Only

STATEMENT OF

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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. Winning for America PAC 101 W ARGONNE DR ADDRESS (number and street) #24 (Check if address is changed) SAINT LOUIS 63122 MO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS JANNA@CROSBYOTT.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00826362 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. RUTLAND, JANNA, , , Type or Print Name of Treasurer RUTLAND, JANNA, , , [Electronically Filed] 05 2023 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	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 information below.)	e candidate
	Name of Candidate '''' '''' '''' '''' '''' '''' '''' '''' '''' '''' '''' '''' '''' '''' '''' '''' ''''' '''' '''' ''''' ''''' ''''' ''''''	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.0
	Name of Candidate	
	Party Committee: (National, State (Democratic	
	(d) This committee is a or subordinate) committee of the Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor O	rganization
	Membership Organization Trade Association Coopera	tive
	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)	I 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 PA	C).
	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	
	1C	

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٧	Vrite or Type Committee Nan	ne		
	Winning for A	merica PAC		
6.	Name of Any Connected SCHMITT, ERIC, ,	Organization, Affiliated Committee, Joint Fundraising	g Representative, or Lead	ership PAC Sponsor
		,		
	Mailing Address	101 W ARGONNE DR, #24		
		SAINT LOUIS	MO 6312	2 -
		CITY ▲	STATE A	ZIP CODE ▲
	Relationship: Connecte			-
	nelationship.	Allillated Organization John Pun	uraising nepresentative	Leadership PAC Sponso
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and po	osition of the person in posse	ession of committee
	RUTLAN	D, JANNA, , ,		
	Full Name			
	Mailing Address	101 W ARGONNE DR		
		 #24 		
		SAINT LOUIS	MO 6312	2
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Telepho	ne number	
8.	Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer, assistant treasurer).	of the committee; and the	name and address of
	Full Name RUTLAN	D, JANNA, , ,		
	of Treasurer			
	Mailing Address	101 W ARGONNE DR		
		_#24 		
		SAINT LOUIS	MO 6312	2
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Telepho	ne number	

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Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Depositories: List all banks or other depositories in which the committee deposits funds, hole are or maintains funds.	ds accounts, rents
Name of Bank, D	pepository, etc.	
	CHAIN BRIDGE BANK	
Mailing Address	1445-A LAUGHLIN AVENUE	
	MCLEAN VA 22101	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	pepository, etc.	
	TRUIST	
Mailing Address	5 CHURCH CIRCLE	
	ANNAPOLIS MD 21401	
	CITY ▲ STATE ▲	ZIP 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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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Mailing Address	101 W ARGONNE DR		
Ü	#24		
	SAINT LOUIS	MO	63122
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Join y by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
		it rundraising nepresent	Leadership PAC Sp
esignated Agent: Identif		it rundraising nepresente	Leadersnip PAC Sp
esignated Agent: Identif		it rundraising nepresenta	Leadersnip PAC Sp
esignated Agent: Identif		it rundraising nepresenta	Leadersnip PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	STATE A	ZIP CODE A
resignated Agent: Identife Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full Name Mailing Address	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
	=	rganization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
ı	Mailing Address	555 METRO PLACE N		
		SUITE 525		
		DUBLIN	OH OH	43017
I	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
-				
		py name, address (phone number – optional)		
Fu	nated Agent: Identify but the last of the	oy name, address (phone number – optional)		
Fu	ıll Name	oy name, address (phone number – optional)		
Fu	ıll Name	oy name, address (phone number – optional)		
Fu Ma	all Name	CITY A	STATE A	ZIP CODE A
Fu Ma	ıll Name	CITY A	STATE A	ZIP CODE A
Fu Ma T B Banks safety Name Depos	ailing Address	CITY CITY Tele es: List all banks or other depositories in which the tains funds.	phone Number	s funds, holds accounts, rents