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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	Authorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		cample: If typing er the lines.	g, type	12FE4M5	
DEVOLDER-SANTOS	FOR CONG	GRESS				I
1						
ADDRESS (number and street)	PO BOX 1584	1				
Check if different						
than previously reported. (ACC)	WASHINGTO	\ 			DC	20003
2. FEC IDENTIFICATION N	IUMBER ▼	CITY ▲			STATE ▲	ZIP CODE ▲
C C00721365		3. IS THIS REPORT	x NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT NY 03 1
4. TYPE OF REPORT (C	hoose One)	(b) 12-Day PRE	-Election Repor	t for the:		
X April 15 Quarterly	Report (Q1)	Ш	Primary (12P)	L	General (1	2G) Runoff (12R)
			Convention (1	2C)	Special (12	2S)
July 15 Quarterly October 15 Quarter		Election on	M = M /	D D /	Y Y Y Y	in the State of
January 31 Year-E	ind Report (YE)	(c) 30-Day POS	ST-Election Repo	ort for the:		
			General (30G)		Runoff (30	R) Special (30S)
Termination Repor	t (TER)	Election on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period	01 / 01 /	Y Y Y Y Y 2023	through	M M M	/ 31 /	Y Y Y Y Y 2023
I certify that I have examined to	OLSON, AND		nowledge and b	elief it is ti	rue, correct and	complete.
OL Signature of Treasurer	SON, ANDREW, , ,		[Electronically F	iled] [Date 04	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, error	neous, or incomple	te information may	subject the pers	on signing	this Report to th	e penalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

2023

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2023

03

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name **DEVOLDER-SANTOS FOR CONGRESS**

01

01

Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 5333.26 46163.22 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 8352.78 8352.78 (from Line 20(d)) (c) Net Contributions (other than loans) -3019.5237810.44 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 107652.44 (from Line 17) (b) Total Offsets to Operating 387.91 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 107264.53 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 25096.40 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 715000.00 Schedule C and/or Schedule D).....

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)

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Write or Type Committee Name

DEVOLDER-SANTOS FOR CONGRESS

01 03 01 2023 31 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 279.95 21479.95 (i) Itemized (use Schedule A)..... 8683.27 5053.31 (ii) Unitemized (iii) TOTAL of contributions 5333.26 30163.22 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 16000.00 (such as PACs) 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 5333.26 46163.22 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 387.91 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 5333.26 46551.13 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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		Total This Period	COLUMN B Election Cycle-to-Date			
17.	OPERATING EXPENDITURES	0.00	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:					
20.	(a) Individuals/Persons Other Than Political Committees	8352.78	8352.78			
	(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))	8352.78	8352.78			
21.	OTHER DISBURSEMENTS	0.00	0.00			
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	8352.78	116005.22			
	III. CASH SU	MMARY				
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	28115.92			
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	5333.26			
25.	SUBTOTAL (add Line 23 and Line 24)		33449.18			
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	8352.78			
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		25096.40			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR LINE NUMBER:					PAGE	5	OF	 12	
(0	che	ck only	or	ne)						
	×	11a		11b		11c	11	d		
		12		13a		13b	14		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	R CONGRESS		
Full Name (Last, First, Middle Initial) Basin, Sacha, , ,			Date of Receipt
Mailing Address 920 Broadway			01 24 2023
City New York	State NY	Zip Code 10010	Transaction ID : SA11AI.7497
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer Unknown	Occupation Unknown		254.95 Memo Item
Receipt For: 2024 ✓ Primary General Other (specify) ▼	Election Cy	vcle-to-Date ▼ 254.95	CONTRIBUTION EARMARKED THROUGH WINRE
Full Name (Last, First, Middle Initial) WINRED Mailing Address PO BOX 9891			Date of Receipt
City ARLINGTON	State VA	Zip Code 22219	71 24 2023 Transaction ID : SA11Al.7497.0
FEC ID number of contributing federal political committee.	C C000	694323	Amount of Each Receipt this Period
Name of Employer	Occupation		254.95
Receipt For: 2024 x Primary General Other (specify) ▼	Election Cy	vcle-to-Date ▼	Memo Item TOTAL EARMARKED THROUGH CONDUIT, LIMIT NOT AFFECTED
Full Name (Last, First, Middle Initial) WINRED	I		Date of Receipt
Mailing Address PO BOX 9891			01 14 2023
City ARLINGTON	State VA	Zip Code 22219	Transaction ID : SA11AI.7611
FEC ID number of contributing federal political committee.	C C00	0694323	Amount of Each Receipt this Period
Name of Employer	Occupation		25.00
Receipt For: 2024 ✓ Primary General Other (specify) ▼	Election Cy	rcle-to-Date ▼ 1546.78	Memo Item TOTAL EARMARKED THROUGH CONDUIT, LIMIT NOT AFFECTED
SUBTOTAL of Receipts This Page (option	onal)		279.95
TOTAL This Period (last page this line n	umber only)		279.95

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 6 12 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 17 18 19a Detailed Summary Page 20b 20c 21

