

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

Republicans Inspiring Success & Empowerment Project (RISE PROJECT)

ADDRESS (number and street) PO Box 2485

(Check if address is changed)

Springfield VA 22152

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) RISEPROJECT@concentricoffice.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 09 / 19 / 2018

3. FEC IDENTIFICATION NUMBER ▶ C C00567677

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 Carlin, Robert F., , ,

Signature of Treasurer Carlin, Robert F., , , *[Electronically Filed]* Date 09 / 19 / 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.	YOUNG KIM FOR CONGRESS	FEC ID number	C	C00665638
2.	DIANE HARKEY FOR CONGRESS	FEC ID number	C	C00665513
3.	KATIE ARRINGTON FOR CONGRESS	FEC ID number	C	C00653204
4.	LENA FOR CONGRESS	FEC ID number	C	C00641498

Write or Type Committee Name

Republicans Inspiring Success & Empowerment Project (RISE PROJECT)

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 Carlin, Sue, , ,

Mailing Address 8136 Old Keene Mill Road

Suite A300

Springfield VA 22152

Title or Position CITY STATE ZIP CODE

Asst. Treasurer Telephone number 703 - 569 - 9481

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 Carlin, Robert F., , ,

Mailing Address PO Box 2485

Springfield VA 22152

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 703 - 569 - 9481

Full Name of Designated Agent

[Grid line]

Mailing Address

[Grid line]

[Grid line]

[Grid line]

CITY

STATE

ZIP CODE

Title or Position

[Grid line]

Telephone number

[Grid line]

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.

BB&T

[Grid line]

Mailing Address

1909 K Street, NW

[Grid line]

[Grid line]

Washington

[Grid line]

DC

[Grid line]

20003

[Grid line]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid line]

Mailing Address

[Grid line]

[Grid line]

[Grid line]

[Grid line]

[Grid line]

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 :

Young Kim for Congress, C00665638; Diane Harkey for Congress, C00665513; Katie Arrington for Congress, C00653204; Lena for Congress, C00641498; Yvette4Congress, C00655571; Carol for Congress, C00653220; Kimberlin Brown Pelzer for Congress, C00657676; Amie Hoeber For Congress, C00582296; Glisson for Congress, C00668699; Elizabeth Heng for Congress, C00670257; Lea Marquez Peterson for Congress, C00663054; Maria Elvira Salazar for Congress, C00671859; Debbie Lesko for Congress, C00663914

Form/Schedule: F1A
Transaction ID:

Congresswoman Cathy McMorris Rodgers will serve as an honorary chair of this JFC, but that no benefit, direct or in kind, will be provided to her or to Cathy McMorris Rodgers for Congress arising out of this JFC.

Optional Supplemental Information
for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). **Joint Fundraising Participant:**

- 1. YVETTE4CONGRESS
- 2. CAROL FOR CONGRESS
- 3. KIMBERLIN BROWN PELZER FOR CONGRESS
- 4. AMIE HOEBER FOR CONGRESS

FEC ID number	C	C00655571
FEC ID number	C	C00653220
FEC ID number	C	C00657676
FEC ID number	C	C00582296

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

Mailing Address _____

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____
Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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. _____
Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).

Joint Fundraising Participant:

1.	GLISSON FOR CONGRESS	FEC ID number	C00668699
2.	ELIZABETH HENG FOR CONGRESS	FEC ID number	C00670257
3.	LEA MARQUEZ PETERSON FOR CONGRESS	FEC ID number	C00663054
4.	MARIA ELVIRA SALAZAR FOR CONGRESS	FEC ID number	C00671859

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

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

Mailing Address

Relationship: CITY STATE ZIP CODE

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name, Mailing Address, TITLE OR POSITION, CITY, STATE, ZIP CODE, 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., Mailing Address, CITY, STATE, ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).

Joint Fundraising Participant:

- 1. DEBBIE LESKO FOR CONGRESS
2.
3.
4.

FEC ID number C C00663914
FEC ID number C
FEC ID number C
FEC ID number C

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

Name of organization input fields

Mailing Address input fields

Relationship: CITY STATE ZIP CODE
Connected Organization
Affiliated Committee
Joint Fundraising Representative
Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name
Mailing Address
TITLE OR POSITION CITY STATE ZIP CODE
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.
Mailing Address
CITY STATE ZIP CODE