

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

New Nation Rising

ADDRESS (number and street) PO Box 562

(Check if address is changed)

New York NY 10030
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

finance@nnrpac.org

Optional Second E-Mail Address
info@apolloindustries.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://nnrpac.org

2. DATE 01 / 24 / 2018

3. FEC IDENTIFICATION NUMBER C C00634964

4. 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.

Type or Print Name of Treasurer Ogunnaike, Olufemi, , ,

Signature of Treasurer Ogunnaike, Olufemi, , , [Electronically Filed] Date 01 / 24 / 2018

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.

5. 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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (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 (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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 ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

New Nation Rising

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name Ogunnaike, Olufemi, , ,

Mailing Address 447 Broadway

2nd FL #105

New York

NY

10013

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 917 - 791 - 0829

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 Ogunnaike, Olufemi, , ,

Mailing Address 447 Broadway

2nd FL #105

New York

NY

10013

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 917 - 791 - 0829

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

Union Bank

[Empty grid for Union Bank name]

Mailing Address

1970 Franklin St

[Empty grid for Mailing Address line 2]

Oakland CA 94612

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

JP Morgan Chase Bank

[Empty grid for JP Morgan Chase Bank name]

Mailing Address

623 Broadway

[Empty grid for Mailing Address line 2]

New York NY 10012

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

This committee has no "Affiliated Committees and/or Connected Organizations". The committee has established a separate account which will only be used for Independent Expenditures and not for any direct or indirect contributions to federal candidates in accordance with Carey v. FEC. This account may accept unlimited contributions from individuals, corporations, unions and/or other political committees.

Form/Schedule:
Transaction ID: