

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

Check if different than previously reported. (ACC)

Shirley

NY

11967

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00721365

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NY

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

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Olson, Andrew, , ,

Type or Print Name of Treasurer

Olson, Andrew, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

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))....	27870.13	40829.96
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	27870.13	40829.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	42947.46	107652.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	150.02	387.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	42797.44	107264.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	28115.92	
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).....	755000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

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-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20200.00	21200.00
(ii) Unitemized	2670.13	3629.96
(iii) TOTAL of contributions from individuals	22870.13	24829.96
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	16000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	27870.13	40829.96
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	150.02	387.91
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	28020.15	41217.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	42947.46	107652.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	42947.46	107652.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	43043.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28020.15
25. SUBTOTAL (add Line 23 and Line 24).....	71063.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42947.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	28115.92

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

Form/Schedule: F3N

Transaction ID :

The 2022 Year-End FEC report has been filed based on the limited information provided to the campaign from the previous treasurer Nancy Marks.

Form/Schedule:

Transaction ID:

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 6 OF 50	
<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

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)
WINRED

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
23557.74

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2022

Transaction ID : SA11C.44239

Amount of Each Receipt this Period
4016.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

B. Full Name (Last, First, Middle Initial)
GROSS, CINDY, , ,

Mailing Address 97 BIRCH LANE

City WOODMERE	State NY	Zip Code 11598-2206
------------------	-------------	------------------------

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

Name of Employer SELF	Occupation EMPLOYED
--------------------------	------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2022

Transaction ID : SA11A.44244

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 8 HARBOR LANE

City EAST QUOGUE	State NY	Zip Code 11942-4402
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FEC ID number of contributing federal political committee. **C**

Name of Employer LAW OFFICE OF DAMON A. HAGAN	Occupation ATTORNEY
--	------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2022

Transaction ID : SA11A.44245

Amount of Each Receipt this Period
3400.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED; SEE
REDESIGNATION

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

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

3900.00

**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 7 OF 50	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input 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)
HAGAN, DAMON, , ,

Mailing Address 8 HARBOR LANE

City EAST QUOGUE	State NY	Zip Code 11942-4402
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FEC ID number of contributing federal political committee. **C**

Name of Employer LAW OFFICE OF DAMON A. HAGAN	Occupation ATTORNEY
--	------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 13 / 2022

Transaction ID : SA11A.44249

Amount of Each Receipt this Period
- 500.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
HAGAN, DAMON, , ,

Mailing Address 8 HARBOR LANE

City EAST QUOGUE	State NY	Zip Code 11942-4402
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FEC ID number of contributing federal political committee. **C**

Name of Employer LAW OFFICE OF DAMON A. HAGAN	Occupation ATTORNEY
--	------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 13 / 2022

Transaction ID : SA11A.44250

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
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Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
23557.74

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2022

Transaction ID : SA11C.45264

Amount of Each Receipt this Period
6736.95

Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ▶	0.00
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 50
(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)
MANGI, ROBERT, , ,
 Mailing Address 910 FRANKLINA AVE.
 City GARDEN CITY State NY Zip Code 11530-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INSURANCE
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2022
Transaction ID : SA11A.45270
 Amount of Each Receipt this Period
 2900.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
RUIZ, MAYRA, , ,
 Mailing Address 11180 SNAPPER CREEK ROAD
 City CORAL GABLES State FL Zip Code 33156-4216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEST EFFORTS Occupation BESTS EFFORTS
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2022
Transaction ID : SA11A.45273
 Amount of Each Receipt this Period
 2900.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
ZMICH, THOMAS, , ,
 Mailing Address 38-18 222ND
 City BAYSIDE State NY Zip Code 11361-2410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2022
Transaction ID : SA11A.45268
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

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

6300.00

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 9 OF 50	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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)
WINRED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
23557.74

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2022

Transaction ID : SA11C.45290

Amount of Each Receipt this Period
10055.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

