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2008 JAN 25 AM 9: 24

Renewable Energy Systems Americas Inc.

9050 Capital of Texas Hwy North
Suite 390
Austin, TX 78759
USA

Tel: + 512 708 1538
Fax: + 512 708 1757
Email: info@res-us.com

January 24, 2008

VIA OVERNIGHT DELIVERY

Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

Re: Renewable Energy Systems Americas Inc. PAC
Amended PAC Statement of Organization "RESPAC"

To Whom It May Concern:

Enclosed please find the completed FEC Form 1 for Statement of Organization amendment regarding the subject PAC. Please process this form and send any further information to my attention.

If you need to contact me, please call 512-617-3539.

Kind regards,

Chris Morrison
RESPAC Legal Advisor

Encl.

28039600676

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]

Renewable Energy Systems Americas Inc PAC RES.PAC

ADDRESS (number and street) 9050 Capital of Texas Hwy North Suite 390 Austin TX 78759-1728

COMMITTEE'S E-MAIL ADDRESS chris.calavitta@res-americas.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 512-708-1757

2. DATE 01/17/2008

3. FEC IDENTIFICATION NUMBER C00434192

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 Chris Calavitta

Signature of Treasurer Chris Calavitta Date 01/24/2008

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

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
- (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 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 _____
5. _____ FEC ID number C _____

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

Chris Michael Calavitta

Mailing Address

9050 Capital of Texas Hwy North
Suite 390

Austin

TX

78759-7288

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

512-617-5564

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

Chris Michael Calavitta

Mailing Address

9050 Capital of Texas Hwy North
Suite 390

Austin

TX

78759-7288

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

512-617-5564

28039600679

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

28039600680

Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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Other (Specify): Date of Receipt or Postmarked

ER *1/25/08*
 PREPARER DATE PREPARED

280399600661