## STATEMENT OF

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**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. Rev Up PAC 611 Pennsylvania Ave SE ADDRESS (number and street) Ste 143 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS warnock@mbacg.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2022 C00767871 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. Koob, Christopher, , , Type or Print Name of Treasurer Koob, Christopher,,, [Electronically Filed] 01 2022 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

EEA	Form 1 (Revised 02/2009)	Page <b>2</b>
	F COMMITTEE	1 aye <b>2</b>
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (	Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected 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)	gregated 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 F	undraising 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.	o or more political
(	committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FEC <b>Form 1</b> (Revis	sed 02/2009)	Page <b>3</b>
Write or Type Committee N		
Rev Up PAC		
•	ed Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
Warnock, Raphael,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	DO Day 50007	
Mailing Address	PO Box 52227	
	Atlanta GA	30355
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative	ve 🗶 Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the per	son in possession of committee
	, Christopher, , ,	
Full Name	611 Pennsylvania Ave SE	
Mailing Address	Ste 143	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
. <b>Treasurer</b> : List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; a.g., assistant treasurer).	and the name and address of
Full Name Koob, of Treasurer	Christopher, , ,	
Mailing Address	611 Pennsylvania Ave SE	
	Ste 143	
	Washington DC CITY STATE	20003 ZIP CODE
Title or Position Treasurer	Telephone number	

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Full Name of Designated Agent Fleming	g, Ryan, , ,		
Mailing Address	611 Pennsylvania Ave SE		
	Ste 143		
	Washington CITY	DC 20 STATE	ZIP CODE
Title or Position Assistant Treasurer		ephone number	
safety deposit boxes or n Name of Bank, Depositor	ry, etc.	the committee deposits funds,	, holds accounts, rents
Ama	Igamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 200	006
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	ry, etc.		
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

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h). Joint Fundraisir	ig i ai tioipairt.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	ndraising Representative	e, or Leadership PAC Spon
Warnock Victory	runa 		
Mailing Address	600 Pennsylvania Ave SE		
Mailing Address	#15845		
	Washington	, DC ,	20003
Dalatianakin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials and the companion of Bank,	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials and the companion of Bank,	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A