FEC FORM 1	STATEMEN ORGANIZ		PAGE 1 / 4 -
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
ADDRESS (number and stre	PO BOX 9891		
(Check if addrest is changed)	3S		
	ARLINGTON │ │ │ │ │ │ │ │ │ │ │ CITY ▲		VA 22219 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL AL	DDRESS		
(Check if addrest is changed)		T.COM	
	Optional Second E-Mail Add	dress	
COMMITTEE'S WEB PAG (Check if address is changed)			
2. DATE 12	D D / Y Y Y Y 22 / 2022		
3. FEC IDENTIFICATIO	ON NUMBER ► C C	00825158	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examin	ned this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Tre	asurer RUTLAND, JANNA, , ,		
Signature of Treasurer	RUTLAND, JANNA, , ,	[Electronically Filed]	Date 12 / 22 / 2022
NOTE: Submission of false,		may subject the person signing the TION SHOULD BE REPORTED V	nis Statement to the penalties of 52 U.S.C. §301 WITHIN 10 DAYS.
Office Use Only		For further information cc Federal Election Commissic 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. (Com information below.)	plete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Presider	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nome of	
Name of Candidate	
(d) This committee is a	emocratic, publican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	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 se committee. (i.e., nonconnected committee)	egregated 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) X 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 (H	lybrid 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.
(j) Committees/organizations, none of which is an authorized committee of a federal candidate.
Committees Participating in Joint Fundraiser
1. Committees Participating in Joint Fundraiser

С

Relationship:

	FEC Form 1 (Revised	02/2009	9)																							Paç	ge 🕄	3	
W	Irite or Type Committee Name	e																											
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6.	Name of Any Connected C	Organiz	ation,	Affili	ated	I Co	omm	itte	e, J	loin	t F	und	rai	sing	g Re	epr	ese	nta	tive	, 0	r L	eac	lers	ship	ЪP	AC	Sp	on	sor
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ZIP CODE

Leadership PAC Sponsor

STATE

Joint Fundraising Representative

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

CITY

Affiliated Organization

Connected Organization

RU	JTLAND, JANNA, , ,			
Full Name				
Mailing Address	PO BOX 9891			
				22219
		CITY 🔺	STATE 🔺	ZIP CODE
Title or Position v				
TREASURER			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	PO BOX 9891									
	ARLINGTON VA 22219 Image: Image of the second seco									
	CITY ▲ STATE ▲ ZIP CODE ▲									
Title or Position ▼										
TREASURER	Telephone number									

FEC Form 1 (Revised 02	2/2	20(09)																						Paç	ge 4	4	
Full Name of Designated Agent										 		I						1											
Mailing Address																													
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Title or Position ▼																													
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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.

		BRIDGE BANK,	N.A.		
Mailing Address		1445-A LAUGHLIN AV	E 		
					101
			CITY A	STATE A	ZIP CODE
Name of Bank, [Depository, o	etc.			
Mailing Address					
			CITY ▲	STATE A	ZIP CODE