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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) is changed) over the lines. Restoring Prosperity Fund 7660 Fay Ave. Suite 314 ADDRESS (number and street) (Check if address is changed) La Jolla 92037 CA CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) maryz@mary-z.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 27 2012 C00498261 FEC IDENTIFICATION NUMBER X IS THIS STATEMENT **OR** NEW (N) 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. Mary E Azevedo Type or Print Name of Treasurer Mary E Azevedo [Electronically Filed] 01 27 2012 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.

(Office Use		For further information contact: Federal Election Commission	FEC FORM 1
<u> </u>	Only		Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)

	EEO F a	**** 1 (Paying 02/2000)	Pogo 9				
		rm 1 (Revised 02/2009) OMMITTEE	Page 2				
		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. (Complete the candidate information below.)					
Nam Can	e of didate						
	didate y Affiliati	on Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Can	e of didate						
Par	ty Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	itical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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)	X	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.					
		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 t 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 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.						
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Name		
Restoring Prosp	erity Fund	
<u>_</u>	rganization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the perso	n in possession of committee
Mary E Aze	vedo	
Mailing Address	P.O. Box 448	
	Oceanside CA S	92049
Title or Position	CITY STATE	ZIP CODE
Treasurer	760 Telephone number	439 5979
B. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	i the name and address of
Full Name Mary E Aze	vedo	
of Treasurer	P.O. Box 448	
Mailing Address		
	Oceanside	92049 _
	CITY STATE	ZIP CODE
Title or Position Treasurer	760	- 439 - 5979

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Full Name of Designated Agent Robert Sci	numan					
Mailing Address	7660 Fay Ave. Suite 314					
	La Jolla CITY	CA 92037 STATE	ZIP CODE			
Title or Position Campaign Manager	Telephone nur	mber <u>858</u> – <u></u>	483 - 4300			
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.						
JPMor	gan Chase Bank N.A.					
Mailing Address	7777 Girard					
	La Jolla	CA 92037				
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY	STATE	ZIP CODE			