

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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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 2275

(Check if address is changed) TOPEKA KS 66601-2275

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS TCTLIACCPX.NET

COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.RESTOREAMERICAPAC.COM

COMMITTEE'S FAX NUMBER

2. DATE 12/30/2007

3. FEC IDENTIFICATION NUMBER C00344333

4. IS THIS STATEMENT NEW (N) OR X 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 [Signature] Date 12/30/2007

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.

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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) 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

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Write or Type Committee Name

RESTORE AMERICA PAC, INC.

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 PLACE

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 PLACE

TOPEKA KS 66614

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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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.

CORE FIRST BANK & TRUST

Mailing Address

3035 SW TOPEKA BLVD

TOPEKA KS 66611-2122

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

ACCESS NATIONAL BANK

Mailing Address

11400 B LEE JACKSON MEMORIAL HIGHWAY

CHANTILLY VA 20151

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

WACHOVIA BANK

Mailing Address

100 N MAIN ST

WINSTON-SALEM NC 27150

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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USPS First Class Mail Postmarked
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Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 1/10/08
PREPARER **DATE PREPARED**

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