Imane#	2024050996455777	<u>^</u> 4
iiiiaye#	2024030990433777	04

05/09/2024 19:09

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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZA		Office	PAGE 1 / 12
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
No Vote Left Behir				
L				
ADDRESS (number and street)	PO Box 15337			
(Check if address is changed)				
	Washington └──└──└──└── CITY ▲		DC 20003 STATE ▲	
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	novoteleftbehindpac@nextle	velpartners.net		
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
	D / Y Y Y Y 2024			
3. FEC IDENTIFICATION N	UMBER ► C CO	0772848		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best of	of my knowledge and belief it i	s true, correct and cor	nplete.
Type or Print Name of Treasure	er May, Jennifer, , ,			
Signature of Treasurer May	, Jennifer, , ,			09 / Y Y Y Y 2024
NOTE: Submission of false, error	neous, or incomplete information n ANY CHANGE IN INFORMAT	nay subject the person signing th ION SHOULD BE REPORTED V		alties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	n FC	C FORM 1 evised 06/2012)

FE	EC Form 1 (Revised 03/2022)	Page 2
5.	TYPE OF COMMITTEE:	
	Candidate 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. (Complete the ca information below.)	andidate
	Name of Candidate	
	Candidate Office Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Candidate	
	Party Committee: (National, State or subordinate) committee of the (Democratic, Republican, etc.)	.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	rganization is a:
	Corporation Corporation w/o Capital Stock Labor Organ	nization
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fu committee. (i.e., nonconnected committee)	nd or party

	In a	addition.	this	committee	is a	Lobb	vist/Registrant PAC).
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In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

This committee is an independent expenditure-only political committee (Super PAC). (g)

In addition, this committee is a Lobbyist/Registrant PAC.

This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC). (h)

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С

2.

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na	me	
No Vote Left B	Behind PAC	
Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Equality PAC		
Mailing Address	PO Box 15337	
	Washington DC 200)03
	CITY A STATE A	ZIP CODE

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Ma	y, Jennifer, , ,
Full Name	
Mailing Address	PO Box 15337
	Washington DC 20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 202 - 505 - 1657

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	, May, Jennifer, , ,
of Treasurer	
Mailing Address	PO Box 15337
	Washington DC 20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 202 505 1657

FEC Form 1 (Revised 02	2/200	9)																							F	Page	ə 4		-
Full Name of Designated Agent												1														1	1	1	
Mailing Address																													
																												<u> </u>	
							СП	ΓΥ									\$	STA	ΛΤΕ					ZI	ΡC	OD	E .		
Title or Position ▼																													
												Г	Tele	eph	one	e ni	umt	ber											

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Bank of America		
Mailing Address	201 Pennsylvania Ave, SE		
	Washington	DC 20003	·
	CITY A	STATE A	ZIP CODE
Name of Bank, D			
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE

EC Form	1S	(Revised	02/2017)
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)) or (h).	Joint Fundraising	Participant:				
1.				FEC	ID number	C
2.				FEC	ID number	С
3.				FEC	ID number	С
4.				FEC	ID number	С
		Organization, Affi	liated Committee, Joint	Fundraising F	Representativ	e, or Leadership PAC Sponsor
Equ	uality Delaware					
I	Mailing Address	PO Box 15337				
	0					
		Washington		1	DC	20003
l	Relationship:				STATE ▲	
	Connected	Organization X	Affiliated Committee	Joint Fundrais	ing Represent	ative
Desigi	nated Agent: Identify	by name, address	s (phone number – option	nal)		
		by name, addres	s (phone number – option	nal)		
Fu	III Name	by name, addres	s (phone number – option	nal)		
Fu		by name, addres	s (phone number – option	nal)		
Fu	III Name	by name, addres	s (phone number – option	nal)		
Fu	III Name	by name, addres		nal)		
Fu	III Name		s (phone number – option			· · · · · · · · · · · · · · · · · · ·
Fu	ull Name			nal)	1	· · · · · · · · · · · · · · · · · · ·
Fu Ma T Banks safety Name	III Name			Telephone	Number	
Fu Ma T Banks safety Name	ailing Address			Telephone	Number	

