**FEC** 

Only

## STATEMENT OF

PAGE 1 / 4 •

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Gabe Amo For Congress PO Box 40457 ADDRESS (number and street) (Check if address is changed) Providence 02940 RΙ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address jlutz@vlpc.com is changed) Optional Second E-Mail Address lleonard@vlpc.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.gabeamo.com (Check if address is changed) DATE 2023 C00838060 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. Type or Print Name of Treasurer Lowey, Keith, D., , Date 09 27 2023 Signature of Treasurer Lowey, Keith, D.,, 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page <b>2</b>				
	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 candidate information below.)					
	Name of Candidate Amo, Gabriel, F, ,					
	Candidate Party Affiliation  Office Sought:  House  Senate President	State RI District 01				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
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 fund or party committee. (i.e., nonconnected committee)					
	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 more political 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 committees/organizations, none of which is an authorized committee of a federal candidate.					
	Committees Participating in Joint Fundraiser					
	1					

•	FEC Form 1 (Revised 0)	2/2009)		Page <b>3</b>	
٧	Vrite or Type Committee Name				
	Gabe Amo For C	ongress			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	Gabe Amo Victory Fu	ınd 			
	Mailing Address	124 Washington St			
		Suite 101			
		Foxboro		02038	
		CITY ▲	STATE	E ▲ ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Repre	esentative Leadership PAC Sponso	
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	Lowey, Keit	h, D., ,			
	Mailing Address	124 Washington Street			
		Suite 101			
		Foxboro	MA	02035	
		CITY ▲	STATE	ZIP CODE ▲	
	Title or Position ▼				
	Treasurer		Telephone number	508 - 543 - 1720	
8.	<b>Treasurer:</b> 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 Lowey, Keir of Treasurer	.h, D., ,			
	Mailing Address	124 Washington Street			
		Suite 101			
		Foxboro	MA	02035	
	Title or Position ▼	CITY ▲	STATE	E ▲ ZIP CODE ▲	
	Treasurer		Telephone number	508 - 543 - 1720	

FEC Form 1	(Revised 02/2009)	Page <b>4</b>				
Full Name of Designated Agent						
Mailing Address						
Title or Position <b>▼</b>	CITY ▲ STATE ▲	ZIP CODE ▲				
	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.						
Citizens Bank						
Mailing Address	1 Citizens Drive					
	Riverside	02915				
	CITY ▲ STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.						
	Amalgamated Bank					
Mailing Address	275 Seventh Ave					
	New York NY	10001				
	CITY ▲ STATE ▲	ZIP CODE ▲				