Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. GADS PAC 47 Flintlock Dr ADDRESS (number and street) (Check if address is changed) Shirley 11967 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS nancy@campaignsunlimitedny.com (Check if address is changed) Optional Second E-Mail Address nancy@campaignsunlimitedny.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00764472 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. Marks, Nancy, , , Type or Print Name of Treasurer Marks, Nancy, , , [Electronically Filed] 05 2022 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

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate info	rmation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign coinformation below.)	ommittee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	d 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 as
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 committee. (i.e., nonconnected committee)	Γ a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on I	ine 6.)
(g) This committee is an independent expenditure-only political committee (Super Pr	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	on 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 committees/organizations, at least one of which is an authorized committee of a	·
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	·
Committees Participating in Joint Fundraiser	
1.	C
	C

	FEC Form 1 (Revised 0	2/2009)	Page 3
W	/rite or Type Committee Name		
	GADS PAC		
6.		ganization, Affiliated Committee, Joint Fundraising Repre $S,GEORGEANTHONY,,,$	esentative, or Leadership PAC Sponsor
	Mailing Address	9002 QUEENS BLVD	
		ELMHURST	NY 11373 - -
		CITY ▲	STATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising	Representative Leadership PAC Sponsor
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position o	of the person in possession of committee
	Marks, Nan	Эу, , ,	
	Full Name		
	Mailing Address	47 Flintlock Dr	
		Shirley	NY 11967
		CITY ▲	STATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone num	nber 631 – 772 – 1900
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the name and address of
	Full Name Marks, Nan	су, , ,	
	of Treasurer		
	Mailing Address	47 Flintlock Dr	
		Shirley	NY 11967
		CITY A	STATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone num	nber 631 - 772 - 1900

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Depositories: List all banks or other depositories in which the committee deposits funds, holices or maintains funds.	ds accounts, rents
Name of Bank, D	epository, etc.	
	Flushing Bank	
Mailing Address	1044 William Floyd Parkway	
	Shirley NY 11967	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
=	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
DEVOLDER SAN	NTOS VICTORY COMMITTEE		
Mailing Address	47 FLINTLOCK DRIVE		
	SHIRLEY	NY	11967
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A