B. Full Name (Last, First, Middle Initial)
HASTAVA, MICHAEL, , ,

Mailing Address 370 OLD COUNTRY RD

City GARDEN CITY State NY Zip Code 11530-1758

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

Name of Employer Occupation
THE HASTAVA-WHITMORE AGENCY INSURANCE BROKERAGE

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2022

Transaction ID : SA11A.45293

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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)..... ▶

10000.00

20200.00

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 10 OF 50	
<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)
CONGRESSIONAL LEADERSHIP FUND

Mailing Address 1747 PENNSYLVANIA AVENUE, NW
5TH FLOOR

City WASHINGTON	State DC	Zip Code 20006-4604
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FEC ID number of contributing federal political committee. **C** C00504530

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

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 29 / 2022

Transaction ID : SA11C.44190

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address

City	State	Zip Code
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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

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)..... ▶	5000.00
TOTAL This Period (last page this line number only)..... ▶	5000.00

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 11 OF 50	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" 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)
THE PALAZZO AT THE VENETIAN RESORT

Mailing Address 3325 SOUTH LAS VEGAS BOULEVARD

City LAS VEGAS	State NV	Zip Code 89109
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA14.9556

Amount of Each Receipt this Period

Memo Item
REFUND OF OVERPAYMENT

B. 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
 / /

Amount of Each Receipt this Period

Memo Item

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
 / /

Amount of Each Receipt this Period

Memo Item

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

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

<input type="text" value="150.02"/>
<input type="text" value="150.02"/>

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 12 OF 50	
	<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. LIPSKY, GABRIELLE, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2022	
Mailing Address 167 OAKFIELD AVENUE			FEC Identification Number C	
City DIX HILLS	State NY	Zip Code 11746	Amount of Each Disbursement this Period 4094.00	
Purpose of Disbursement PRESS COVERAGE CONSULTANT, SCHEDULER		Category/ Type 001	Transaction ID : SB17.I9575	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. LOVETT, CHARLEY, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2022	
Mailing Address 5077 BURRELL DRIVE			FEC Identification Number C	
City SHEFFIELD	State OH	Zip Code 44054	Amount of Each Disbursement this Period 1924.97	
Purpose of Disbursement CAMPAIGN MANAGER		Category/ Type 001	Transaction ID : SB17.I9573	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2022	
Mailing Address 4333 AMON CARTER BOULEVARD			FEC Identification Number C	
City FORT WORTH	State TX	Zip Code 76155	Amount of Each Disbursement this Period 128.60	
Purpose of Disbursement AIRFARE		Category/ Type 002	Transaction ID : SB17.I9624	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6147.57
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 13 OF 50			
	<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. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2022	
Mailing Address 4333 AMON CARTER BOULEVARD			FEC Identification Number C	
City FORT WORTH	State TX	Zip Code 76155	Amount of Each Disbursement this Period 35.31	
Purpose of Disbursement BAGGAGE FEE		Category/ Type 002	Transaction ID : SB17.I9652	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2022	
Mailing Address 4333 AMON CARTER BOULEVARD			FEC Identification Number C	
City FORT WORTH	State TX	Zip Code 76155	Amount of Each Disbursement this Period 202.60	
Purpose of Disbursement AIRFARE		Category/ Type 002	Transaction ID : SB17.I9653	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2022	
Mailing Address 555 HILTON AVENUE SUITE 106			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Disbursement this Period 15.40	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001	Transaction ID : SB17.I9684	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	253.31
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 14 OF 50	
	<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. BICE RISTORANTE			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2022	
Mailing Address 313 WORTH AVENUE			FEC Identification Number C	
City PALM BEACH	State FL	Zip Code 33480	Amount of Each Disbursement this Period 1678.56	
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I9676	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. CAMPAIGNS UNLIMITED			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2022	
Mailing Address 47 FLINTLOCK DRIVE			FEC Identification Number C	
City SHIRLEY	State NY	Zip Code 11967	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type 001	Transaction ID : SB17.I9572	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. CHARLIE PALMER STEAK			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2022	
Mailing Address 101 CONSTITUTION AVENUE NORTHWEST			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I9622	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3978.56
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 15 OF 50	
	<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. CMDI			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2022	
Mailing Address 1593 SPRING HILL ROAD			FEC Identification Number C	
City TYSONS CORNER	State VA	Zip Code 22182	Amount of Each Disbursement this Period 1400.00	
Purpose of Disbursement DATABASE PROGRAM SERVICES		Category/ Type 001	Transaction ID : SB17.I9558	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. CMDI			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2022	
Mailing Address 1593 SPRING HILL ROAD			FEC Identification Number C	
City TYSONS CORNER	State VA	Zip Code 22182	Amount of Each Disbursement this Period 89.85	
Purpose of Disbursement DATABASE PROGRAM SERVICES		Category/ Type 001	Transaction ID : SB17.I9620	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. CMDI			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2022	
Mailing Address 1593 SPRING HILL ROAD			FEC Identification Number C	
City TYSONS CORNER	State VA	Zip Code 22182	Amount of Each Disbursement this Period 1400.00	
Purpose of Disbursement DATABASE PROGRAM SERVICES		Category/ Type 001	Transaction ID : SB17.I9658	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2889.85
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 16 OF 50	
	<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. CONNORS CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2022	
Mailing Address 203 BROAD STREET			FEC Identification Number C	
City WILLISTON PARK	State NY	Zip Code 11596	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement FIELD REPRESENTATIVE		Category/ Type 001	Transaction ID : SB17.I9574	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2022	
Mailing Address 1030 DELTA BLVD			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30354	Amount of Each Disbursement this Period 230.00	
Purpose of Disbursement AIRFARE		Category/ Type 002	Transaction ID : SB17.I9560	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2022	
Mailing Address 1030 DELTA BLVD			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30354	Amount of Each Disbursement this Period 75.00	
Purpose of Disbursement BAGGAGE FEE		Category/ Type 002	Transaction ID : SB17.I9600	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PRIMARY			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5305.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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

