FEC FORM 1		STATEMEN ORGANIZA		Of	FAGE 1 / 5
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
		PO BOX 276			
ADDRESS (number a					
(Check if a is changed		L		VA 223 STATE ▲	113 
COMMITTEE'S E-MA	AIL ADDRES	S			
(Check if a is changed		info@fireduppac.com			
	~)	Optional Second E-Mail Add	ress DM		
(Check if a is changed		www.fireduppac.com			
2. DATE 1		/ Y Y Y Y 2019			
3. FEC IDENTIFIC	CATION NUI	MBER ► C cc	0722413		
4. IS THIS STATEM	MENT	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined this	Statement and to the best	of my knowledge and belief it i	s true, correct and	complete.
Type or Print Name	of Treasurer	ROBINS, THOMAS, , ,			
Signature of Treasure	er <i>ROBIN</i>	S, THOMAS, , ,	[Electronically Filed]	Date 11	05 / Y Y Y Y 05 2019
NOTE: Submission of			nay subject the person signing th DN SHOULD BE REPORTED WI		penalties of 2 U.S.C. §437g.
Office Use Only			For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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F	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>	
TYPE	E OF C	COMMITTEE		
Can	didate	e 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 information below.)	ne candidate	
Name Cand				
Cand Party	lidate Affiliati	on Sought: House Senate President	ate	
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Cand				
Part	ty Con	nmittee:		
(d)		This committee is a       (National, State or subordinate) committee of the       (Demo Republic	cratic, ican, etc.) Party	
Poli	tical A	ction 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 Labo	r Organization	
		Membership Organization Trade Association Coop	erative	
		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.)		
Join	t Fund	Iraising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ore political	
	Com	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number		
	4.	FEC ID number		

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

## FIRED UP PAC

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

N			
	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.		
	ROBINS, T	HOMAS, , ,	
	Mailing Address	PO BOX 276	
			VA     22313       Image: Constraint of the second s
	Title or Position	CITY	STATE ZIP CODE
			Telephone number

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	ROBINS, THOMAS, , ,
Mailing Address	PO BOX 276
	ALEXANDRIA
	CITY STATE ZIP CODE
Title or Position	Telephone number

Full Name of KO Designated KO Agent	СН, ТІМОТНҮ А., , ,
Mailing Address	901 N WASHINGTON ST
	SUITE 700
	ALEXANDRIA
	CITY STATE ZIP CODE
Title or Position ASSISTANT TREASU	JRER

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	600 N WASHINGTON ST	
		VA 22314 –
	CITY	STATE ZIP CODE
Name of Bank, [	epository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.nend'

Form/Schedule: Transaction ID: