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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Restore America's Prosperity, Inc. 7150 E Camelback Rd., #444 ADDRESS (number and street) SUITE 106 (Check if address is changed) Scottsdale 85251 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rpullen13@gmail.com (Check if address is changed) Optional Second E-Mail Address rpullen13@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2021 C00690800 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. Pullen, Randall, L, Mr., Republican Type or Print Name of Treasurer Pullen, Randall, L, Mr., Republican [Electronically Filed] 06 03 2021 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. FEC FORM 1

	Office			For further information contact:
ı	Use			Federal Election Commission
	Only			Toll Free 800-424-9530
	,			Local 202-694-1100

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		OMMITTEE	i uyo 🚣
Can	ndidate	Committee:	
(a)	Ш	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. (Con information below.)	nplete the candidate
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:	(Dama avatis
(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)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		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 transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(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	mittees 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 Nam	e	
Restore Americ	ca's Prosperity, Inc.	
Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	7ID CODE
	CITY STA	ATE ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponso
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of	the person in possession of committe
	andall, L, Mr., Republican	
Full Name LILILI Mailing Address	7150 E Camelback Rd.	
Mailing Address	Ste. 444	
	Scottsdale	z 85251
Title or Position	CITY STAT	E ZIP CODE
Treasurer	Telephone number	602 524 - 2241
Treasurer: List the name all any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the comr assistant treasurer).	mittee; and the name and address of
Full Name Pullen, Ra	andall, L, Mr., Republican	
Mailing Address	7150 E Camelback Rd.	
	Ste. 444	
	Scottsdale	Z 85251
Title or Position	CITY STAT	E ZIP CODE
Treasurer		602 524 2241

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Depos		
safety deposit boxes of Name of Bank, Depos	Scottsdale & Shea	
Name of Bank, Depos	Scottsdale & Shea	B5253
Name of Bank, Depos	Scottsdale & Shea	35253 ZIP CODE
Name of Bank, Depos	Scottsdale & Shea Scottsdale & Shea CITY STATE	
safety deposit boxes of Name of Bank, Deposition of Bank, Depositi	Scottsdale & Shea Scottsdale & Shea CITY STATE	
safety deposit boxes of Name of Bank, Deposition of Bank, Depositi	Scottsdale & Shea Scottsdale & Shea CITY STATE	
Name of Bank, Depos Name of Bank, Depos Name of Bank, Depos	Scottsdale & Shea Scottsdale & Shea CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	Scottsdale & Shea Scottsdale & Shea CITY STATE	