Full Name (Last, First, Middle Initial)
A. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement AIRFARE Category/Type

Candidate Name

Office Sought: House Senate President
 Primary General
 Other (specify)

Disbursement For: 2024

State: District:

Date of Disbursement
 / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : SB17.I9630

Memo Item

Full Name (Last, First, Middle Initial)
B. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement AIRFARE Category/Type

Candidate Name

Office Sought: House Senate President
 Primary General
 Other (specify)

Disbursement For: 2024

State: District:

Date of Disbursement
 / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : SB17.I9631

Memo Item

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

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement AIRFARE Category/Type

Candidate Name

Office Sought: House Senate President
 Primary General
 Other (specify)

Disbursement For: 2024

State: District:

Date of Disbursement
 / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : SB17.I9648

Memo Item

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

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 18 OF 50	
	<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. DICKINSON WRIGHT PLLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2022	
Mailing Address 1825 EYE STREET NORTHWEST			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement LEGAL SERVICES		Category/ Type 001	Transaction ID : SB17.I9678	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. FEDEX			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2022	
Mailing Address 1931 AIR LANE DRIVE			FEC Identification Number C	
City NASHVILLE	State TN	Zip Code 37210	Amount of Each Disbursement this Period 33.85	
Purpose of Disbursement OVERNIGHT ENVELOPE		Category/ Type 001	Transaction ID : SB17.I9594	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. FEDEX			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2022	
Mailing Address 1931 AIR LANE DRIVE			FEC Identification Number C	
City NASHVILLE	State TN	Zip Code 37210	Amount of Each Disbursement this Period 33.85	
Purpose of Disbursement OVERNIGHT ENVELOPE		Category/ Type 001	Transaction ID : SB17.I9595	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3067.70
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 19 OF 50			
	<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. FEDEX			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2022		
Mailing Address 1931 AIR LANE DRIVE			FEC Identification Number C		
City NASHVILLE	State TN	Zip Code 37210	Amount of Each Disbursement this Period 6.00		
Purpose of Disbursement POSTAGE		Category/ Type 001	Transaction ID : SB17.I9596		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY				
State: District:					

