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STATEMENT OF **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. Elect Republicans 9648 Olive Blvd ADDRESS (number and street) Suite 300 (Check if address is changed) Olivette 63132 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS garrettlott@earthlink.net (Check if address is changed) Optional Second E-Mail Address contact@electrepublicans.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.electrepublicans.org (Check if address is changed) DATE 2020 C00747170 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. Lott, Garrett, M,, Type or Print Name of Treasurer Lott, Garrett, M,, [Electronically Filed] 10 2021 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	1 aye 2
Cano	didate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Name Candid			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 secommittee. (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.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Farms 4 (Davids 116	22/2000)	Dage 9
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
Elect Republica		
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
ELECT REPUBLICAN	S PENNSYLVANIA VICTORY FUND	
	9648 OLIVE BLVD	
Mailing Address	SUITE 300	
	OLIVETTE MO	63132
	CITY STATE	ZIP CODE
	d Organization 🗶 Affiliated Committee Joint Fundraising Represent	
books and records.		
Lott, Garre	tt, M, ,	
Mailing Address	8000 Maryland Ave	
Walling Address	Suite 1120	
	St Louis MO	63105
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	314 - 863 - 6112
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
Full Name Lott, Garret	tt, M, ,	
Mailing Address	8000 Maryland Ave	
	Suite 1120	
	St Louis MO CITY STATE	63105 ZIP CODE
Title or Position Treasurer		314 - 863 - 6112

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZIE	P CODE
Title or Position		
	Depositories: List all banks or other depositories in which the committee deposits funds, holds a pixes or maintains funds. Depository, etc.	accounts, rents
	Central Bank	
Mailing Address	Central Bank 238 Madison Street	
Mailing Address		
Mailing Address	238 Madison Street Jefferson City MO 65101	P CODE
Mailing Address Name of Bank,	238 Madison Street Jefferson City CITY STATE ZI	P CODE
	238 Madison Street Jefferson City CITY STATE ZI	P CODE
	238 Madison Street Jefferson City CITY STATE ZI Depository, etc.	P CODE
Name of Bank, I	238 Madison Street Jefferson City CITY STATE ZI Depository, etc.	P CODE
Name of Bank, I	238 Madison Street Jefferson City CITY STATE ZI Depository, etc.	P 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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1	•	cipant:			
1			FEC ID	number	С
2			FEC ID	number	C
3.			FEC ID	number	C
4.			FEC ID	number	C
-	•	zation, Affiliated Committee, Joint S FLORIDA VICTORY FUI	• .	resentative	, or Leadership PAC Spon
Mailing Addr	ress 9648	BOLIVE BLVD			
	SUI	TE 300			
	OLIV	VETTE	1	MO	63132
Relationship	:	CITY ▲		STATE A	ZIP CODE ▲
coignated Agen	L. Identify by Har		nan		
Full Name		me, address (phone number – optio	nai)		
Full Name		Line, againese (priorie maribor optio	naı)		
_		Line, againese (priorie manisor optio	naı)		
_			naı)		
_	ss L	CITY A		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

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
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
ELECT REPUBL	ICANS GEORGIA VICTORY FUND		
Mailing Address	9648 OLIVE BOULEVARD		
	SUITE 300		
	OLIVETTE	MO	63132
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identii	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY A CITY A pries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY A CITY A pries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A CITY A pries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY A CITY A pries: List all banks or other depositories in which	elephone Number	ZIP CODE A

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	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Funda		e, or Leadership PAC Spons
Mailing Address	9648 OLIVE BLVD		
	SUITE 300		<u> </u>
	OLIVETTE	MO	63132
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Represent	Leadership PAC S
	y by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership FAC Sp
esignated Agent: Identif			Leadership FAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Telepries: 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 mane of Bank, repository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: 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 mane of Bank, repository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A