EC Form	1S	(Revised	02/2017)
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(g) or (h). Joint Fundraising	g Participant:				
	1.			FEC	ID number	С
	2.			FEC	ID number	C
	3.			FEC	ID number	С
	4.			FEC	ID number	С
. Na	me of Any Connected	Organization, Affili	ated Committee, Joint	Fundraising F	epresentativ	e, or Leadership PAC Sponsor
	Equality Texas					-,
L						
L						
	Mailing Address	PO Box 15337				
		Washington				20003
	Relationship:	_	CITY A	_	STATE 🔺	ZIP CODE
	Connected	Organization X	Affiliated Committee	Joint Fundrais	ing Represent	ative Leadership PAC Sponsor
. De	signated Agent: Identify	by name, address	(phone number – optior	nal)		
. De	signated Agent: Identify	by name, address	(phone number – optior	nal)		
. De		by name, address	(phone number – optior	nal)		
. De	Full Name	by name, address	(phone number – optior	nal)		
. De	Full Name	by name, address	(phone number - option	nal)		
. De	Full Name		(phone number – option	nal)		<pre></pre>
. De	Full Name			nal)	1	
	Full Name				1	
. Ba	Full Name		CITY	Telephone	Number	
. Ba saf	Full Name Mailing Address TITLE OR POSITION nks or Other Depositor ety deposit boxes or main		CITY	Telephone	Number	[[
. Ba saf	Full Name		CITY	Telephone	Number	[[
. Ba saf	Full Name		CITY	Telephone	Number	[[
. Ba saf	Full Name Mailing Address TITLE OR POSITION nks or Other Depositor ety deposit boxes or ma me of Bank, pository, etc.		CITY	Telephone	Number	[[
. Ba saf	Full Name Mailing Address TITLE OR POSITION nks or Other Depositor ety deposit boxes or ma me of Bank, pository, etc.		CITY	Telephone	Number	[[

EC Form 1S	(Revised	02/2017)
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)) or (h).	Joint Fundraising	Participant:				
1.				FEC	ID number	С
2.				FEC	ID number	C
3.				FEC	ID number	C
4.				FEC	ID number	С
Name	of Any Connected (Organization, Af	iliated Committee, Joint	Fundraising F	epresentativ	e, or Leadership PAC Spons
Flip	o the Court PAC					
I	Mailing Address	PO Box 15337				
		Washington		1	DC	20003
I	Relationship:				STATE A	
	Connected	Organization >	Affiliated Committee	Joint Fundrais	ing Represent	ative Leadership PAC Spo
E						
		<u> </u>				
	III Name					
	· · · · ·					
	· · · · ·					
Ma	· · · · ·	<pre></pre>				
Ma	ailing Address	<pre></pre>		Telephone		
Ma T Banks safety Name	ailing Address	ies: List all bank			Number	
Ma T Banks safety Name	ailing Address	ies: List all bank			Number	

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)) or (h).	Joint Fundraising	Participant:				
1.				FEC	ID number	С
2.				FEC	ID number	С
3.				FEC	ID number	C
4.				FEC	ID number	С
Name	of Any Connected (Organization, Aff	iliated Committee, Joint	Fundraising R	epresentativ	e, or Leadership PAC Sponsor
Tak	e Back the House					
Ν	Mailing Address	PO Box 15337				
		Washington		1		20003
F	Relationship:		CITY A		STATE A	
	Connected	Organization X	Affiliated Committee	Joint Fundrais	ing Represent	ative Leadership PAC Spon
Eul	Il Namo					
		1				
	II Name					
Ма	ailing Address					
Ма		· · · · · · · · · · · · · · · · · · ·				
Ма	ailing Address		CITY			
Ma TI Banks safety	ailing Address	ies: List all banks		Telephone	Number	I I I I I I I I I I I I I I I I I I I
Ma TI Banks safety Name	ailing Address	ies: List all banks			Number	
Ma TI Banks safety Name Deposi	ailing Address	ies: List all banks			Number	
Ma TI Banks safety Name Deposi	ailing Address	ies: List all banks			Number	
Ma TI Banks safety Name Deposi	ailing Address	ies: List all banks			Number	

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	Participant:					
1.			FEC	ID number	С	
2.			FEC	ID number	С	
3.			FEC	ID number	С	
4.			FEC	ID number	С	
			_			
Name of Any Connected C	Organization, Affiliated	Committee, Joint F	undraising	Representativ	e, or Leadersh	ip PAC Sponsor
Women for Equality PA	λC					
	PO Box 15337			<u> </u>		
Mailing Address						
	Washington				20003	
Relationship:		CITY A		STATE 🔺	ZI	P CODE 🔺
Full Name						
Mailing Address						
Mailing Address						
Mailing Address						
Mailing Address	L		Telephone			
TITLE OR POSITION	es: List all banks or ot			e Number		
TITLE OR POSITION	es: List all banks or ot			e Number		
TITLE OR POSITION	es: List all banks or ot			e Number		
TITLE OR POSITION	es: List all banks or ot			e Number		
TITLE OR POSITION	es: List all banks or ot			e Number		

