December 1, 2011

VIA HAND DELIVERY

Federal Election Commission
999 E Street, NW
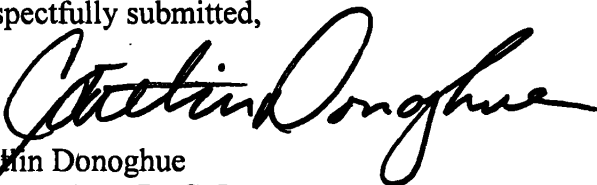Washington, DC 20463

      **Re: Statement of Organization (FEC Form 1) for "Restore Trust PAC" an
      Independent Expenditure-Only PAC**

To Whom It May Concern:

Enclosed, please find the Statement of Organization (FEC Form 1) for "Restore Trust PAC."

Restore Trust PAC intends to make unlimited independent expenditures. Consistent with the
U.S. Supreme Court's decision in *Citizens United*, the U.S. Court of Appeals for the District of
Columbia Circuit's decision in *SpeechNow*, and the Commission's 2010-09 and 2010-11
Advisory Opinions, it therefore intends to raise individual, corporate, and labor funds in
unlimited amounts. Restore Trust PAC will not use those funds to make contributions, whether
direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Caitlin Donoghue
Restore Trust PAC, Inc.

Enclosure: Restore Trust PAC Statement of Organization

FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. `12FE4M5`

Restore Trust PAC, Inc.

ADDRESS (number and street)   P.O. Box 3585

☐ (Check if address is changed)

Washington   DC   20027 -

CITY   STATE   ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)   RestoreTrustPAC@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)   www.restoretrustPAC.com

2. DATE   12 / 01 / 2011

3. FEC IDENTIFICATION NUMBER   C

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   Caitlin Donoghue

Signature of Treasurer   _Caitlin Donoghue_   Date   12 / 01 / 2011

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 02/2009)

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. [   ] FEC ID number [C   ]

2. [   ] FEC ID number [C   ]

3. [   ] FEC ID number [C   ]

4. [   ] FEC ID number [C   ]

Write or Type Committee Name

Restore Trust PAC, Inc.

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

| F | e | e | l | | T | h | e | | H | e | a | t | | P | A | C | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mailing Address

| P | . | O | . | | B | o | x | | 3 | 5 | 8 | 5 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| W | a | s | h | i | n | g | t | o | n | | | | | | | | | | | | | D | C | | 2 | 0 | 0 | 2 | 7 | - | | | | | |

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

| C | a | i | t | l | i | n | | D | o | n | o | g | h | u | e | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mailing Address

| P | . | O | . | | B | o | x | | 3 | 5 | 8 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| W | a | s | h | i | n | g | t | o | n | | | | | | | | | | | | D | C | | 2 | 0 | 0 | 2 | 7 | - | | | | | |

Title or Position   CITY   STATE   ZIP CODE

| T | r | e | a | s | u | r | e | r | | | | | | | | | | | | | | Telephone number | 2 | 0 | 2 | - | 2 | 4 | 3 | - | 7 | 5 | 2 | 2 |

---

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

| C | a | i | t | l | i | n | | D | o | n | o | g | h | u | e | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mailing Address

| P | . | O | . | | B | o | x | | 3 | 5 | 8 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| W | a | s | h | i | n | g | t | o | n | | | | | | | | | | | | D | C | | 2 | 0 | 0 | 2 | 7 | - | | | | | |

CITY   STATE   ZIP CODE

Title or Position

| T | r | e | a | s | u | r | e | r | | | | | | | | | | | | | | Telephone number | 2 | 0 | 2 | - | 2 | 4 | 3 | - | 7 | 5 | 2 | 2 |

Full Name of
Designated
Agent |⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐|

Mailing Address |⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐|

|⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐|

|⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐| |⌐⌐| |⌐⌐⌐⌐⌐|–|⌐⌐⌐⌐|

| CITY | STATE | ZIP CODE |

Title or Position

|⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐| 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.

|Bank of America|

Mailing Address |600 North Washington Street|

|⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐|

|Alexandria| |VA| |22134|–|⌐⌐⌐⌐|

| CITY | STATE | ZIP CODE |

Name of Bank, Depository, etc.

|⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐|

Mailing Address |⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐|

|⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐|

|⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐⌐| |⌐⌐| |⌐⌐⌐⌐⌐|–|⌐⌐⌐⌐|

| CITY | STATE | ZIP CODE |