PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Restoring Prosperity Fund 7660 Fay Ave. Suite 314 ADDRESS (number and street) (Check if address is changed) La Jolla 92037 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS maryz@mary-z.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) TheRestoringProsperityFund.com (Check if address is changed) DATE 2014 C00498261 FEC IDENTIFICATION NUMBER > 3. X 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. Mary E Azevedo Type or Print Name of Treasurer Mary E Azevedo [Electronically Filed] 07 2014 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	i aye Z				
Can	ndidate	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.)					
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(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 con-	nnected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or 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.)					
Join	t Fund	Iraising 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Name		
Restoring Prosp	erity Fund	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
5.00 to 17. 00 to 1		I I' DAGG
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponso
books and records.	ify by name, address (phone number optional) and position of the person in po	ssession of committee
Mary E Aze	:veao 	
Mailing Address	P.O. Box 448	
	Oceanside CA 92049	1-1
Title or Position	CITY STATE	ZIP CODE
Treasurer	760 Telephone number	439 5979
	relephone number	
3. Treasurer: List the name and	address (phone number optional) of the treasurer of the committee; and the na	ame and address of
any designated agent (e.g., as	ssistant treasurer).	
Full Name Mary E Aze of Treasurer	vedo	
Mailing Address	P.O. Box 448	
	<u> </u>	
	Oceanside	1 1
	Oceanside CA 92049	1 1 1-1 1 1 1
Title or Position	CITY STATE	ZIP CODE

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Full Name of Designated Ro	obert Schuman						
Mailing Address	7660 Fay Ave. Suite 314						
	La Jolla CITY	CA STATE	92037 ZIP CODE				
Title or Position Campaign Manager	r	phone number 858	_ 483 4300				
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. Union Bank							
Mailing Address	840 South Coast Hwy						
J							
	Oceanside	CA S	92054				
	CITY	STATE	ZIP CODE				
Name of Bank, Depo	ository, etc.						
L							
Mailing Address							
	CITY						