

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)

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)

Checked box for NEW (N)

Unchecked box for 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) [Checked]

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 10/01/2019

through

MM/DD/YYYY 12/31/2019

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

Type or Print Name of Treasurer

Marks, Nancy, , ,

Signature of Treasurer

Marks, Nancy, , ,

[Electronically Filed]

Date

MM/DD/YYYY 01/31/2020

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

Table with 7 columns and 1 row for 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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	2020.00	2020.00
(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)).....	2020.00	2020.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	3022.19	3022.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3022.19	3022.19
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	4297.81	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	5300.00	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1150.00	1150.00
(ii) Unitemized.....	870.00	870.00
(iii) TOTAL of contributions from individuals ▶	2020.00	2020.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2020.00	2020.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	5300.00	5300.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5300.00	5300.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	7320.00	7320.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3022.19	3022.19
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	3022.19	3022.19

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7320.00
25. SUBTOTAL (add Line 23 and Line 24).....	7320.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3022.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4297.81

**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 5 OF 8	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**Randle, Ashton, , ,**

Mailing Address 424 West 46th 1D

City New York	State NY	Zip Code 10036
------------------	-------------	-------------------

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

Name of Employer Gov Predict	Occupation Gov Relations
---------------------------------	-----------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 19 / 2019

**Transaction ID : SA11AI.4140**

Amount of Each Receipt this Period  

400.00
--------

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Sabba, Steve, , ,**

Mailing Address PO Box 1291

City Yorktown Heights	State NY	Zip Code 10598
--------------------------	-------------	-------------------

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

Name of Employer Taxpro	Occupation Accountant
----------------------------	--------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 19 / 2019

**Transaction ID : SA11AI.4143**

Amount of Each Receipt this Period  

500.00
--------

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Watson, Brian, , ,**

Mailing Address 1499 Blake Street

City Denver	State CO	Zip Code 80202
----------------	-------------	-------------------

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

Name of Employer Northstar Commercial Partners	Occupation Real Estate
---	---------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 20 / 2019

**Transaction ID : SA11AI.4108**

Amount of Each Receipt this Period  

250.00
--------

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 8  
(check only one)  
 11a  11b  11c  11d  
 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 CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Devolder Santos, George, Anthony, ,**

Mailing Address 9002 Queens Blvd

City Elmhurst State NY Zip Code 11373

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA13A.4149

Amount of Each Receipt this Period  
5300.00

Memo Item

**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  
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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5300.00

**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 7 OF 8			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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) <b>A. Kellari Seafood Taverna</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2019		
Mailing Address 19 West 44th Street			FEC Identification Number C C00721365		
City New York	State NY	Zip Code 10036	Amount of Each Disbursement this Period 272.19		
Purpose of Disbursement Fundraising Event		Category/ Type 003	Transaction ID : SB17.4150		
Candidate Name <b>DEVOLDER-SANTOS FOR CONGRESS</b>		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: NY	District: 03				

Full Name (Last, First, Middle Initial) <b>B. Kellari Seafood Taverna</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2019		
Mailing Address 19 West 44th Street			FEC Identification Number C C00721365		
City New York	State NY	Zip Code 10036	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Fundraising Event		Category/ Type 003	Transaction ID : SB17.4156		
Candidate Name <b>DEVOLDER-SANTOS FOR CONGRESS</b>		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: NY	District: 03				

Full Name (Last, First, Middle Initial) <b>c. Queens County GOP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019		
Mailing Address 71-20 Myrtle Avenue			FEC Identification Number C C00721365		
City Glendale	State NY	Zip Code 11385	Amount of Each Disbursement this Period 750.00		
Purpose of Disbursement Political Donation		Category/ Type 011	Transaction ID : SB17.4155		
Candidate Name <b>DEVOLDER-SANTOS FOR CONGRESS</b>		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: NY	District: 03				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3022.19
<b>TOTAL</b> This Period (last page this line number only).....▶	3022.19

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

NAME OF COMMITTEE (In Full) **DEVOLDER-SANTOS FOR CONGRESS** Transaction ID : **SC/10.4149**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Devolder Santos, George, Anthony, ,		<input type="checkbox"/> Memo Item	Election: 2020 <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 0.00	Balance Outstanding at Close of This Period 5300.00
------------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 12 / D 31 / Y 2019	Date Due M / D / Y 0	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5300.00
<b>TOTALS</b> This Period (last page in this line only).....▶	5300.00

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