 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 48.78 |
| 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 61 | | | |
| | <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 HONG KONG | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2020 | | |
| Mailing Address 1017 S 54TH ST | | | FEC Identification Number C | | |
| City NEW YORK | State NY | Zip Code 11357 | Amount of Each Disbursement this Period 10.30 | | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/ Type 001 | Transaction ID : SB17.I133 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: | District: | | | | |

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|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. OUTBACK | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2020 | | |
| Mailing Address 1067 OLD COUNTRY ROAD | | | FEC Identification Number C | | |
| City WESTBURY | State NY | Zip Code 11590 | Amount of Each Disbursement this Period 179.00 | | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/ Type 001 | Transaction ID : SB17.I355 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: | District: | | | | |

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|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. PAPPADELLES PIZZA | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2020 | | |
| Mailing Address 554 STEWART AVENUE | | | FEC Identification Number C | | |
| City BETHPAGE | State NY | Zip Code 11714 | Amount of Each Disbursement this Period 77.98 | | |
| Purpose of Disbursement FOOD AND BEVERAGE | | Category/ Type 001 | Transaction ID : SB17.I331 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: | District: | | | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 267.28 |
| TOTAL This Period (last page this line number only)..... | 267.28 |

**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 61 | |
| | <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. PARTY CITY | | Date of Disbursement |
| Mailing Address 2317 NEW HYDE PARK RD | | M M / D D / Y Y Y Y 11 / 03 / 2020 |
| City NEW HYDE PARK | State NY | Zip Code 11042 |
| Purpose of Disbursement ELECTION NIGHT | Category/ Type 007 | |
| Candidate Name | Amount of Each Disbursement this Period 309.22 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I359 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. QUEENS CENTER PARKING | | Date of Disbursement |
| Mailing Address | | M M / D D / Y Y Y Y 10 / 27 / 2020 |
| City ELMHURST | State NY | Zip Code 13001 |
| Purpose of Disbursement PARKING FEE | Category/ Type 002 | |
| Candidate Name | Amount of Each Disbursement this Period 3.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I348 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. RIGHT VIEW STRATEGIES | | Date of Disbursement |
| Mailing Address 931 NEMETH STREET | | M M / D D / Y Y Y Y 11 / 03 / 2020 |
| City BOHEMIA | State NY | Zip Code 11716 |
| Purpose of Disbursement TEXTING PROGRAM | Category/ Type 004 | |
| Candidate Name | Amount of Each Disbursement this Period 621.67 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I305 |
| State: District: | <input type="checkbox"/> Memo Item | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 933.89 |
| 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 61 | | | |
| | <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. RIGHT VIEW STRATEGIES

Mailing Address 931 NEMETH STREET

City BOHEMIA State NY Zip Code 11716

Purpose of Disbursement TEXTING PROGRAM Category/Type 004

Candidate Name

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 630.14

Transaction ID : SB17.I306

Memo Item

Full Name (Last, First, Middle Initial)
B. ROLLING AD SERVICE

Mailing Address MAIN STREET

City HUNTINGTON State NY Zip Code 11743

Purpose of Disbursement MARKETING AND ADVERTISING Category/Type 004

Candidate Name

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.I342

Memo Item

Full Name (Last, First, Middle Initial)
C. ROLLING AD SERVICE

Mailing Address MAIN STREET

City HUNTINGTON State NY Zip Code 11743

Purpose of Disbursement MARKETING AND ADVERTISING Category/Type 004

Candidate Name

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 1899.99

Transaction ID : SB17.I343

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2780.13

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 46 OF 61 | | | |
| | <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. SIMPLAY SPECIAL EVENTS

Full Name (Last, First, Middle Initial)
Mailing Address 180 COMMERCE DR.

