2006 DEC 19 A 9:22

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

RESTORE AMERICA PAC INC

ADDRESS (number and street) P. O. BOX 12526

(Check if address is changed)

SHAWNEE MISSION KS 66222-2526

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S MAIL ADDRESS

TC@KSCPA.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

___-___-___

2. DATE 12 14 2006

3. FEC IDENTIFICATION NUMBER ▶ C00344333

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 T.C. ANDERSON

Signature of Treasurer T.C. Anderson Date 12 14 2006

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 Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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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 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

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund.

(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

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: T. C. ANDERSON

Mailing Address: 2436 SW CAMELOT PL

TOPEKA | KS | 66614-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 785-272-5850

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: T. C. ANDERSON

Mailing Address: 2436 SW CAMELOT PL.

TOPEKA | KS | 66614-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 785-272-5850

Full Name of Designated Agent: T. C. ANDERSON

Mailing Address: 2436 SW CAMELOT PL

TOPEKA | KS | 66614-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 785-272-5850

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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.

COMMERCE BANK & TRUST

Mailing Address 8035 S. TOPEKA BLVD

TOPEKA KS 66611-2107

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

ACCESS NATIONAL BANK

Mailing Address 11400 LEE JACKSON MEMORIAL HY

CHANTILLY VA 20151-

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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(3/2005)

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