Only

STATEMENT OF

PAGE 1/6

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Generation Go Leadership PAC 600 Pennsylvania Ave SE ADDRESS (number and street) #15180 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Janelli@capcompliance.com (Check if address is changed) Optional Second E-Mail Address |fec@capcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2021 C00683250 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. Mayes, Halle, , , Type or Print Name of Treasurer Mayes, Halle, , , [Electronically Filed] 05 18 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) 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 Name	r age 3
Generation Go Leadership PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	77710 00011301
Gomez, Jimmy, , ,	
918 Pennsylvania Ave SE Mailing Address	
Washington DC 20003	
CITY STATE ZI	P CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in posse books and records.	ssion of committee
Janelli, Steven, , , Full Name	1
918 Pennsylvania Ave SE	
Mailing Address	
Washington , DC , 20003	
Tradingen 20	
Title or Position CITY STATE ZII	P CODE
Assistant Treasurer Telephone number 202 - 54	4 - 6960
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name Mayes, Halle, , , of Treasurer	1
Mailing Address 918 Pennsylvania Ave SE	
Washington DC 20003	
	P CODE
Title or Position Treasurer Treasurer Telephone number Telephone number	4 6960

FEC Form	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	I , , , , , , , , , , , , , , , , , , ,	
Agent		
Mailing Address		
	CITY STATE :	ZIP CODE
Title or Position		1 1
	Telephone number	
Mailing Address	Amalgamated Bank 1825 K St NW Washington DC 20006	
	20000	
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		1
mailing Address		
Mailing Address		
wailing Address		

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

h). Joint Fundraisi r	1	FEC ID number	С
1.			
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Gomez Victory Fu	und		
Mailing Address	918 Pennsylvania Ave SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
	y by name, address (phone number – optional)	: Fundraising Representa	Leadership PAC S
esignated Agent: Identif		: Fundraising Representa	Leadership PAC S
esignated Agent: Identif		: Fundraising Representa	Leadership PAC S
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esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	STATE	Leadership PAC S
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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	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
Progressive Futu	re 		
Mailing Address	918 Pennsylvania Ave		
Mailing Address			
	Washington	, DC	20003
Relationship:	CITY A	STATE A	ZIP CODE A
Connecte	ed Organization 🦰 Attiliated Committee	t Fundraising Represent:	ative III Leadershin PAC Si
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esignated Agent: Identi		t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		T Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	Leadership PAC S
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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