STATEMENT OF

PAGE 1 / 6 -

FEC FORM 1		_	GANIZ	_					c	Office Us	ea Only		
1. NAME OF		(Che	ck if name	Examp	le:If typing	g, type	12	FE4N		office Os	Se Offig		
COMMITTEE (in	n full)	is ch	anged)	over th			12	L 17-41	15				
Winning for	Amer	ica PAC)										
<u> </u>		1 1 1 1 1			1 1 1	1 1 1		1 1		1 1	1 1	1 1	
ADDRESS (number a	nd otroot\	101 W ARGO	ONNE DR			1 1 1	1 1				1 1		
(Check if a	,	#24											
is changed	d)	SAINT LOUI	s				ı M)	163	122			
		CITY						TE 🛦			ZIP (- L CODE ▲	
COMMITTEE'S E-MA	VII ADDDE	26											
(Check if a			CROSBYOT	T COM									
is changed													
		Optional Sec	cond E-Mail Ad	ldress									1
COMMITTEE'S WEB (Check if a is changed	address	DRESS (URL)											
2. DATE 06	6 09		23										
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C	00826362									
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMEND	DED (A)							
I certify that I have e	examined th	is Statement a	and to the best	t of my kno	wledge ar	nd belief i	t is true	e, corre	ect an	d comp	olete.		
Type or Print Name	of Treasurer	RUTLAND,	JANNA, , ,										
Signature of Treasure	er <i>RUTL</i>	AND, JANNA, , ,		[El	ectronically	Filed]	Date	M	06	09	- 1	202	
NOTE: Submission of	false, errone		lete information E IN INFORMA							penal	ties of 5	i2 U.S.C	. §30109
Office Use Only				Fe Tol	r further in deral Electic I Free 800-4	on Commiss 424-9530					FO vised 06	RM 1 5/2012)	

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the c	candidate information below.)
(b) This committee is an authorized committee, and is NOT a principal information below.)	campaign committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House	Senate President District
(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	(Democratic, the Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected	organization on line 6.) Its connected organization is as
Corporation Corporation w/o Ca	pital 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 committee. (i.e., nonconnected committee)	e, and is NOT a separate segregated 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	tee (Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and r	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 ar committees/organizations, at least one of which is an authorized co	•
(j) This committee collects contributions, pays fundraising expenses ar committees/organizations, none of which is an authorized committee	·
Committees Participating in Joint Fundraiser	
1.	C
	C

	FEC Form 1 (Revised ()2/2009)	Page 3
W	rite or Type Committee Name		
	Winning for An		Albert and analysis DAO Occurs
	SCHMITT, ERIC, , ,	rganization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
	Mailing Address	101 W ARGONNE DR, #24	
		SAINT LOUIS MC	0 63122
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repre	esentative x Leadership PAC Sponso
	_		_
	Custodian of Records: Iden books and records.	ify by name, address (phone number optional) and position of the p	person in possession of committee
	RUTLAND	, JANNA, , ,	
	Full Name		
	Mailing Address	101 W ARGONNE DR	
		#24 	
		SAINT LOUIS MC	63122
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	
	Treasurer: List the name ar any designated agent (e.g.,	d address (phone number optional) of the treasurer of the commassistant treasurer).	nittee; and the name and address of
	Full Name RUTLAND	, JANNA, , ,	
	of Treasurer		
	Mailing Address	101 W ARGONNE DR	
		#24	
		SAINT LOUIS MG	0 63122
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	

FEC Form 1 (Revised	02/2009)		Page 4
Full Name of Designated Agent		1 1 1 1 1 1 1 1 1	
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	-	Telephone number]
Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or other depositories in which intains funds.	n the committee deposits funds	, holds accounts, rents
Name of Bank, Depository,	etc.		
CHAIN	I BRIDGE BANK	1 1 1 1 1 1 1 1 1 1	
Mailing Address	1445-A LAUGHLIN AVENUE		
	MCLEAN	VA 22	2101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
TRUIS	T		
Mailing Address	5 CHURCH CIRCLE	1 1 1 1 1 1 1 1 1	
		1 1 1 1 1 1 1 1 1	
	ANNAPOLIS	MD 21	1401
	CITY A	STATE ▲	ZIP CODE ▲

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Funda		e, or Leadership PAC Spons
Mailing Address	555 METRO PLACE N		
	SUITE 525		
	DUBLIN	OH	43017
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif	y by name, address (phone number – optional)	STATE	Leadership PAC Sports Leader
Pesignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks 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 To pries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

(h). Joint Fundraisir	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	101 W ARGONNE DR		
	#2 4 		
	SAINT LOUIS	MO	63122
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint Joint y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		at Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	STATE A	Leadership PAC Sp
resignated Agent: Identif 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 ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material boxes or material boxes.	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A