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01/22/2020 18 : 26

FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only
1. NAME OF COMMITTEE (in fu	III) (Check if name Example: If typin is changed) over the lines.	ng, type 12FE4M5
Win in 2020		
ADDRESS (number and	320 First St SE	
(Check if add is changed)	dressWashingtonCITY ▲	DC 20003 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL	ADDRESS	
(Check if add is changed)		
<u> </u>	Optional Second E-Mail Address	
COMMITTEE'S WEB P. (Check if add is changed)		
2. DATE 01	/ D D / Y Y Y Y 22 2020	
3. FEC IDENTIFICA	TION NUMBER ► C C00717363	
4. IS THIS STATEME	NT X NEW (N) OR AMEN	DED (A)
I certify that I have exa	mined this Statement and to the best of my knowledge a	and belief it is true, correct and complete.
Type or Print Name of	Treasurer McDevitt, Caitlin, , ,	
Signature of Treasurer	McDevitt, Caitlin, , , [Electronical	M M / D D / Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the per- ANY CHANGE IN INFORMATION SHOULD BE RE	son signing this Statement to the penalties of 2 U.S.C. §437g. PORTED WITHIN 10 DAYS.
Office Use Only		

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F	FEC FO	m 1 (Revised 02/2009)	Page 2
	laidate	Committee:	
(a)	<u> </u>	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 Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	imittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	inected organization is
		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 part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	nittees Participating in Joint Fundraiser	
	1.	NRCC	075820
	2.	REPUBLICAN PARTY OF FLORIDA FEC ID number C C00	099259
	3.		001305
	4.	REPUBLICAN PARTY OF MINNESOTA - FEDERAL FEC ID number	001313

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Page 3

Write or Type Committee Name

Win in 2020

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

Mailing Address					
		CITY	Y	STATE	ZIP CODE
Relationship: Cor	nnected Organization	Affiliated Co	committee Joint Fu	Indraising Representative	Leadership PAC Sponsor
 Custodian of Record books and records. 	l s: Identify by name, a	ddress (phone	e number optional)	and position of the persor	n in possession of committee
Kull Name	Devitt, Caitlin, , ,				
	320 1st St SE				

Maining Madress			
	Washington		20003
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	202 479 7000

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	McDevitt, Caitlin, , ,
01 incusurer	
Mailing Address	320 1st St SE
	Washington DC 20003 -
	CITY STATE ZIP CODE
Title or Position	

Full Name of Designated Agent	JENTGENS, ROBERT, , ,
Mailing Address	320 1ST ST SE
	WASHINGTON
	CITY STATE ZIP CODE
Title or Position	RER 7000

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 AVE		
		VA 221	01
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

TITLE OR POSITION V

FEC Form 1S (Revised 02/2017)	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9	Page _5_ of 7
5(g) or (h). Joint Fundraising Participant: REPUBLICAN PARTY OF 1. REPUBLICAN FEDERAL COMMI 2. CALIFORNIA REPUBLICAN 3. NY REPUBLICAN FEDERAL C 4. NY REPUBLICAN FEDERAL C	IOWA FEC ID numb ITTEE OF PENNSYLVANIA FEC ID numb PARTY FEDERAL ACCT. FEC ID numb	er C C00044842 er C C00140590
6. Name of Any Connected Organization,	Affiliated Committee, Joint Fundraising Representation	ative, or Leadership PAC Sponsor
Mailing Address		
Relationship:	CITY ▲ STATE	
8. Designated Agent: Identify by name, add	dress (phone number – optional)	
Full Name		
Mailing Address		

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.

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Telephone Number

Name of Bank, Depository, etc.																								
Mailing Address	L																							
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FEC Form 1S (Revised 02/2017)	Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page _6_ of 7
5(g) or (h). Joint Fundraising Participant: REPUBLICAN PARTY OF 1. MICHIGAN REPUBLICAN 2. NEW JERSEY REPUBLICA 3. GEORGIA REPUBLICAN F 4. GEORGIA REPUBLICAN F	TEXAS PARTY AN STATE COMMITTEE	FEC ID number	C00143743 C00041160 C00164418 C00150672
6. Name of Any Connected Organization,	Affiliated Committee, Joint Fundrai	sing Representative, o	r Leadership PAC Sponsor
Mailing Address			
Relationship:			
Connected Organization	Affiliated Committee Joint F	undraising Representative	Leadership PAC Sponsor
8. Designated Agent: Identify by name, add	dress (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION ▼	CITY A	STATE A	ZIP CODE

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.	<u> </u>																						
Mailing Address																							
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Telephone Number

FEC Form 1S (Revised 02/2017)

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

	or (h). Joint Fundraisin	g Participant:			
			≀AL	FEC ID number	C C00005926
	2.			FEC ID number	С
	3.			FEC ID number	С
	4.			FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Comm	ittee, Joint Fund	draising Representat	ive, or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CITY .		STATE A	ZIP CODE
					ntative Leadership PAC Sponsor
	Connected	Organization Affiliated Corr	nmittee Joi	nt Fundraising Represe	
8.		Organization Affiliated Com by name, address (phone num		nt Fundraising Represe	
8.				nt Fundraising Represe	
8.	Designated Agent: Identify			nt Fundraising Represe	
8.	Designated Agent: Identify			nt Fundraising Represe	
8.	Designated Agent: Identify			nt Fundraising Represe	
8.	Designated Agent: Identify			nt Fundraising Represe	= =
8.	Designated Agent: Identify Full Name Mailing Address		ber – optional)		

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																							
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