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(Revised 1/2001)

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL RECLAIM AMERICA PAC			
(b) Number and Street Address			
228 S WASHINGTON ST STE 115			2. FEC IDENTIFICATION NUMBER C00500025
(c) City, State and ZIP Code	VA	22314	3. TYPE OF COMMITTEE (check one) STATE PARTY OTHER

I certify that **one** of the following situations is correct (complete line 4 *or* 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on ______ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number:

5. STATUS BY QUALIFICATION:

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/D	istrict	Date
(i)	JOSH MANDEL	Senate	ОН	00	03/13/2012
(ii)	SCOTT P BROWN	Senate	MA	00	03/31/2012
(iii)	RICHARD E MOURDOCK	Senate	IN	00	05/09/2012
(iv)	DEAN HELLER	Senate	NV	00	06/29/2012
(v)	DEBRA S FISCHER	Senate	NE	00	06/29/2012

(b) **Contributors:** The committee received a contribution from its 51st contributor on: <u>09/14/2011</u>.

Local 202-694-1100

- (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: _______.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
		SIGNATURE OF TREASURER	[Electronically Filed]	DATE					
Lisa Lisker			Lisa Lisker		06/29/2012				
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.									
			For further information contact: Federal Election Commission, Washingt Toll-free 800-424-9530	ton, DC 20463	EC FORM 1M				