Full Name (Last, First, Middle Initial) B. FEDEX			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2022		
Mailing Address 1931 AIR LANE DRIVE			FEC Identification Number C		
City NASHVILLE	State TN	Zip Code 37210	Amount of Each Disbursement this Period 33.85		
Purpose of Disbursement OVERNIGHT ENVELOPE		Category/ Type 001	Transaction ID : SB17.I9602		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY				
State: District:					

Full Name (Last, First, Middle Initial) C. FEDEX			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2022		
Mailing Address 1931 AIR LANE DRIVE			FEC Identification Number C		
City NASHVILLE	State TN	Zip Code 37210	Amount of Each Disbursement this Period 45.30		
Purpose of Disbursement OVERNIGHT ENVELOPE		Category/ Type 001	Transaction ID : SB17.I9603		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	85.15
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 20 OF 50	
	<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. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2022
Mailing Address 1931 AIR LANE DRIVE		FEC Identification Number C
City NASHVILLE	State TN	Zip Code 37210
Purpose of Disbursement OVERNIGHT PACKAGE		001
Candidate Name		Amount of Each Disbursement this Period 45.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9604
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2022
Mailing Address 1931 AIR LANE DRIVE		FEC Identification Number C
City NASHVILLE	State TN	Zip Code 37210
Purpose of Disbursement OVERNIGHT ENVELOPE		001
Candidate Name		Amount of Each Disbursement this Period 33.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9605
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2022
Mailing Address 1931 AIR LANE DRIVE		FEC Identification Number C
City NASHVILLE	State TN	Zip Code 37210
Purpose of Disbursement OVERNIGHT ENVELOPE		001
Candidate Name		Amount of Each Disbursement this Period 33.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9606
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	113.00
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 21 OF 50	
	<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. FEDEX			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2022	
Mailing Address 1931 AIR LANE DRIVE			FEC Identification Number C	
City NASHVILLE	State TN	Zip Code 37210	Amount of Each Disbursement this Period 33.85	
Purpose of Disbursement OVERNIGHT ENVELOPE		Category/ Type 001	Transaction ID : SB17.I9608	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. FEDEX			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2022	
Mailing Address 1931 AIR LANE DRIVE			FEC Identification Number C	
City NASHVILLE	State TN	Zip Code 37210	Amount of Each Disbursement this Period 33.85	
Purpose of Disbursement OVERNIGHT ENVELOPE		Category/ Type 001	Transaction ID : SB17.I9609	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. HILTON MEMPHIS			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2022	
Mailing Address 939 RIDGE LAKE BOULEVARD			FEC Identification Number C	
City MEMPHIS	State TN	Zip Code 38120	Amount of Each Disbursement this Period 644.99	
Purpose of Disbursement HOTEL STAY		Category/ Type 002	Transaction ID : SB17.I9625	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	712.69
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 22 OF 50	
	<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. HOLIDAY INN		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2022
Mailing Address 550 C STREET SOUTHWEST		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20024
Purpose of Disbursement HOTEL STAY	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 850.84	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9626 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. HOLIDAY INN		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2022
Mailing Address 550 C STREET SOUTHWEST		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20024
Purpose of Disbursement HOTEL STAY	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 752.18	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9627 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. HOLIDAY INN		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2022
Mailing Address 550 C STREET SOUTHWEST		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20024
Purpose of Disbursement HOTEL SERVICE FEE	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 26.95	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9629 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1629.97
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 23 OF 50	
	<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. HYATT REGENCY WASHINGTON ON CAPITOL HILL		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2022
Mailing Address 400 NEW JERSEY AVENUE NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement HOTEL FEES	002	
Candidate Name		Amount of Each Disbursement this Period 46.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9578
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HYATT REGENCY WASHINGTON ON CAPITOL HILL		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2022
Mailing Address 400 NEW JERSEY AVENUE NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement HOTEL STAY	002	
Candidate Name		Amount of Each Disbursement this Period 246.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9593
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HYATT REGENCY WASHINGTON ON CAPITOL HILL		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2022
Mailing Address 400 NEW JERSEY AVENUE NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement HOTEL STAY	002	
Candidate Name		Amount of Each Disbursement this Period 236.42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9601
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	528.52
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 24 OF 50			
	<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. IL BACCO RESTAURANTE			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2022		
Mailing Address 253-24 NORTHERN BLVD			FEC Identification Number C		
City LITTLE NECK	State NY	Zip Code 11362	Amount of Each Disbursement this Period 8000.00		
Purpose of Disbursement PAYMENT TOWARDS OUTSTANDING DEBT		Category/ Type 001	Transaction ID : SB17.I9686		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY				
State: District:					

