

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

DEVOLDER SANTOS FOR CONGRESS RECOUNT

ADDRESS (number and street)

PO BOX 500884

(Check if address is changed)

ATLANTA

CITY ▲

GA

STATE ▲

31150

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

JASON@RTASTRATEGY.COM

Optional Second E-Mail Address

DEVOLDERSANTOSRECOUNT@RTASTRATEGY.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

05 / 20 / 2023

3. FEC IDENTIFICATION NUMBER ▶

C C00762237

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer BOLES, JASON, D, ,

Signature of Treasurer

BOLES, JASON, D, ,

[Electronically Filed]

Date

05 / 30 / 2023

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

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

Name of Candidate **DEVOLDER SANTOS, GEORGE, , ,**

Candidate Party Affiliation **REP** Office Sought: House Senate President State **NY** District **03**

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

Name of Candidate

Party Committee:

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

Political Action Committee (PAC):

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

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

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

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

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

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

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

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

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

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

Joint Fundraising Representative:

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

Committees Participating in Joint Fundraiser

- 1.
- 2.

C

C

Write or Type Committee Name

DEVOLDER SANTOS FOR CONGRESS RECOUNT

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

NONE

Grid lines for organization name

Mailing Address

Grid lines for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

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

BOLES, JASON, D, ,

Full Name

Grid lines for full name

Mailing Address

1060 POWERS PLACE

Grid lines for mailing address

ALPHARETTA

GA

30009

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

404

446

9907

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

BOLES, JASON, D, ,

Full Name of Treasurer

Grid lines for full name of treasurer

Mailing Address

1060 POWERS PLACE

Grid lines for mailing address

ALPHARETTA

GA

30009

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

404

446

9907

Full Name of Designated Agent THOMPSON, RICK, , ,

Mailing Address 1060 POWERS PLACE ALPHARETTA GA 30009 CITY STATE ZIP CODE

Title or Position ASSISTANT TREASURER Telephone number

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

Name of Bank, Depository, etc.

SERVISFIRST BANK

Mailing Address 300 GAERIA PARKWAY SE SUITE 100 ATLANTA GA 30339 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

UPDATING ADDRESS

Form/Schedule:
Transaction ID: