Only

PAGE 1/9 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. DEVOLDER-SANTOS FOR CONGRESS PO BOX 1483 ADDRESS (number and street) (Check if address is changed) **ROSWELL** 30077 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS JASON@RTASTRATEGY.COM (Check if address is changed) Optional Second E-Mail Address DEVOLDERSANTOSFORCONGRESS@RTASTRATEGY.COM COMMITTEE'S WEB PAGE ADDRESS (URL) HTTPS://GEORGEFORNY.COM (Check if address is changed) DATE 20 2023 C00721365 FEC IDENTIFICATION NUMBER 3. X 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. BOLES, JASON, D,, Type or Print Name of Treasurer BOLES, JASON, D,, [Electronically Filed] 05 20 2023 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2			
	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 complete information below.)	andidate			
	Name of Candidate DEVOLDER-SANTOS, GEORGE, ANTHONY,				
	Candidate Party Affiliation REP 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 (Democratic, or subordinate) committee of the 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				
	Corporation Corporation w/o Capital Stock Labor Orga	ınization			
	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 for committee. (i.e., nonconnected committee)	und or party			
	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 m committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political			
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	nore political			
	Committees Participating in Joint Fundraiser				
	Devolder Santos For Congress Recount  1. Coo762237				
	Devolder Santos Nassau Victory Committee C C00822783				

TREASURER

	_			
- \^	FEC Form 1 (Revised 0  Write or Type Committee Name			Page <b>3</b>
•		ANTOS FOR CONGRE	:99	
6.		rganization, Affiliated Committee, Joint Fu		e, or Leadership PAC Sponsor
	Devolder Santos For	· NY-03		1
	Mailing Address	PO Box 30844		
		Bethesda	MD	20824
		CITY ▲	STATE A	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising Represer	
	Totalionomp.	Organization A Attituded Organization	Tonk runaraioning riopreser	Location in 1710 openior
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number option	al) and position of the perso	on in possession of committee
	BOLES, JA	SON, D, ,		
	Full Name			
	Mailing Address	1060 POWERS PLACE		
		ALPHARETTA	ı GA ı	30009
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	TREASURER	1		404     446     9907
	INCASORER		Telephone number	
8.	Treasurer: List the name and	d address (phone number optional) of the	treasurer of the committe	e; and the name and address of
	any designated agent (e.g., a	assistant treasurer).		
	Full Name BOLES, JA	ASON, D, ,		
	of Treasurer	4000 DOWEDS DI ACE		
	Mailing Address	1060 POWERS PLACE		
		ALPHARETTA	GA L	30009
		CITY ▲	STATE <b>A</b>	ZIP CODE ▲
	Title or Position ▼	5 =	02	

404

Telephone number

446

9907

FEC <b>Fo</b> r	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	THOMPSON, RICK, , ,	
Mailing Addre	SS   1000 FOWERS FLACE	
	ALPHARETTA	GA 30009
Till		TATE ▲ ZIP CODE ▲
Title or Positi	on ▼  TREASURER  Telephone number	r
. Banks or Ot safety deposi	ner Depositories: List all banks or other depositories in which the committee of boxes or maintains funds.	deposits funds, holds accounts, rents
Name of Ban	c, Depository, etc.	
Mailing Addre	Flushing Bank  1044 William Floyd Parkway	
	Shirley	NY 11967 -
	CITY ▲ S1	TATE ▲ ZIP CODE ▲
Name of Ban	x, Depository, etc.	
	SERVISFIRST BANK	
Mailing Addre	ss 300 GALLERIA PARKWAY SE	
	SUITE 100	
	ATLANTA	GA 30339
	CITY ▲ ST	TATE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

	ng Participant:		
1.	os Van Duyne Victory Committee	FEC ID number	C C00821660
2. Devolder Sant	os Victory Committee	FEC ID number	C C00791137
Take Back The	e House 2022	FEC ID number	C C00766782
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fund	• .	e, or Leadership PAC Sponso
Mailing Address	PO BOX 15841		
			<u>                                     </u>
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Full Name	fy by name, address (phone number – optional)		
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address  TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
-	N ▼	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION	ories: List all banks or other depositories in which	Telephone Number	s funds, holds accounts, rents
TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank,	ories: List all banks or other depositories in which	Telephone Number	s funds, holds accounts, rents
TITLE OR POSITION  Banks or Other Deposite the safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in which	Telephone Number	s funds, holds accounts, rents
TITLE OR POSITION  Banks or Other Deposite the safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in which	Telephone Number	s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

Page \_6\_ **of** \_9\_\_\_

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:	
	1		FEC ID number C
	2.		FEC ID number C
	3		FEC ID number C
	4		FEC ID number
6.		Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leadership PAC Sponsor
	Mailing Address	9002 QUEENS BLVD	
		LELMHURST	NY 11373
	Relationship:	CITY A	STATE A ZIP CODE A
	Connected	Organization Affiliated Committee	undraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tele	phone Number
9.	Banks or Other Depositor safety deposit boxes or ma Name of Bank,	ies: List all banks or other depositories in which the intains funds.	e committee deposits funds, holds accounts, rents
	Depository, etc.		
	Mailing Address		
_		CITY ▲	STATE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

5(a)	or(h). <b>Joint Fundraisin</b>	α Participant·		
O(9)	1.	<u> </u>	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4			
6.		Organization, Affiliated Committee, Joint Funda	= -	e, or Leadership PAC Sponsor
	Mailing Address	9002 QUEENS BLVD		
		ELMHURST	NY NY	11373
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	y by name, address (phone number – optional)		
	Mailing Address			
		CITY ▲	STATE A	ZIP CODE A
	TITLE OR POSITION	•	1	1 1 1 1
			elephone Number	
9.				
	safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	the committee deposi	ts funds, holds accounts, rents
	safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	the committee deposi	ts funds, holds accounts, rents
	safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	the committee deposit	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.	the committee deposi	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.	the committee deposi	es funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). <b>Joint Fundraising</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
		DO DOV 45044		
	Mailing Address	PO BOX 15841		
		WASHINGTON	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Fu	undraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number - optional)		ı
	ruii Name			
	Mailing Address			
		CITY	CTATE A	7ID CODE A
		CITY A	STATE A	ZIP CODE A
	Mailing Address	•		ZIP CODE A
9.	Mailing Address  TITLE OR POSITION	Telepies: List all banks or other depositories in which the	STATE A	
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Telepies: List all banks or other depositories in which the	STATE A	
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	Telepies: List all banks or other depositories in which the	STATE A	
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Telepies: List all banks or other depositories in which the	STATE A	

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
,	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	or Leadership PAC Sponsor
	TAKE BACK THE	HOUSE 2022		1
	Mailing Address	PO BOX 30844		
		BETHESDA	MD	
			MD	
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		T	1 1 . 1	1 1_1 1
		CITY ▲	STATE A	ZIP CODE ▲
	TITLE OR POSITION	V GITT A	SIAIL A	ZIF CODE A
			elephone Number	
9.		ries: List all banks or other depositories in which	the committee deposits	funde holde accounte ronte
	safety deposit boxes or ma		·	fullus, floids accounts, ferits
	Name of Bank, Depository, etc.	intains funds.		Turius, riolus accounts, rents
	Name of Bank,	intains funds.		Turius, riolus accounts, rents
	Name of Bank, Depository, etc.	intains funds.		
	Name of Bank, Depository, etc.	intains funds.		