FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
ADDRESS (number and street	4850 Wright Road Suite 168	
(Check if address is changed)		TX 77477
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADD (Check if address is changed)	RESS (Please provide only one e-mail address) maureen@motislaw.com	
COMMITTEE'S WEB PAGE (Check if address is changed)	restoreamericasvoicepac.com	
2. DATE 10	17 Y Y Y Y 17 2011	
3. FEC IDENTIFICATION	NUMBER C C00489807	
4. IS THIS STATEMENT	X NEW (N) OR AMENDED (A)	
I certify that I have examine	d this Statement and to the best of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treas	urer Maureen E Otis	
Signature of Treasurer	ureen E Otis [Electronically Filed]	Date 10 / 20 / YEYEY
NOTE: Submission of false, er	roneous, or incomplete information may subject the person signing t ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information cc Federal Election Commissis Toll Free 800-424-9530 Local 202-694-1100	

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F	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	E OF C	OMMITTEE	
Can	ndidate	e 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. (Comp information below.)	lete the candidate
Name Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Parl	ty Con	nmittee:	
(d)			Democratic, Republican, etc.) Par
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	Х	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or par
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## RESTORE AMERICA'S VOICE PAC

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

NONE										
Mailing Address										
	CITY	STATE	ZIP CODE							
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor										

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Maureen E	Otis
Full Name	
	4850 Wright Road, Suite 168
Mailing Address	
	Stafford         TX         77477
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number     281     242     9800

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	Maureen E Otis
Mailing Address	4850 Wright Road, Suite 168
	Stafford         TX         77477
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number     281     242     9800

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			 																							1					
Mailing Address																															
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						СП	ΓY											STA	ΤE						ZIF	Р С	OD	Е			
Title or Position																															
													Tele	eph	ione	e ni	umt	ber				<u> </u>	] –				_				

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.

Capital	One Bank		
Mailing Address	5718 Westheimer		
			77057
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	tc.		
Mailing Address			
	CITY	STATE	ZIP CODE