FEC FORM 1	STATEMEI ORGANIZ		PAGE 1 / 5 -
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Restore Comm	on Sense, Inc.		
ADDRESS (number and street	319 3rd St.		
(Check if address	0.1		
is changed)	Wilmington └──└──└──└──└──└── CITY ▲		NC   28401     STATE ▲   ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	RESS		
(Check if address is changed)		38@gmail.com	
	Optional Second E-Mail Ad	dress	
COMMITTEE'S WEB PAGE (Check if address is changed)			
2. DATE 12	16 / Y Y Y Y 2021		
3. FEC IDENTIFICATION	NUMBER ► C c	00794719	
4. IS THIS STATEMENT	× 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 Eshelman, Fred, , ,		
Signature of Treasurer	shelman, Fred, , ,	[Electronically Filed]	Date 12 / D D / Y Y Y 16 / 2021
NOTE: Submission of false, er		may subject the person signing the North Should be Reported W	his Statement to the penalties of 2 U.S.C. §437 ITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

12/16/2021 18 : 10

-			
F	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	OMMITTEE	
Cano	didate	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. (Complet information below.)	e the candidate
Name Candi			
Candi Party	date Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	nmittee:	
(d)			mocratic, publican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association C	ooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r 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)

Page 3

Write or Type Committee Name

## Restore Common Sense, Inc.

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

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.

Eshelman,	Fred, , ,
Full Name	
Mailing Address	319 3rd St.
	Suite 301
	Wilmington   NC   28401
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 910 225 5359

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	Eshelman, Fred, , ,
Mailing Address	319 3rd St.
	Suite 301
	Wilmington   NC   28401   -
	CITY STATE ZIP CODE
Title or Position	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																	1									
Mailing Address		l																								
		l																								
		l																								
							CI	ΓY								STA	λΤΕ			ZII	PC	COE	ЭE			
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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.
------	----	-------	-------------	------

	G		
Mailing Address	1000 Harbor Blvd		
	Weehawken	NJ	07086
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	tc.		
Mailing Address			
	CITY	STATE	ZIP CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: