Only

PAGE 1 / 4 =

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. Ann Roe For Congress PO Box 1075 ADDRESS (number and street) (Check if address is changed) Janesville 53547 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jason@kalikassociates.com (Check if address is changed) Optional Second E-Mail Address roearoea@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.annroeforcongress.com (Check if address is changed) DATE 2021 C00784587 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. Spellman, Cheryl, , , Type or Print Name of Treasurer Spellman, Cheryl,,, [Electronically Filed] 09 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2			
	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 can information below.)	didate			
	Name of Candidate Roe, Ann, , ,				
	Party Affiliation DEM Sought: House Senate President	State WI strict 01			
	(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 Republican, etc.)	Party			
Political Action Committee (PAC):					
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org	anization is a:			
	Corporation Corporation w/o Capital Stock Labor Organia	zation			
	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 function committee. (i.e., nonconnected committee)	d 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) 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:				
	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				
	1				

	FEC Form 1 (Revised 0	2/2009)	Page 3		
٧	Vrite or Type Committee Name				
	Ann Roe For C				
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Ann Roe Victory Fund				
	Anni Noe victory i dii	u 			
	Mailing Address	PO Box 1075			
		53547	1		
		Janesville WI 5354	47 		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso		
			-		
	Custodian of Records: Ident	ify by name, address (phone number optional) and position of the person in posso	ession of committee		
•	books and records.	opinonal, and position of the			
	Hinton, Jas	on, , ,			
	Full Name				
	Mailing Address	Kalik & Associates Inc			
	-	80 M St, SE			
		Washington DC 2000)3		
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲		
	•				
	Designated Agent	Telephone number			
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of		
	Full Name Spellman, 0	Cheryl, , ,			
	of Treasurer				
	Mailing Address	3888 Ashton Shore Lane			
		Mount Pleasant, SC. 29466 SC 2946	36		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼	-			
			316 - 3677		

FEC Form 1 (I	Revised 02/2009)		Page 4			
Full Name of Hosignated Agent	Hinton, Jason, , ,					
Mailing Address	Kalik & Associates Inc					
	80 M St					
	Washington	DC 20	905			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲			
	-	Telephone number				
Banks or Other De safety deposit boxe	epositories: List all banks or other depositories in which s or maintains funds.	n the committee deposits funds,	holds accounts, rents			
Name of Bank, Dep	Name of Bank, Depository, etc.					
Johnson Financial Group						
Mailing Address	S Main St					
	#100 					
	Janesville	WI 538	545			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
L						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			