Full Name (Last, First, Middle Initial) B. INTERCONTINENTAL			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2022		
Mailing Address 801 WHARF STREET SOUTHWEST			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20024	Amount of Each Disbursement this Period 2046.00		
Purpose of Disbursement HOTEL STAY		Category/ Type 002	Transaction ID : SB17.I9674		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY				
State: District:					

Full Name (Last, First, Middle Initial) C. INTERCONTINENTAL			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2022		
Mailing Address 801 WHARF STREET SOUTHWEST			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20024	Amount of Each Disbursement this Period 2905.94		
Purpose of Disbursement HOTEL STAY		Category/ Type 002	Transaction ID : SB17.I9683		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	12951.94
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 25 OF 50	
	<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. LOTTE NEW YORK PALACE			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2022	
Mailing Address 455 MADISON AVENUE			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10022	Amount of Each Disbursement this Period 80.00	
Purpose of Disbursement PARKING FEE		Category/ Type 002	Transaction ID : SB17.I9607	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. LOTTE NEW YORK PALACE			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2022	
Mailing Address 455 MADISON AVENUE			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10022	Amount of Each Disbursement this Period 80.00	
Purpose of Disbursement PARKING FEE		Category/ Type 002	Transaction ID : SB17.I9610	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. LOTTE NEW YORK PALACE			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2022	
Mailing Address 455 MADISON AVENUE			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10022	Amount of Each Disbursement this Period 104.06	
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 001	Transaction ID : SB17.I9612	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	264.06
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 26 OF 50			
	<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 11 / 29 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 31.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9559 <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 11 / 30 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 9.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9561 <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 11 / 30 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 18.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9562 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	60.38
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 27 OF 50	
	<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. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City: SAN FRANCISCO State: CA Zip Code: 94105

Purpose of Disbursement: TAXI FARE Category/Type: 002

Candidate Name: _____

Office Sought: House Senate President Disbursement For: 2024
 Primary General Other (specify) PRIMARY

State: _____ District: _____

Date of Disbursement: 11 / 30 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 41.53

Transaction ID : SB17.I9563

Memo Item

B. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City: SAN FRANCISCO State: CA Zip Code: 94105

Purpose of Disbursement: TAXI FARE Category/Type: 002

Candidate Name: _____

Office Sought: House Senate President Disbursement For: 2024
 Primary General Other (specify) PRIMARY

State: _____ District: _____

Date of Disbursement: 11 / 30 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 30.61

Transaction ID : SB17.I9564

Memo Item

C. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City: SAN FRANCISCO State: CA Zip Code: 94105