19b **x** 20a 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** Full Name (Last, First, Middle Initial) Date of Disbursement A. Gross, Cindy, , , 2023 Mailing Address 97 Birch Lane 04 City State Zip Code **FEC Identification Number** NY Woodmere 11598 Purpose of Disbursement Refund of Contributions 010 Candidate Name Amount of Each Disbursement this Period Category/ Type 500.00 Office Sought: House Disbursement For: 2024 Senate Primary General Transaction ID: SB20A.7724 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Mangi, Robert, , , Date of Disbursement Mailing Address 910 Franklin ave. 09 2023 City State Zip Code **FEC Identification Number** NY Garden city 11530 Purpose of Disbursement Refund of Contributions 010 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2024 2900.00 Office Sought: House 7 Senate Primary General Transaction ID: SB20A.7723 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Ruiz, Mayra, , , Mailing Address 11180 snapper Creek Road 09 2023 City State Zip Code **FEC Identification Number** Coral gables FL 33156 Purpose of Disbursement 010 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2024 2900.00 Office Sought: House Senate Primary General Transaction ID: SB20A.7722 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 6300.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 7 12 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 17 18 19a Detailed Summary Page 20b 20c

ITEMIZED DISBURSEMENTS 19b **X** 20a 21 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** Full Name (Last, First, Middle Initial) Date of Disbursement A. Zmich, Thomas, , , 2023 01 04 Mailing Address 38-18 222nd City State Zip Code **FEC Identification Number** NY Bayside 11361 Purpose of Disbursement Refund of Contributions C 010 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2024 500.00 Office Sought: House Senate Primary General Transaction ID: SB20A.7725 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 500.00 TOTAL This Period (last page this line number only)..... 6800.00

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.7412 NAME OF COMMITTEE (In Full) **DEVOLDER-SANTOS FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary DEVOLDER-SANTOS, GEORGE ANTHONY, , , General Mailing Address 9002 QUEENS BLVD Other (specify) City State ZIP Code X Personal Funds of the Candidate NY 11373 **ELMHURST** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 300000.00 0.00 300000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D10^D M09M **Ž**02Ž Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 300000.00 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**

Use separate schedule(s) for each category of the

PAGE FOR LINE NUMBER: 12

OF

X 13a (check only one) Detailed Summary Page 13b Transaction ID: SC/10.7409 NAME OF COMMITTEE (In Full) **DEVOLDER-SANTOS FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary DEVOLDER-SANTOS, GEORGE ANTHONY, , , General X Mailing Address 9002 QUEENS BLVD Other (specify) City State ZIP Code X Personal Funds of the Candidate NY 11373 **ELMHURST** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D20^D M09M **Ž**02Ž Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 100000.00 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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

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Mailing Address 9002 QUEENS BLVD		LOAN SOURCE Full Name (Last, First, Middle Initial) DEVOLDER-SANTOS, GEORGE ANTHONY, , ,						
				Other (specify)				
City		State	ZIP Code	X Personal Funds of the Candidate				
ELMHURST		NY	11373					
Original Amount of Loan	400000 00	Cumulative Par		alance Outstanding at Close of This Period				
, , ,	100000.00	3	0.00	100000.00				
TERMS Date Incurred Date Due			(If none, en	e Interest Rate Secured: (If none, enter 0)				
M10 ^M / P10 ^D / Y	ž02ž ^Y	M M / D D	[/] 12/31/2022 ^Y	0.00 % (apr) Yes X No				
ist All Endorsers or Gua	rantors (if any) to	o Loan Source						
I. Full Name (Last, First,	Middle Initial)		Name of Employer	Name of Employer				
Mailing Address			Occupation	Occupation				
	Amount							
City	State	ZIP Code	Guaranteed Outstanding:	7				
2. Full Name (Last, First, M	fiddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:	7 7				
3. Full Name (Last, First, N	Middle Initial)	•	Name of Employer					
Mailing Address			Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:	7 7 7				
1. Full Name (Last, First, N	Middle Initial)	!	Name of Employer					
Mailing Address			Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:	7 7				
	<u> </u>							
BTOTALS This Period This	Page (optional)		······	100000.00				

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.7760 NAME OF COMMITTEE (In Full) **DEVOLDER-SANTOS FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary DEVOLDER-SANTOS, GEORGE ANTHONY, , , General X Mailing Address 9002 QUEENS BLVD Other (specify) City State ZIP Code X Personal Funds of the Candidate NY 11373 **ELMHURST** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 90000.00 0.00 90000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D17D M 10M **Ž**02Ž Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 90000.00 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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.7410 NAME OF COMMITTEE (In Full) **DEVOLDER-SANTOS FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary DEVOLDER-SANTOS, GEORGE ANTHONY, , , General Mailing Address 9002 QUEENS BLVD Other (specify) City State ZIP Code X Personal Funds of the Candidate NY 11373 **ELMHURST** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 125000.00 0.00 125000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D26^D M 10M **Ž**02Ž Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 125000.00 TOTALS This Period (last page in this line only) 715000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.