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December 13, 2011

VIA HAND DELIVERY

Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

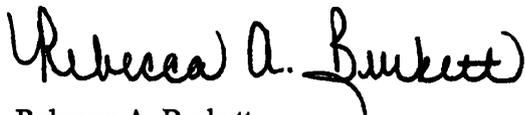
RE: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

Enclosed please find a Statement of Organization (FEC Form 1) for Winning Our Future.

This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Rebecca A. Burkett
Chairman, Winning Our Future

11030693822

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Winning Our Future

ADDRESS (number and street) 2100 Riverside Parkway

(Check if address is changed) Suite 119 #351

Lawrenceville GA 30043

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) info@winningourfuture.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.winningourfuture.com

2. DATE 12 13 2011

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 Brent A. Mudd

Signature of Treasurer [Signature] Date 12 13 2011

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.

Table with 5 empty cells for Office Use Only.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

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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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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 _____ (Democratic, 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 a:

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 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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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 ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

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Write or Type Committee Name

Winning Our Future

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid for organization name]

Mailing Address

[Empty grid for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name Rebecca A. Burkett

Mailing Address 1020 Mc Kendrick Park Lane

Lawrenceville GA 30043

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records Telephone number 404-449-6509

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 of Treasurer Brent A. Mudd

Mailing Address 6055 Southard Trace

Cumming GA 30040

CITY

STATE

ZIP CODE

Title or Position

Treasurer Telephone number 770-753-9000

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Full Name of Designated Agent

J. o. h. n. , M. . , L. e. e.

Mailing Address

6. 0. 5. 5. S o. u. t. h. a. r. d. T. r. a. c. e.

C. u. m. m. i. n. g. [GA] 3. 0. 0. 4. 0

CITY

STATE

ZIP CODE

Title or Position

A. s. s. i. s. t. a. n. t. T. r. e. a. s. u. r. e. r.

Telephone number [7. 7. 0] - [7. 5. 3] - [9. 0. 0. 0]

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.

R. e. g. i. o. n. s. , B. a. n. k.

Mailing Address

1. 7. 4. 5. P. e. a. c. h. t. r. e. e. S. t. r. e. e. t.

S. u. i. t. e. D

A. t. l. a. n. t. a. [GA] 3. 0. 3. 0. 9

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030693826

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

MD
 PREPARER 12/13/11
 DATE PREPARED

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