PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Devolder-Santos for NY-03 PO Box 30844 ADDRESS (number and street) (Check if address is changed) Bethesda 20824 MD CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00775726 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Martin, Steven, , , Type or Print Name of Treasurer Martin, Steven, , , [Electronically Filed] 09 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use Only

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

(Revised 06/2012)

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) x This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Devolder-Santos, George, Anthony,	
	Candidate Party Affiliation REP Sought: House Senate President	State NY District 03
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.661 03
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperation	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	>).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

•	FEC Form 1 (R	levised 02/2009)	Page 3
٧	Vrite or Type Committe	e Name	
	Devolder-S	Santos for NY-03	
6.	-	ected Organization, Affiliated Committee, Joint Fundraising Representative, of HE HOUSE 2022	or Leadership PAC Sponsor
	Mailing Address	PO BOX 30844	
		BETHESDA	20824
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Co	onnected Organization Affiliated Organization Joint Fundraising Representation	tive Leadership PAC Sponso
7.	Custodian of Record books and records.	ds: Identify by name, address (phone number optional) and position of the person	in possession of committee
	Ca	ampaign, Financial Services, , ,	
	Full Name		
	Mailing Address	PO Box 30844	
		Bethesda MD	20824
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	01 654 3220
8.		name and address (phone number optional) of the treasurer of the committee; at (e.g., assistant treasurer).	and the name and address of
	Full Name Ma	artin, Steven, , ,	
	of Treasurer		
	Mailing Address	PO Box 30844	
		Bethesda MD	20824
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer		01 - 654 - 3220

FEC Form 1 (F	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	positories: List all banks or other depositories in which the committee deposits funds or maintains funds.	ds, holds accounts, rents
Name of Bank, Dep	ository, etc.	
E	volve Bank & Trust	
Mailing Address	301 Shoppingway Boulevard	
	West Memphis AR	72301
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Dep	ository, etc.	
V	Vells Fargo Bank	
Mailing Address	8302 Woodmont Avenue	
	Bethesda MD L	20814
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page _____ **of** _____

h). Joint Fundraisi			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
4.				
ame of Any Connected	Organization, Affiliated Comm	ittee, Joint Fundrais	ing Representative	e, or Leadership PAC Spon
DEVOLDER-SAN	TOS FOR CONGRESS	S		
	47 FLINTLOCK DRIVE			
Mailing Address	47 FEINTEGER BRIVE			
	SHIRLEY		NY NY	11967
Relationship:	CITY	A	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Cor		ndraising Represent	ative Leadership PAC S
esignated Agent: Identif			ndraising Represent	Leadership PAC S
esignated Agent: Identif			ndraising Represent	Leadership PAC S
esignated Agent: Identif			ndraising Represent	
esignated Agent: Identif	by name, address (phone num	nber – optional)		
esignated Agent: Identif	by name, address (phone num	nber – optional)		
esignated Agent: Identif Full Name Mailing Address	by name, address (phone num	nber – optional)		
esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION	by name, address (phone num	nber – optional)	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other dep	nber – optional)	STATE A	ZIP CODE A
esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION	ries: List all banks or other dep	nber – optional)	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	ries: List all banks or other dep	nber – optional)	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	ries: List all banks or other dep	nber – optional)	STATE A	ZIP CODE A