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. RIGHT TO RISE USA C/O CLARK HILL PLC, SUITE 1300 S. ADDRESS (number and street) 1001 PENNSYLVANIA AVE. NW (Check if address is changed) WASHINGTON 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@crosbyott.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) righttoriseusa.org (Check if address is changed) DATE 03 2019 C00571372 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. SPIES, CHARLES, R.,, Type or Print Name of Treasurer SPIES, CHARLES, R.,, [Electronically Filed] 04 03 2019 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

Local 202-694-1100

FEC For	rm 1 (Revised 02/2009)	Page <b>2</b>	
TYPE OF C	OMMITTEE c 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 Candidate			
Candidate Party Affiliation	Office Sought: House Senate President	State	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Con	nmittee:  (National, State	(Democratic,	
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party	
Political A	ction Committee (PAC):		
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected			
	Corporation W/o Capital Stock	Labor Organization	
	Membership Organization Trade Association	Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.		
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated 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 Fund	Iraising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo 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 committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political	
Com	mittees Participating in Joint Fundraiser		
	The state of the s		
1.	FEC ID number C		
1. 2.	FEC ID number C		

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name	e	
RIGHT TO RIS	E USA	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	hip PAC Sponsor
NONE		 
1		<u>.                                    </u>
Mailing Address		
	CITY STATE	ZIP CODE
_		
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
<ul> <li>Custodian of Records: Ider books and records.</li> </ul>	ntify by name, address (phone number optional) and position of the person in pos	session of committee
	HARLES, R., ,	1
Full Name	,C/O CLARK HILL PLC, SUITE 1300 S.	
Mailing Address	1001 PENNSYLVANIA AVE. NW	
	WASHINGTON , DC , 20004	
	WASHINGTON	
Title or Position	CITY STATE	ZIP CODE
TREASURER		772
3. <b>Treasurer:</b> List the name an any designated agent (e.g., a	nd address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	me and address of
Full Name SPIES, CF of Treasurer	HARLES, R., ,	
Mailing Address	C/O CLARK HILL PLC, SUITE 1300 S.	
-	1001 PENNSYLVANIA AVE. NW	
	WASHINGTON DC   20004	-
Title or Position	CITY STATE	ZIP CODE
Title or Position TREASURER	Telephone number	772 0909

FEC Form	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		- 1
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
Mailing Address	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 22101	
	CITY STATE	ZIP CODE
Name of Bank,		
Mailing Address		