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement EVENT
Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.I320

Memo Item

B. SUKO RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address 36 MIDDLE NECK ROAD

City GREAT NECK State NY Zip Code 11021

Purpose of Disbursement FOOD AND BEVERAGE
Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 54.54

Transaction ID : SB17.I329

Memo Item

C. TABY'S BURGER HOUSE

Full Name (Last, First, Middle Initial)
Mailing Address 28 AUDREY AVENUE

City OYSTER BAY State NY Zip Code 11771

Purpose of Disbursement FOOD AND BEVERAGE
Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 92.66

Transaction ID : SB17.I328

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 447.20

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 47 OF 61 | |
| | <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. THE INK STITCH CLUB | | Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2020 |
| Mailing Address 39 JEFERY LANE | | FEC Identification Number C |
| City HICKSVILLE | State NY | Zip Code 11801 |
| Purpose of Disbursement CAMPAIGN SHIRTS | Category/ Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 502.20 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I349 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. THE INK STITCH CLUB | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2020 |
| Mailing Address 39 JEFERY LANE | | FEC Identification Number C |
| City HICKSVILLE | State NY | Zip Code 11801 |
| Purpose of Disbursement SHIRTS | Category/ Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 282.49 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I350 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. TOSKANA PIZZERIA | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2020 |
| Mailing Address 163 POST AVENUE | | FEC Identification Number C |
| City WESTBURY | State NY | Zip Code 11590 |
| Purpose of Disbursement FOOD AND BEVERAGE | Category/ Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 42.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I357 |
| State: District: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 826.69 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 61 | | | |
| | <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 10 / 19 / 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 21.04 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I80 <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 10 / 19 / 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 37.83 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I81 <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 10 / 26 / 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 40.54 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I82 <input type="checkbox"/> Memo Item |
| State: District: | | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 99.41 |
| 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 49 OF 61 | | | |
| | <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. WENDY'S | | Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2020 |
| Mailing Address 555 WILLIAM FLOYD PARKWAY | | FEC Identification Number C |
| City SHIRLEY | State NY | Zip Code 11967 |
| Purpose of Disbursement FOOD AND BEVERAGE | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 12.35 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I330 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | FEC Identification Number C |
| City | State | Zip Code |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | | Amount of Each Disbursement this Period |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| 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 |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | | Amount of Each Disbursement this Period |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 12.35 |
| TOTAL This Period (last page this line number only).....▶ | 88827.71 |

**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 50 OF 61 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input checked="" 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. DEVOLDER SANTOS, GEORGE, ANTHONY, , | | Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2020 |
| Mailing Address 90-02 QUEENS BOULEVARD | | FEC Identification Number C |
| City ELMHURST | State NY | Zip Code 11373 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 5300.00 |
| Candidate Name | | Transaction ID : SB19A.I409 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. DEVOLDER SANTOS, GEORGE, ANTHONY, , | | Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2020 |
| Mailing Address 90-02 QUEENS BOULEVARD | | FEC Identification Number C |
| City ELMHURST | State NY | Zip Code 11373 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 4200.00 |
| Candidate Name | | Transaction ID : SB19A.I410 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. DEVOLDER SANTOS, GEORGE, ANTHONY, , | | Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2020 |
| Mailing Address 90-02 QUEENS BOULEVARD | | FEC Identification Number C |
| City ELMHURST | State NY | Zip Code 11373 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 1200.00 |
| Candidate Name | | Transaction ID : SB19A.I411 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 10700.00 |
| 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 51 OF 61 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input checked="" 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. DEVOLDER SANTOS, GEORGE, ANTHONY, , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2020 | |
| Mailing Address 90-02 QUEENS BOULEVARD | | | FEC Identification Number C | |
| City ELMHURST | State NY | Zip Code 11373 | Amount of Each Disbursement this Period 2000.00 | |
| Purpose of Disbursement | | Category/ Type | Transaction ID : SB19A.I412 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| 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: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. | | | 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 | <input type="checkbox"/> Memo Item | |
| 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: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| 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 | <input type="checkbox"/> Memo Item | |
| 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).....▶ | 2000.00 |
| TOTAL This Period (last page this line number only).....▶ | 12700.00 |

