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FEC MAIL CENTER

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, eorporate, and labor funds in unlimited amounts. Restore Trust PAC will not use those funds to make contributions, whether direct, in-kind, or via coordinated eommunications, to federal candidates or committees.

Respectfully submitted,

Cairlin Donoghue

Restore Trust PAC, Inc.

Enclosure: Restore Trust PAC Statement of Organization

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

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NAME OF     COMMITTEE (in full)		(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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ADDRESS (number and street)	[P	O <sub>1    </sub> B <sub>1</sub> O <sub>1</sub> X <sub>1</sub>	3,5,8,5,,,,,,		
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is changed)	W a	$s_i h_i i_i n_i g_i t_i o$	<u>n</u>	DC	2 0 0 2 7 -
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	S (Plea	se provide only one e	-mail address)		
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is changed)	لــــا			1 1 1 1 1	
COMMITTEE'S WEB PAGE ADD	RESS (	URL)			
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is changed)	لللا		<del>                                      </del>		
2. DATE 12 '01	17 25 -	011			
3. FEC IDENTIFICATION NU	MBER	C			
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)		
I certify that I have examined thi	s Stater	ment and to the best	of my knowledge and belief i	t is true, correct	and complete.
Type or Print Name of Treasurer	Cait	lin Donoghue			
Signature of Treasurer	Bu	tu Vo	rophue	Date 12	01 2011
NOTE: Submission of false, erroned			may subject the person signing ON SHOULD BE REPORTED V		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information (Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

ı	FEC Fo	rm 1 (Revised 02/2009) Page 2
TYPE	E OF C	ОММІТТЕЕ
Can	didate	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 Cand	e of lidate	
	lidate Affiliation	Office State Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Pari	y Con	nmittee:
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.
Poli	tical A	ction 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.
<b>(f)</b>	$\checkmark$	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 Lebbyisi/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 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.
	Com	mittees Participating in Joint Fundraiser
		I
	1.	
	2.	FEC ID number C
	3.	FEC ID number
	4.	

FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name	•	
Restore Trust PAC, Inc.		
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundralsing Representative,	or Leadership PAC Sponsor
	a  t    P  A  C	
Mailing Address	P.O. Box 3585	
	W a s h i n g t o n         DiC           CITY         STATE	2 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 2 <sub>1</sub> 7 ~
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representation	tive Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ol>	ify by name, address (phone number optional) and position of the pe	erson in possession of committee
Full Name C <sub>i</sub> a <sub>i</sub> i	, I, i, n, <sub> </sub> D, o, n, o, g, h, u, e, , , , , , , , , , , ,	
Mailing Address	$\left[\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	$[W a_i s_i h_i i_i n_i g_i t_i o_i n_i] \qquad [D_i C]$	2,0,0,2,7]-
Title or Position	CITY STATE	ZIP CODE
T <sub>1</sub> r <sub>1</sub> e <sub>1</sub> a <sub>1</sub> s <sub>1</sub> u <sub>1</sub> r <sub>1</sub> e <sub>1</sub> r <sub>1</sub>	Telephone number	0,2 -[2,4,3]-[7,5,2,2]
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; ssistant treasurer).	and the name and address of
Full Name of Treasurer C <sub>1</sub> a <sub>1</sub> i <sub>1</sub> t	ılıiını ;D,oınıoıgıhıuıeı , , , , , , , , , , , , ,	
Mailing Address	P, O, B, o, x, 3, 5, 8, 5,	
	W a s h i n g t o n D C STATE	2 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 2 <sub>1</sub> 7
Title or Position		0,2]- 2,4,3]- 7,5,2,2
$T_1 r_1 e_1 a_1 s_1 u_1 r_1 e_1 r_1$	Telephone number	A151 - [51515] - [11515]

FEC Form	1 (Revised 02/2009)	Page 4
***************************************		
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	J-L
Banks or Other D	Depositories: List all banks or other depositories in which the committee deposits fund es or maintains funds.	s, holds accounts, rents
Name of Bank, De	epository, etc.  B <sub>I</sub> ,a <sub>I</sub> ,n <sub>I</sub> ,k <sub>I</sub> , o <sub>I</sub> , f <sub>I</sub> , A <sub>I</sub> m <sub>I</sub> ,e <sub>I</sub> ,r <sub>I</sub> ,i <sub>I</sub> ,c <sub>I</sub> ,a <sub>I</sub> , I,	
Name of Bank, De	epository, etc.  B <sub>i</sub> a <sub>i</sub> n <sub>i</sub> k <sub>i i</sub> o <sub>i</sub> f <sub>i i</sub> A <sub>i</sub> m <sub>i</sub> e <sub>i</sub> r <sub>i</sub> i c <sub>i</sub> a <sub>i i i</sub> i i i i i i i i i i i i i i i i	e <sub>1</sub> e <sub>1</sub> t, , , , , , , ,
Name of Bank, De	epository, etc.  B <sub>1</sub> a <sub>1</sub> n <sub>1</sub> k <sub>1</sub> , o <sub>1</sub> f <sub>1</sub> , A <sub>1</sub> m <sub>1</sub> e <sub>1</sub> r <sub>1</sub> i <sub>1</sub> c <sub>1</sub> a <sub>1</sub> ,	2 <sub>1</sub> 2 <sub>1</sub> 1 <sub>1</sub> 3 <sub>1</sub> 4]-
Name of Bank, De	epository, etc.  B <sub>1</sub> a <sub>1</sub> n <sub>1</sub> k <sub>1</sub> , o <sub>1</sub> f <sub>1</sub> , A <sub>1</sub> m <sub>1</sub> e <sub>1</sub> r <sub>1</sub> i <sub>1</sub> c <sub>1</sub> a <sub>1</sub> ,	
Name of Bank, De	epository, etc.  B <sub>1</sub> , a <sub>1</sub> , n <sub>1</sub> , k <sub>1</sub> , o <sub>1</sub> , f <sub>1</sub> , A <sub>1</sub> , m <sub>1</sub> , e <sub>1</sub> , r <sub>1</sub> , i <sub>1</sub> , c <sub>1</sub> , a <sub>1</sub> ,,,,,,,, .	2 <sub>1</sub> 2 <sub>1</sub> 1 <sub>1</sub> 3 <sub>1</sub> 4 ] - [
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Name of Bank, De	Pository, etc.  B <sub>1</sub> a <sub>1</sub> n <sub>1</sub> k <sub>1</sub>   o <sub>1</sub> f <sub>1</sub>   A <sub>1</sub> m <sub>1</sub> e <sub>1</sub> r <sub>1</sub> i <sub>1</sub> c <sub>1</sub> a <sub>1</sub>	2 <sub>1</sub> 2 <sub>1</sub> 1 <sub>1</sub> 3 <sub>1</sub> 4 ] - [

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DATE PREPARED

(3/2005)