Purpose of Disbursement: TAXI FARE Category/Type: 002

Candidate Name: _____

Office Sought: House Senate President Disbursement For: 2024
 Primary General Other (specify) PRIMARY

State: _____ District: _____

Date of Disbursement: 11 / 30 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 26.60

Transaction ID : SB17.I9565

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 98.74

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)
 17 18 19a 19b
 20a 20b 20c 21

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

A. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TAXI FARE Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2024
 Primary General
 Other (specify)

State: District:

Date of Disbursement: / /

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : SB17.I9576

Memo Item

B. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TAXI FARE Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2024
 Primary General
 Other (specify)

State: District:

Date of Disbursement: / /

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : SB17.I9577

Memo Item

C. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TAXI FARE Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2024
 Primary General
 Other (specify)

State: District:

Date of Disbursement: / /

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : SB17.I9579

Memo Item

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

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 50	
	<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 12 / 02 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 41.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9580 <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 12 / 02 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 9.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9582 <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 12 / 03 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 9.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9583 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	61.60
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 50	
	<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. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City: SAN FRANCISCO State: CA Zip Code: 94105

Purpose of Disbursement: TAXI FARE Category/Type: 002

Candidate Name: _____

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) PRIMARY

State: _____ District: _____

Date of Disbursement: 12 / 03 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 45.19

Transaction ID : SB17.I9584

Memo Item

B. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City: SAN FRANCISCO State: CA Zip Code: 94105

Purpose of Disbursement: TAXI FARE Category/Type: 002

Candidate Name: _____

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) PRIMARY

State: _____ District: _____

Date of Disbursement: 12 / 03 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 18.74

Transaction ID : SB17.I9585

Memo Item

C. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City: SAN FRANCISCO State: CA Zip Code: 94105

Purpose of Disbursement: TAXI FARE Category/Type: 002

Candidate Name: _____

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) PRIMARY

State: _____ District: _____

Date of Disbursement: 12 / 03 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 35.43

Transaction ID : SB17.I9586

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 99.36

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 50			
	<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 12 / 03 / 2022		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94105	Amount of Each Disbursement this Period 27.88		
Purpose of Disbursement TAXI FARE		Category/ Type 002	Transaction ID : SB17.I9590		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY				
State: District:					

Full Name (Last, First, Middle Initial) B. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2022		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94105	Amount of Each Disbursement this Period 30.61		
Purpose of Disbursement TAXI FARE		Category/ Type 002	Transaction ID : SB17.I9597		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY				
State: District:					

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2022		
Mailing Address 405 HOWARD STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94105	Amount of Each Disbursement this Period 60.67		
Purpose of Disbursement TAXI FARE		Category/ Type 002	Transaction ID : SB17.I9598		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	119.16
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 50	
	<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 12 / 04 / 2022	
Mailing Address 405 HOWARD STREET			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94105	Amount of Each Disbursement this Period 30.61	
Purpose of Disbursement TAXI FARE		Category/ Type 002	Transaction ID : SB17.I9599	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2022	
Mailing Address 405 HOWARD STREET			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94105	Amount of Each Disbursement this Period 26.91	
Purpose of Disbursement TAXI FARE		Category/ Type 002	Transaction ID : SB17.I9628	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2022	
Mailing Address 405 HOWARD STREET			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94105	Amount of Each Disbursement this Period 18.34	
Purpose of Disbursement TAXI FARE		Category/ Type 002	Transaction ID : SB17.I9634	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	75.86
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 50			
	<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 12 / 15 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 14.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9635 <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 12 / 15 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 7.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9636 <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 12 / 16 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 50.49
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9637 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	73.11
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 50	
	<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 12 / 16 / 2022	
Mailing Address 405 HOWARD STREET			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94105	Amount of Each Disbursement this Period 7.90	
Purpose of Disbursement TAXI FARE		Category/ Type 002	Transaction ID : SB17.I9638	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2022	
Mailing Address 405 HOWARD STREET			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94105	Amount of Each Disbursement this Period 10.40	
Purpose of Disbursement TAXI FARE		Category/ Type 002	Transaction ID : SB17.I9639	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2022	
Mailing Address 405 HOWARD STREET			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94105	Amount of Each Disbursement this Period 38.74	
Purpose of Disbursement TAXI FARE		Category/ Type 002	Transaction ID : SB17.I9642	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	57.04
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 50	
	<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 12 / 16 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 22.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9643 <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 12 / 17 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 25.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9644 <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 12 / 17 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 27.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9645 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	75.40
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 50			
	<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. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City: SAN FRANCISCO State: CA Zip Code: 94105

