



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-1

April 11, 2007

Thomas L. Severance, Treasurer  
Restore Miracosta PAC  
1653 Magnolia Circle  
Vista, CA 92081-4550

**Response Due Date:**  
**May 11, 2007**

Identification Number: C00433292

Reference: Statement of Organization, received 3/26/07

Dear Mr. Severance:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** An itemization of the information needed follows:

-Line 5(e) indicates that your committee is a separate segregated fund. A separate segregated fund is a political committee established, financed, maintained or controlled by a corporation, labor organization, membership organization, cooperative or trade association.

If your committee is a separate segregated fund, then an amended Statement of Organization should be submitted which identifies the connected organization (11 CFR §102.2(a)(1)(ii)) and the type of connected organization. Moreover, in accordance with 2 U.S.C. §432(e)(5), the name of any separate segregated fund is required to include the name of its connected organization. This includes any abbreviation within its title.

If your committee is not a separate segregated fund, then an amended Statement of Organization should be submitted, which indicates the appropriate type of committee. 11 CFR §102.2(a)(1)(i)

**Please note, you will not receive an additional notice from the Commission on this matter.** Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an

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Amended  
to check  
Box 5(f)

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FEC MAIL CENTER  
2007 APR 27 AM 8:24

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

RESTORE MIRACOSTA PAC

ADDRESS (number and street) C/O THOMAS L SEVERANCE

(Check if address is changed)

1653 MAGNOLIA CIRCLE

VISTA CA 92081-4550

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
restoremiracosta@cox.net

COMMITTEE'S WEB PAGE ADDRESS (URL)  
www.severance.com/restoremiracosta

COMMITTEE'S FAX NUMBER  
760-295-6821

2. DATE 04 17 2007

3. FEC IDENTIFICATION NUMBER C00433292

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 THOMAS L SEVERANCE

Signature of Treasurer [Signature] Date 04 17 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.

Office Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 02/2003)

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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
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- (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

NONE \_\_\_\_\_

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 MIRACOSTA PAC

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 THOMAS L SEVERANCE

Mailing Address 1653 MAGNOLIA CIRCLE  
VISTA CA 92081-4550

Title or Position Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
TREASURER Telephone number 760-295-6820

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 THOMAS L SEVERANCE

Mailing Address 1653 MAGNOLIA CIRCLE  
VISTA CA 92081-4550

Title or Position Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
TREASURER Telephone number 760-295-6820

Full Name of Designated Agent GAIL PRENTISS

Mailing Address 1122 YORK DRIVE  
VISTA CA 92084-7250

Title or Position Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
ASSISTANT TREASURER Telephone number 760-726-1129

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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.

U.S. BANK

Mailing Address

640 HACIENDA DRIVE

VISTA

CA

92081-6539

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 4/21/07  
**PREPARER** **DATE PREPARED**

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