Only

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. Rise Up With Robby 550 Northridge Parkway ADDRESS (number and street) Apt 3401 (Check if address is changed) Sandy Springs 30350 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS robby@riseupwithrobby.com (Check if address is changed) Optional Second E-Mail Address robbywells2020@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) riseupwithrobby.com (Check if address is changed) DATE 2018 C00678953 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. Lyles, Aaron, Blake, Mr., Type or Print Name of Treasurer Lyles, Aaron, Blake, Mr., [Electronically Filed] 05 17 2018 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

	FF0 -	4 (Paris al 00/000)	
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cor information below.)	mplete the candidate
Nam Can	e of didate	Wells, Robert, Carr, Mr., Jr.	
	didate y Affiliati	on DEM Office Sought: House Senate Y President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 scommittee. (i.e., nonconnected committee)	segregated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam		
Rise Up With R	Robby	
·	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
Maining Address		
		, , - , , ,
	CITY STATE	ZIP CODE
Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	oossession of committee
	ron, Blake, Mr.,	
Full Name	550 Northridge Pkwy	
Mailing Address	Apt. 3401	
	Sandy Springs GA 30350	
Title or Position	CITY STATE	ZIP CODE
Campaign Director		312 - 8432
 Treasurer: List the name ar any designated agent (e.g., 	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Lyles, Aal of Treasurer	ron, Blake, Mr.,	
Mailing Address	550 Northridge Pkwy	
	Apt. 3401	
	Sandy Springs CITY STATE	ZIP CODE
Title or Position Campaign Director		312 - 8432

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Full Name of Designated		
Agent		
Mailing Address	s <u> </u>	
	CITY STATE	ZIP CODE
Title or Position	1	
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, boxes or maintains funds.	
safety deposit t Name of Bank,	boxes or maintains funds. Depository, etc. Fifth Third Bank 10400 Mallard Creek Rd.	
safety deposit b	boxes or maintains funds. Depository, etc. Fifth Third Bank 10400 Mallard Creek Rd.	
safety deposit t Name of Bank,	boxes or maintains funds. Depository, etc. Fifth Third Bank 10400 Mallard Creek Rd.	62
safety deposit t Name of Bank,	boxes or maintains funds. Depository, etc. Fifth Third Bank 10400 Mallard Creek Rd.	52 ZIP CODE
safety deposit to Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Fifth Third Bank 10400 Mallard Creek Rd. Charlotte NC 2826	
safety deposit to Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Fifth Third Bank 10400 Mallard Creek Rd. Charlotte CITY STATE	
safety deposit to Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Fifth Third Bank 10400 Mallard Creek Rd. Charlotte CITY STATE	
safety deposit to Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Fifth Third Bank 10400 Mallard Creek Rd. Charlotte Clary STATE Depository, etc.	
safety deposit It Name of Bank, Mailing Address Name of Bank,	boxes or maintains funds. Depository, etc. Fifth Third Bank 10400 Mallard Creek Rd. Charlotte Clary STATE Depository, etc.	
safety deposit It Name of Bank, Mailing Address Name of Bank,	boxes or maintains funds. Depository, etc. Fifth Third Bank 10400 Mallard Creek Rd. Charlotte Clary STATE Depository, etc.	