Purpose of Disbursement: TAXI FARE Category/Type: 002

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) _____ PRIMARY

State: _____ District: _____

Date of Disbursement: 12 / 17 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 33.90

Transaction ID : SB17.I9646

Memo Item

B. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City: SAN FRANCISCO State: CA Zip Code: 94105

Purpose of Disbursement: TAXI FARE Category/Type: 002

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) _____ PRIMARY

State: _____ District: _____

Date of Disbursement: 12 / 17 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 13.38

Transaction ID : SB17.I9647

Memo Item

C. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City: SAN FRANCISCO State: CA Zip Code: 94105

Purpose of Disbursement: TAXI FARE Category/Type: 002

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) _____ PRIMARY

State: _____ District: _____

Date of Disbursement: 12 / 17 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 8.99

Transaction ID : SB17.I9649

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 56.27

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 37 OF 50	
	<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. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TAXI FARE Category/Type 002

Candidate Name

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) PRIMARY

State: District:

Date of Disbursement: 12 / 17 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 22.55

Transaction ID : SB17.I9650

Memo Item

B. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TAXI FARE Category/Type 002

Candidate Name

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) PRIMARY

State: District:

Date of Disbursement: 12 / 17 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 31.16

Transaction ID : SB17.I9651

Memo Item

C. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TAXI FARE Category/Type 002

Candidate Name

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) PRIMARY

State: District:

Date of Disbursement: 12 / 20 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 40.17

Transaction ID : SB17.I9654

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 93.88

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 38 OF 50	
	<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 12 / 20 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 42.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9655 <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 12 / 01 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 30.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9666 <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 12 / 01 / 2022
Mailing Address 405 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement TAXI FARE	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 22.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY	Transaction ID : SB17.I9667 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	96.28
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 39 OF 50			
	<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. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TAXI FARE Category/Type 002

Candidate Name

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) PRIMARY

State: District:

Date of Disbursement: 12 / 01 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 30.61

Transaction ID : SB17.I9668

Memo Item

B. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TAXI FARE Category/Type 002

Candidate Name

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) PRIMARY

State: District:

Date of Disbursement: 12 / 02 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 30.61

Transaction ID : SB17.I9669

Memo Item

C. UBER

Full Name (Last, First, Middle Initial)
Mailing Address 405 HOWARD STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TAXI FARE Category/Type 002

Candidate Name

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) PRIMARY

State: District:

Date of Disbursement: 12 / 22 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 138.90