**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 52 OF 61 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CARUSO, STEVEN, , , | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2020 |
| Mailing Address 1040 WEST FINGERBOARD RD | | FEC Identification Number C |
| City NEW YORK | State NY | Zip Code 10304 |
| Purpose of Disbursement REFUND OF CONTRIBUTION | | 010 |
| Candidate Name | | Amount of Each Disbursement this Period 2800.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB20A.I282 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. FRANKEL, ALAN, , , | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2020 |
| Mailing Address 54 GATEWAY DRIVE | | FEC Identification Number C |
| City GREAT NECK | State NY | Zip Code 11021 |
| Purpose of Disbursement REFUND OF CONTRIBUTION | | 010 |
| Candidate Name | | Amount of Each Disbursement this Period 2800.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB20A.I4 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. INTRATER, ANDREW, , , | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2020 |
| Mailing Address 151 EAST 58TH STREET | | FEC Identification Number C |
| City NEW YORK | State NY | Zip Code 10022 |
| Purpose of Disbursement REFUND OF CONTRIBUTION | | 010 |
| Candidate Name | | Amount of Each Disbursement this Period 2800.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB20A.I3 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 8400.00 |
| 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 53 OF 61 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. LEMA, JAMES, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2020 | | |
| Mailing Address 78 RICHFIELD STREET | | | FEC Identification Number C | | |
| City BROOKLYN | State NY | Zip Code 11803 | Amount of Each Disbursement this Period 1800.00 | | |
| Purpose of Disbursement REFUND OF CONTRIBUTION | | Category/ Type 010 | Transaction ID : SB20A.I5 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. PENTINEN, DIANA, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2020 | | |
| Mailing Address 151 E 58TH ST APT 43 B | | | FEC Identification Number C | | |
| City NEW YORK | State NY | Zip Code 10022 | Amount of Each Disbursement this Period 2800.00 | | |
| Purpose of Disbursement REFUND OF CONTRIBUTION | | Category/ Type 010 | Transaction ID : SB20A.I281 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. ZERVOS, JOANNE, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2020 | | |
| Mailing Address 144 EAST 84TH STREET | | | FEC Identification Number C | | |
| City NEW YORK | State NY | Zip Code 10028 | Amount of Each Disbursement this Period 600.00 | | |
| Purpose of Disbursement REFUND OF CONTRIBUTION | | Category/ Type 010 | Transaction ID : SB20A.I246 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5200.00 |
| TOTAL This Period (last page this line number only).....▶ | 13600.00 |

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 0.00 | Balance Outstanding at Close of This Period 18550.00 |
|-------------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|---------------------------------|--|---|
| 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).....▶ | 18550.00 |
| 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 |
|--------------|---------------------------------------|--------------------------|---|---|

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) Transaction ID : SC.3
 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 | | | <input type="checkbox"/> Personal Funds of the Candidate |
| City Elmhurst | State NY | ZIP Code 11373 | |

| | | |
|------------------------------------|---------------------------------------|---|
| 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) Transaction ID : SC.4
 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 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 |
|--------------|---------------------------------------|---------------------------------|--|---|

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) Transaction ID : SC.5
 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 50000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 50000.00 |
|-------------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|---------------------------------|--|---|
| 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 |
|--------------|---------------------------------------|---------------------------------|--|---|

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)▶ | 68550.00 |

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:

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| D | D |
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| Y | Y | Y | Y |
| 2020 | | | |

Part 1: CONSOLIDATION REPORT

to:

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| D | D |
| 23 | |

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| 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 |
| 265401.28 | 0.00 |
| 7(c) Net Operating Expenditures | 16 Total Receipts |
| 188243.93 | 265401.28 |
| 9 Debts and Obligations Owed TO the Committee | 17 Operating Expenditures |
| 0.00 | 188243.93 |
| 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 |
| 265401.28 | 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 | 0.00 |
| 11(e) Total Contributions | 20(b) Refunds of Contributions to Political Party Committees |
| 265401.28 | 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 | 0.00 |
| 13(b) All Other Loans | 21 Other Disbursements |
| 0.00 | 0.00 |
| 13(c) Total Loans | 22 Total Disbursements |
| 0.00 | 188243.93 |
| 14 Offsets to Operating Expenditures | 23 Cash on Hand at Beginning of Reporting Period |
| 0.00 | 0.00 |
| | 27 Cash on Hand at Close of Reporting Period |
| | 77157.35 |

FEC FORM 3Z (File with Form 3)

Report Covering Period from:

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| Y | Y | Y | Y |
| 2020 | | | |

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

to:

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| D | D |
| 23 | |

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| Y | Y | Y | Y |
| 2020 | | | |

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 | 265401.28 |
| 7(c) Net Operating Expenditures | 188243.93 |
| 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 | 265401.28 |
| 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 | 265401.28 |
| 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 | 265401.28 |
| 17 Operating Expenditures | 188243.93 |
| 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 | 0.00 |
| 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 | 0.00 |
| 21 Other Disbursements | 0.00 |
| 22 Total Disbursements | 188243.93 |
| 23 Cash on Hand at Beginning of Reporting Period | 0.00 |
| 27 Cash on Hand at Close of Reporting Period | 77157.35 |