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(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2			FEC ID number	С
3			FEC ID number	C
4	. [FEC ID number	C
. Nam	e of Any Connected (Drganization, Affiliated Committee, Joint Fundra	ising Bepresentativ	e, or Leadership PAC Sponsor
	arents of Trans Kids			-,
	Mailing Address	PO Box 15337		
		Washington	DC	20003
	Relationship:		STATE A	
	Connected	Organization X Affiliated Committee Joint F	Fundraising Represent	ative Leadership PAC Sponsor
. Desig	gnated Agent: Identify	by name, address (phone number – optional)		
	gnated Agent: Identify	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name			 ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓
F	Full Name		I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
F M Bank safety Name	Full Name	CITY ▲ CITY ▲ Tele tes: List all banks or other depositories in which th	ephone Number	
F M Bank safety Name	Full Name	CITY ▲ CITY ▲ Tele tes: List all banks or other depositories in which th	ephone Number	[[
F M Bank safety Name	Full Name Mailing Address TITLE OR POSITION Image: Solution of the second sec	CITY ▲ CITY ▲ Tele tes: List all banks or other depositories in which th	ephone Number	[[
F M Bank safety Name	Full Name Mailing Address TITLE OR POSITION Image: Solution of the second sec	CITY ▲ CITY ▲ Tele tes: List all banks or other depositories in which th	ephone Number	

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g) or (h).	Joint Fundraising	Participant:				
1.				FEC	ID number	С
2.				FEC	ID number	С
3.				FEC	ID number	C
4.				FEC	ID number	С
	-	Organization, Affi	iliated Committee, Joint	Fundraising F	epresentativ	e, or Leadership PAC Sponsor
Rip	ple of Hope PAC					
Ν	Mailing Address	PO Box 15337				
		Washington		1		20003
F	Relationship:		CITY A		STATE A	ZIP CODE A
	Connected	Organization X	Affiliated Committee	Joint Fundrais	ing Represent	ative Leadership PAC Sponso
Desigr	nated Agent: Identify	by name, addres	s (phone number – optior	nal)		
	Il Name	by name, addres	s (phone number – optior	nal)		
Ful			s (phone number – optior	nal) 		
Ful	II Name		s (phone number – optior	nal)		
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Ful Ma	II Name					· · · · · · · · · · · · · · · · · · ·
Ful Ma TI	II Name				Number	
Ful Ma TI Banks safety	II Name				Number	
Ful Ma TI Banks safety Name	II Name				Number	
Ful Ma TI Banks safety Name Deposi	II Name				Number	
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FEC Form 1S (Revised 02/2017)

5(g) or (h).	Joint Fundraising	Participant:			
	1.		FEC	ID number	С
2	2.		FEC	ID number	С
;	3.		FEC	ID number	C
4	4. 🔄 🖂 🖂 🖂		FEC	ID number	C
6. Nan	ne of Any Connected C	Organization, Affiliated Committee, Joint Fur	ndraising R	epresentativ	e, or Leadership PAC Sponsor
Ľ	ransgender Equality I	PAC			
	Mailing Address	PO Box 15337			
		Washington			
	Relationship:	CITY A		STATE A	
	Connected	Organization X Affiliated Committee	pint Fundrais	ing Represent	ative
		by name, address (phone number – optional)			
	Mailing Address	 			
	Maining / Railooo				
		CITY ▲		L STATE ▲	
	TITLE OR POSITION				
			Telephone	Number	
9. Ban					
Nam	tks or Other Depositorion ty deposit boxes or main ne of Bank, pository, etc.	es: List all banks or other depositories in which the funds.	ch the com	mittee deposit	s funds, holds accounts, rents
Nam	ty deposit boxes or main ne of Bank,	es: List all banks or other depositories in which the temperature of the temperature of the temperature of the temperature of	ch the com	mittee deposit	s funds, holds accounts, rents
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Nam	ety deposit boxes or main the of Bank, hository, etc.	es: List all banks or other depositories in white intains funds.	ch the com	mittee deposit	s funds, holds accounts, rents