Transaction ID : SB17.I9679

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 200.12

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 50	
	<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. UNITED AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2022	
Mailing Address 233 SOUTH WACKER DRIVE			FEC Identification Number C	
City CHICAGO	State IL	Zip Code 60606	Amount of Each Disbursement this Period 18.00	
Purpose of Disbursement INFLIGHT WIFI		Category/ Type 002	Transaction ID : SB17.I9640	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2022	
Mailing Address 233 SOUTH WACKER DRIVE			FEC Identification Number C	
City CHICAGO	State IL	Zip Code 60606	Amount of Each Disbursement this Period 368.60	
Purpose of Disbursement AIRFARE		Category/ Type 002	Transaction ID : SB17.I9641	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2022	
Mailing Address 233 SOUTH WACKER DRIVE			FEC Identification Number C	
City CHICAGO	State IL	Zip Code 60606	Amount of Each Disbursement this Period 8.00	
Purpose of Disbursement INFLIGHT WIFI		Category/ Type 002	Transaction ID : SB17.I9656	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PRIMARY			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	394.60
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 50	
	<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. WINRED			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2022	
Mailing Address P.O. BOX 9891			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 23113	Amount of Each Disbursement this Period 1468.74	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001	Transaction ID : SB17.I9685	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY			
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	Memo Item <input type="checkbox"/>	
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	Memo Item <input type="checkbox"/>	
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).....▶	1468.74
TOTAL This Period (last page this line number only).....▶	42023.06

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Devolder-Santos for Congress** Transaction ID : **SC10.2816**

LOAN SOURCE Full Name (Last, First, Middle Initial) DEVOLDER SANTOS, GEORGE, ANTHONY, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 90-02 QUEENS BOULEVARD			
City ELMHURST	State NY	ZIP Code 11373	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 80000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 80000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred M 06 / D 30 / Y 2021	Date Due M M / D D / Y None	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).....▶	80000.00
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 : **SC10.4256**

LOAN SOURCE Full Name (Last, First, Middle Initial) DEVOLDER SANTOS, GEORGE, ANTHONY, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 90-02 QUEENS BOULEVARD			
City ELMHURST	State NY	ZIP Code 11373	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 500000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500000.00
--------------------------------------	------------------------------------	--

TERMS	Date Incurred M 03 / D 31 / Y 2022	Date Due M M / D D / Y None	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).....▶	500000.00
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 : **SC10.4260**

LOAN SOURCE Full Name (Last, First, Middle Initial) Devolder-Santos, George, Anthony, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" 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 18550.00	Balance Outstanding at Close of This Period 0.00
-------------------------------------	--	---

TERMS	Date Incurred M 01 / D 03 / Y 2019	Date Due M M / D D / Y None	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) **Devolder-Santos for Congress** Transaction ID : **SC10.4259**

LOAN SOURCE Full Name (Last, First, Middle Initial) Devolder-Santos, George, Anthony, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" 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
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TERMS	Date Incurred M 12 / D 31 / Y 2019	Date Due M / D / Y 00	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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) **Devolder-Santos for Congress** Transaction ID : **SC10.4261**

LOAN SOURCE Full Name (Last, First, Middle Initial) Devolder-Santos, George, Anthony, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" 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 4200.00	Cumulative Payment To Date 4200.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 01 / D 10 / Y 2020	Date Due M M / D D / Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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) **Devolder-Santos for Congress** Transaction ID : **SC10.4262**

LOAN SOURCE Full Name (Last, First, Middle Initial) Devolder-Santos, George, Anthony, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" 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
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TERMS	Date Incurred M 03 / D 10 / Y 2020	Date Due M M / D D / Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 : SC10.4263
 Devolder-Santos for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Devolder-Santos, George, Anthony, ,		Election: 2022 <input checked="" 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
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TERMS Date Incurred M 03 / D 31 / Y 2020	Date Due M M / D D / Y None Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="50000.00"/>
TOTALS This Period (last page in this line only).....▶	<input style="width: 100%;" type="text"/>

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 : **SC10.4264**

LOAN SOURCE Full Name (Last, First, Middle Initial) Devolder-Santos, George, Anthony, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" 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
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TERMS	Date Incurred M 06 / D 25 / Y 2020	Date Due M M / D D / Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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) **Devolder-Santos for Congress** Transaction ID : **SC10.9409**

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 90-02 QUEENS BOULEVARD			
City ELMHURST	State NY	ZIP Code 11373	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 125000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 125000.00
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TERMS	Date Incurred M 10 / D 26 / Y 2022	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	125000.00
TOTALS This Period (last page in this line only).....▶	755000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.