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STATEMENT OF ORGANIZATION

FORM 1		URGANIZ		JN							
							Off	ice Use	Only		
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)		mple:If typing, type the lines.	12F	E4M	5				
Winning for	America	a PAC							1 1		. 1
		101 W ARGONNE DR								<u> </u>	
ADDRESS (number a	address	µ#24									
is change							6312	22			
					STAT				ZIP C		
COMMITTEE'S E-M	AIL ADDRES	SS									
(Check if is change		JANNA@CROSBYOTT.	СОМ								
		Optional Second E-Mail	Address								
COMMITTEE'S WEE		DRESS (URL)									
(Check if		1				1 1	1 1	1 1			
is change)										
2. DATE	6 / D 21	D / Y Y Y Y 2024									
3. FEC IDENTIFIC	CATION NU	IMBER ► C	C0082636	2							
4. IS THIS STATE	MENT	NEW (N) OR	×	AMENDED (A)							
I certify that I have	examined th	is Statement and to the be	est of my l	knowledge and belief i	it is true,	correc	ct and	compl	ete.		
Type or Print Name	of Treasurer	RUTLAND, JANNA, , ,									
Signature of Treasur	er RUTL	AND, JANNA, , ,			Date	0	6	21	D /	2024	
NOTE: Submission of	false, errone	ous, or incomplete information						penalti	es of 52	2 U.S.C.	§30109
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100					FOF sed 06/		

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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 c information below.)	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.	
	Name of Candidate	
	Party Committee: (National, State (Democratic,	
	(d) This committee is a or subordinate) committee of the Republican, et	tc.) Party
	Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	organization is a:
	Corporation Corporation w/o Capital Stock Labor Orga	anization
	Membership Organization Trade Association Cooperative	e
	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 f committee. (i.e., nonconnected committee)	und or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	X 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.
(j) 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
2.

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W	Irite or Type Committee Nam	е													
	Winning for Am	erica PAC													
6.	Name of Any Connected	Organization, Affiliated Committee, Joi	nt F	undr	aisin	g R	epre	sentativ	ve, or	r Lead	lershi	o PAC	Spo	nsor	
]
	Mailing Address	101 W ARGONNE DR													
		#24													
								MO		6312	22		-		
		CITY 🔺					:	STATE /	▲		Z	р со	DE 🔺		
	Relationship: Connected	d Organization	×	Joir	nt Fur	ndrai	sing	Represe	entativ	/e	Lea	adershi	ip PAC) Spo	nsoi

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

RUTLANE	D, JANNA, , ,		
Full Name			
Mailing Address	101 W ARGONNE DR		
	#24 		
	SAINT LOUIS	MO 63122	
		STATE 🔺	ZIP CODE
Title or Position ▼			
		Telephone number	

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	RUTLAND, JANNA, , ,
of Treasurer	
Mailing Address	101 W ARGONNE DR
	#24
	SAINT LOUIS MO 63122 Image: Image
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
	Telephone number

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	·

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.

Mailing Address	1445-A LAUGHLIN AVENUE		
		VA 2210	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I			
Mailing Address			
	CITY ▲	STATE 🔺	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

		Participant:						
1. [FE	C ID number	С		
2.				FE	C ID number	С		
3.				FE	C ID number	С		
4.				FE	C ID number	С		
Name	of Any Connected (Organization, Affili	ated Committee, Join	it Fundraising	Representativ	e, or Leade	rship PAC S	Sponso
SCI	HMITT, ERIC, , ,							
Ν	lailing Address	101 W ARGONN	E DR, #24					
		SAINT LOUIS			MO	63122		
F	Relationship:		CITY 🔺		STATE 🔺		ZIP CODE	
Design	acca Agent. Identity	by name, address	(phone number - opti	onary				
Ful	I Name							
	I Name	1						
	I Name							
Ma		· · · · · · · · · · · · · · · · · · ·			STATE ▲			

FEC Form 1S (Revised 02/2017)

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

5(g) or (h).	Joint Fundraising	J Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
6. Name	e of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
				· · · ·
	Mailing Address	101 W ARGONNE DR NUM 24		
				63122
	Relationship:		STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative
F	ull Name			
IV	lailing Address			
Ţ	TITLE OR POSITION		STATE A	ZIP CODE
L		<u></u> Te	lephone Number	
9. Bank safety	s or Other Depositor deposit boxes or mai	ries: List all banks or other depositories in which t intains funds.	the committee deposit	s funds, holds accounts, rents
	e of Bank, sitory, etc.			
	Mailing Address			