

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

DEVOLDER-SANTOS FOR CONGRESS

ADDRESS (number and street) PO BOX 1483

(Check if address is changed)

ROSWELL CITY ▲ GA STATE ▲ 30077 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

JASON@RTASTRATEGY.COM

Optional Second E-Mail Address
DEVOLDERSANTOSFORCONGRESS@RTASTRATEGY.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

HTTPS://GEORGEFORNY.COM

2. DATE 05 / 20 / 2023

3. FEC IDENTIFICATION NUMBER C C00721365

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

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

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

Signature of Treasurer BOLES, JASON, D, , [Electronically Filed] Date 05 / 20 / 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.

5. TYPE OF COMMITTEE:

Candidate Committee:

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

Name of Candidate DEVOLDER-SANTOS, GEORGE, ANTHONY, ,

Candidate Party Affiliation REP 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. Devolder Santos For Congress Recount
2. Devolder Santos Nassau Victory Committee

- C C00762237
- C C00822783

Write or Type Committee Name

DEVOLDER-SANTOS FOR CONGRESS

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

Devolder Santos For NY-03

[Grid for organization name]

Mailing Address PO Box 30844

[Grid for mailing address]

Bethesda MD 20824

CITY ▲

STATE ▲

ZIP CODE ▲

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

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

Full Name BOLES, JASON, D, ,

Mailing Address 1060 POWERS PLACE

[Grid 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).

Full Name of Treasurer BOLES, JASON, D, ,

Mailing Address 1060 POWERS PLACE

[Grid 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.

Flushing Bank

Mailing Address 1044 William Floyd Parkway Shirley NY 11967 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

SERVISFIRST BANK

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

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

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

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

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

DEVOLDER SANTOS FOR CONGRESS RECOUNT

Mailing Address PO BOX 15841

WASHINGTON DC 20003

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

- Connected Organization
- Affiliated Committee
- Joint Fundraising Representative
- Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number

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

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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

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

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

DEVOLDER SANTOS NASSAU VICTORY COMMITTEE

Mailing Address

Relationship:

- Connected Organization
 Affiliated Committee
 Joint Fundraising Representative
 Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION

Telephone Number --

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Name of Bank, Depository, etc.

Mailing Address

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4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

DEVOLDER SANTOS VAN DUYN VICTORY COMMITTEE

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ Telephone Number

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

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

DEVOLDER SANTOS VICTORY COMMITTEE

Mailing Address

Relationship:

- Connected Organization
 Affiliated Committee
 Joint Fundraising Representative
 Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION

Telephone Number --

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

TAKE BACK THE HOUSE 2022

Mailing Address

Relationship:

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION

Telephone Number --

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

Name of Bank, Depository, etc.

Mailing Address