FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		IIZATION tructions)	
1. NAME OF	(Check if nar	ne Example: If typying, type	Office use only 12FE4M5
COMMITTEE (in	full) is changed)	over the lines	12FE4IVIS
Renewing Op	portunity, Trust and Hope P	AC (ROTHPAC)	
ADDRESS (number and	street) 209 Pennsylvan	ia Avenue Southeast	
(Check if add	ress		
is changed)	Washington		DC 20003 - 111
COMMITTEE E MA	II ADDDECC	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA ROTH.Politica	ilActionCommittee@gmail.c	om	1
	1 1 1 1 1 1 1 1 1 7 1 1		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX I 202-454-5297	NUMBER		
2. DATE 0.1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	ATION NUMBER	C C00395871	
4. IS THIS STATEM	MENT X NEW (N)	OR AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of I	my knowledge and belief it is true, correc	ct and complete
Type or Print Name of	Treasurer Ms. Carrie I	Bromeland	
Signature of Treasure	r Electronically Filed by Ms. (Carrie Bromeland	Date 01 / 29 / YYYYY
NOTE: Submission of fa	·	on may subject the person signing this DRMATION SHOULD BE REPORTE	Statement to the penalties of 2 U.S.C. S437g. ED WITHIN 10 DAYS
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95	mission FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)	
	(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 cainformation below.)	andidate
	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	
		mocratic, publican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party
6.	Name of Any Connected Organization or Affiliated Committee	
1	None	ı
<u> </u>		
L		
	Mailing Address	
	CITY▲ STATE▲ Z	ZIP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	n
	Membership Organization Trade Association Cooperative	

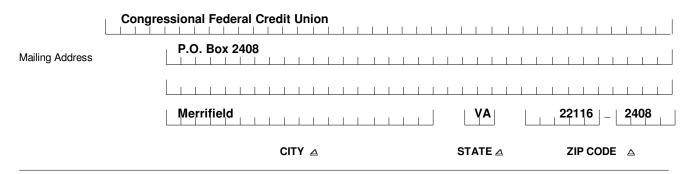
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Write or Type Committee	ee Name				
Renewing Oppo	ortunity, Trust and Hope PAC (RC)THPAC)			
	rds: Identify by name, address, (pmmittee books and records.	hone number op	ptional), and position of t	he person in	
Full Name	Ms. Carrie Bromeland				
Mailing Address	209 Pennsy	209 Pennsylvania Avenue SE			
	Washington	<u> </u>	DC	20003 _	
Title or Position ♥	CIT	YA	STATE	ZIP CODE A	
Tre	easurer	Te	202 elephone number	454 5279 	
	ne name and address (phone numb ss of any designated agent (e.g., as			ittee; and the	
Full Name of Treasurer	Ms. Carrie Bromeland				
Mailing Address	209 Pennsy	Ivania Avenue SE	<u> </u>		
	Washington	I	DC	20003	
Title or Position ♥	CIT	Y A	STATE	ZIP CODE A	
Tre	easurer	Тє	elephone number 202	454 5279	
Full Name of Designated Agent					
Mailing Address					
				_	
Title or Position ♥	CIT	Y 🛦	STATE A	ZIP CODE A	
		Τ ₂	elephone number		

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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.



Image# 27930089143

Image# 279300	39143
Form/Schedule: F1N Transaction ID:	This is an amended Statement of Organization for ROTH PAC that includes the Committee's Email Address.
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