| FEC FORM 1 | STATEMENT OF ORGANIZATION (See instructions) | RECEIVED 2011 SEP 15 AM 8:44 FEGUMAIL CENTER |
|--|--|--|
| 1. NAME OF COMMITTEE (in 1 | ull) (Check if name Example: If typying, type is changed) over the lines | 12FE4M5 |
| Conservatives | Restoring Excellence | |
| ADDRESS (number and s | PO Box 98629 treet) | |
| (Check if address is changed) | Raleigh | |
| | CITY | STATE ZIP CODE |
| COMMITTEE'S E-MAI | L ADDRESS (Please provide only one e-mail address) | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | |
| (Check if address is changed) | <u> </u> | |
| 2. DATE M M 09 | | ν. |
| FEC IDENTIFICA IS THIS STATEM | hand have a set of a set of the s | H () |
| I certify that I have exami Type or Print Name of | ned this Statement and to the best of my knowledge and belief it is true, correct an TreasurerCollin McMichael | d complete |
| Signature of Treasure | le hul | Date 09 / 06 / 2011 |
| NOTE: Submission of fal | e, erroneous, or incomplete information may subject the person signing this Stater ANY CHANGE IN INFORMATION SHOULD BE REPORTED V | |
| Office Use Only | For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100 | |

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FEC Form 1 (Revised 02/2009)

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|----------------------|---|---|--|--|
| 5. | | DMMITTEE (Check One) | | |
| 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 Affiliat | ion Office House Senate President District | | |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | |
| | Name of Candidate | | | |
| | Party Com | | | |
| | (d) | This committee is a (National, State (Democratic, Republican, etc.) Party. | | |
| | Political Ac | tion 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 | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | |
| | (1) | 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 Lobbyist/Registrant PAC. | | |
| | | X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | |
| | Joint Fundra | alsing Representative: | | |
| | (9) | 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. | | |
| | Corr | mittees Participating in Joint Fundraiser | | |
| | | 1. FEC ID number | | |
| | | 2. FEC ID number | | |
| | | 3. FEC ID number | | |
| | | 4. FEC ID number | | |

Write or Type Committee Name

11030662600

Conservatives Restoring Excellence

| Renee Jacisin Ellr | mers | aising Representative, or Leadership PAC Sponso | • |
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| Mailing Address | 122 Kingsway Dr | | |
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| | | | |
| | CITY& | STATE 🛦 ZIP CODE 🛦 | |
| Relationship: | ation Affiliated Committee Joint F | Fundraising Representative | onsor |
| possession of Commit | Identify by name, address, (phone number ttee books and records. Ilin McMichael | optional), and position of the person in | |
| Full Name | | ┸╌┨╼╬╴╫╼╢╴┠╶┉╎╴╿╴┠╺╢╸┼╶┧╼╿╴╫ | |
| Mailing Address | PO Box 97275 | | |
| | Raleigh | <u>NC</u> 27624 | |
| | CITY 🛦 | STATE ZIP CODE & | |
| Title or Position 🔻 | | | |
| Title or Position ▼ Treasu | Irer | Telephone number 919 - 324 - 6 | 606 |
| Treasurer: List the na name and address of Full Name | arer ame and address (phone number – optional) of any designated agent (e.g., assistant treasure allin McMichael | f the treasurer of the committee; and the | 606 |
| Treasurer: List the na name and address of Full Name | ame and address (phone number – optional) of any designated agent (e.g., assistant treasure | f the treasurer of the committee; and the | <u> </u> |
| Treasurer: List the na name and address of Full Name of TreasurerCo | ame and address (phone number – optional) of any designated agent (e.g., assistant treasure Illin McMichael | f the treasurer of the committee; and the | <u>606</u> |
| Treasurer: List the na name and address of Full Name of TreasurerCo | ame and address (phone number – optional) of any designated agent (e.g., assistant treasure ollin McMichael PO Box 97275 | f the treasurer of the committee; and the er). | |

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| | 3&T 6659 Falls of Neuse Road | | 27615 |
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| Mailing Address | | | |
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| | 6659 Fails of Neuse Road | | |
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| BB | 6659 Falls of Neuse Road | <u>+ + + + + + + + + + + + + + + + + + + </u> | |
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| arety deposit boxes or m Name of Bank, Depositor | | | |
| Banks or Other Deposit Safety deposit boxes or m | tories: List all banks or other depositories in which the depositories funde | committee deposits funds, | holds accounts, rents |
| | | | |
| | Telep | hone number | |
| tle or Position 🔻 | | STATE 🛦 | ZIP CODE |
| | | | = |
| | | | |
| Mailing Address | | | |
| | | | |
| Agent | | | |
| Full Name of Designated Agent | | | |

| 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. | | | |
|---|-------------------------------|--|--|
| Hand Delivered | Date of Receipt | | |
| USPS First Class Mail | Postmarked | | |
| USPS Registered/Certified | Postmarked (R/C) | | |
| USPS Priority Mail | Postmarked | | |
| Delivery Confirmation [™] or Signa | ature Confirmation™ Label | | |
| USPS Express Mail | Postmarked | | |
| Postmark Illegible | | | |
| No Postmark | | | |
| Overnight Delivery Service (Specify): | Shipping Date | | |
| Ne | ext Business Day Delivery | | |
| Received from House Records & Registration (| Date of Receipt Office | | |
| Received from Senate Public Records Office | Date of Receipt | | |
| Received from Electronic Filing Office | Date of Receipt | | |
| Other (Specify): | Date of Receipt or Postmarked | | |
| R | 9/15/11 | | |
| PREPARER (3/2005) | DATE PREPARED | | |