Only

PAGE 1/5 =

FEC FORM 1		ORGANIZATION					Office Use Only							•
1. NAME OF		(Check if name	e Exa	mple:If typin	g, type	1 0 1	FE4M		ffice Us	e Only			
COMMITTEE (in	full)		s changed)		the lines.	3, 1,1-	121	L 4M	15		_			
GOP Gene	ration	YFun	nd	1 1 1 1										
ADDRESS (number a	nd street)	PO Box 9	9055 											
(Check if a is changed														
io onangot	-)	Peoria Cl	TY 🛦				LLL STAT	 ГЕ ▲	616	612	ZIP	CODI	E 🛦	
COMMITTEE'S E-MA	AIL ADDRI	ESS												
(Check if a is changed		aarons	chock@aol.	com										
		Optional	Second E-Ma	il Address										
【 【 (Check if a is changed														
2. DATE 0		7 / Y	2019											
3. FEC IDENTIFIC	CATION N	UMBER ▶	. C	C0044819	11									
4. IS THIS STATEM	MENT	NEW	(N) OI	R X	AMENE	DED (A)								
I certify that I have e	examined	his Stateme	nt and to the	best of my	knowledge ai	nd belief it	is true	, corre	ct and	d com	olete.			
Type or Print Name	of Treasur	er Schock,	Aaron, , ,											
Signature of Treasure	er <i>Scho</i>	ck, Aaron, , ,			[Electronicall	y Filed]	Date	M	06	0	7		2019	Y
NOTE: Submission of	false, error		omplete informa							penal	ties of	2 U.S	.C. §4	437g.
Office Use					For further in Federal Election Toll Free 800-	on Commissi					FC			

Toll Free 800-424-9530

Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	e	
GOP Generation	on Y Fund	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
Mr. Aaron Jon Schock	(
Mailian Address	1040 East Melbourne Ave	
Mailing Address		
	Peoria IL 61603	
	CITY STATE	ZIP CODE
_		
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in p	ossession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
 Treasurer: List the name ar any designated agent (e.g., 	nd address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
Full Name Schock, A of Treasurer	naron, , ,	
Mailing Address	PO Box 10555	
	Peoria IL 61612	
Title or Position	CITY STATE	ZIP CODE
Treasurer		361 - 1777

FEC Form	1 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZIF	P CODE
Title or Position	Telephone number =	
Banks or Other safety deposit bo Name of Bank, D		ccounts, rents
	Citizens Equity First Credit Union 5401 W Dirkson Pkwy	
Mailing Address	<u> </u>	
	Peoria IL 61607	
	CITY STATE ZII	P CODE
Name of Bank, D	Depository, etc.	
A4 ***	SunTrust Bank PO Box 4418	
Mailing Address	Atlanta GA 30302	
	CITY STATE ZII	P CODE

FEC Form 1S (Revised 02/2017)

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

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n). Joint Fundraising			1	FEC ID	number		
1.							
2.				FEC ID		C	
3.				FEC ID	number	С	
4.				FEC ID	number	C	
ame of Any Connected (ated Committee,	, Joint Fundra	aising Repr	esentative	e, or Leadership	PAC Spor
Schock Victory Co	mmittee 						
Mailing Address	PO Box 10555						
	Peoria					61612	
Relationship:		CITY A		-	STATE A	ZIP	CODE A
Connected	Organization	Affiliated Committe	ee X Joint	Fundraising	Representa	ative Leade	rship PAC S
esignated Agent: Identify				Fundraising	Representa	Leade	rship PAC S
esignated Agent: Identify Full Name				Fundraising	Representa	Leade	ership PAC S
esignated Agent: Identify				Fundraising	Representa	Leade	ership PAC S
esignated Agent: Identify Full Name				Fundraising	Representa		
esignated Agent: Identify Full Name Mailing Address	by name, address		- optional)		Representa		
esignated Agent: Identify Full Name	by name, address	(phone number -	optional)		TATE A		
esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number -	- optional)	S lephone Nu	TATE A	ZIP (-
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mai	by name, address	(phone number -	- optional)	S lephone Nu	TATE A	ZIP (-
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mai ame of Bank, epository, etc.	by name, address	(phone number -	- optional)	S lephone Nu	TATE A	ZIP (-