

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

RESTORING AMERICA INC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="32459.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="94585.00"/>	<input type="text" value="181595.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="127044.38"/>	<input type="text" value="181595.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="107311.57"/>	<input type="text" value="161862.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19732.81"/>	<input type="text" value="19732.81"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="22559.53"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

RESTORING AMERICA INC

Report Covering the Period: From: 10 / 19 / 2012 To: 11 / 26 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	93675.00	180675.00
(ii) Unitemized	910.00	920.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	94585.00	181595.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	94585.00	181595.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	94585.00	181595.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	94585.00	181595.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	18536.57	25087.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18536.57	25087.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	88775.00	136775.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	107311.57	161862.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	107311.57	161862.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	94585.00	181595.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94585.00	181595.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18536.57	25087.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18536.57	25087.19

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
RESTORING AMERICA INC

Full Name (Last, First, Middle Initial) A. Bob Cielnicky		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2012 Transaction ID : SA11AI.4233
Mailing Address 9771 El Tulipan Circle		Amount of Each Receipt this Period 500.00
City Fountain Valley	State CA	Zip Code 92708
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Daniel Donohue		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2012 Transaction ID : SA11AI.4191
Mailing Address 9000 Reata West		Amount of Each Receipt this Period 1000.00
City Benbrook	State TX	Zip Code 76126
FEC ID number of contributing federal political committee. C		
Name of Employer Contractor	Occupation Self	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. John T Finn		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2012 Transaction ID : SA11AI.4159
Mailing Address 1840 S. Elena Avenue #103		Amount of Each Receipt this Period 7175.00
City Redondo Beach	State CA	Zip Code 90277
FEC ID number of contributing federal political committee. C		
Name of Employer Pro Life America	Occupation Director	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7175.00	

SUBTOTAL of Receipts This Page (optional).....▶	8675.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
RESTORING AMERICA INC

A. W Lee Handley Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 250 Jungle Road

City State Zip Code
Palm Beach FL 33480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lexington Management Group Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.4238

Amount of Each Receipt this Period
25000.00

B. Ann LaBar
Full Name (Last, First, Middle Initial)

Mailing Address 1023 Riverbend Club Drive

City State Zip Code
Atlanta GA 30339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AATTC Medical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2012

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period
1000.00

C. Nina H Langenberg
Full Name (Last, First, Middle Initial)

Mailing Address 10860 Ladue Rd

City State Zip Code
Saint Louis MO 63141

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Momemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.4237

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	28500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RESTORING AMERICA INC

Full Name (Last, First, Middle Initial) A. John Paul McDonald		Date of Receipt 11 / 04 / 2012 Transaction ID : SA11AI.4190
Mailing Address 4302 13th Avenue South		Amount of Each Receipt this Period 3000.00
City Fargo	State ND	Zip Code 58103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Construction	Occupation Self	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. John Paul McDonald		Date of Receipt 11 / 05 / 2012 Transaction ID : SA11AI.4194
Mailing Address 4302 13th Avenue South		Amount of Each Receipt this Period 3500.00
City Fargo	State ND	Zip Code 58103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3500.00
Name of Employer Construction	Occupation Self	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6500.00	

Full Name (Last, First, Middle Initial) C. Harold E Wiese		Date of Receipt 11 / 02 / 2012 Transaction ID : SA11AI.4236
Mailing Address 2 Fair Oaks Drive		Amount of Each Receipt this Period 50000.00
City St. Louis	State MO	Zip Code 63124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50000.00
Name of Employer Wiese USA	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	

SUBTOTAL of Receipts This Page (optional).....▶	56500.00
TOTAL This Period (last page this line number only).....▶	93675.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RESTORING AMERICA INC

Full Name (Last, First, Middle Initial)

A. John T Finn

Mailing Address 1840 S. Elena Avenue
#103

City Redondo Beach State CA Zip Code 90277

Purpose of Disbursement
In-kind - Media

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2012

Transaction ID : SB21B.4160

Amount of Each Disbursement this Period

7175.00

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 41 South High Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Merchant service fee for October

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2012

Transaction ID : SB21B.4242

Amount of Each Disbursement this Period

69.45

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 41 South High Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Service charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2012

Transaction ID : SB21B.4243

Amount of Each Disbursement this Period

15.20

SUBTOTAL of Disbursements This Page (optional)..... ▶

7259.65

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RESTORING AMERICA INC

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 41 South Hight Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Merchant Services Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2012

Transaction ID : SB21B.4211

Amount of Each Disbursement this Period

252.54

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 41 South Hight Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Wire fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2012

Transaction ID : SB21B.4212

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 41 South Hight Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Wire fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2012

Transaction ID : SB21B.4213

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

402.54

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RESTORING AMERICA INC

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 41 South High Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Wire fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4214**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 41 South High Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Service charge

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4240**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Liotta Studios, LLC

Mailing Address 63 Wood Road

City Redding State CT Zip Code 06896

Purpose of Disbursement
Ad production - unaired

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4245**

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RESTORING AMERICA INC

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd Street
1st Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Merchant Service Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SB21B.4215

Amount of Each Disbursement this Period

234.01

Full Name (Last, First, Middle Initial)

B. Piryx, Inc.

Mailing Address 144 2nd Street
1st Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Merchants Service Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2012

Transaction ID : SB21B.4219

Amount of Each Disbursement this Period

0.45

Full Name (Last, First, Middle Initial)

C. Piryx, Inc.

Mailing Address 144 2nd Street
1st Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Merchant Service Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012

Transaction ID : SB21B.4220

Amount of Each Disbursement this Period

171.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

405.46

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RESTORING AMERICA INC

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd Street
1st Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Merchant Service Fee

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2012

Transaction ID : SB21B.4221

Amount of Each Disbursement this Period

40.50

Full Name (Last, First, Middle Initial)

B. Rocky VII Business Checks, Inc.

Mailing Address 3805 Peak Ridge Drive

City Columbus State OH Zip Code 43230

Purpose of Disbursement
Check Printing

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : SB21B.4147

Amount of Each Disbursement this Period

96.57

Full Name (Last, First, Middle Initial)

C. Steptoe & Johnson PLLC

Mailing Address 2525 Harrodsburg Road
Suite 300

City Lexington State KY Zip Code 40504

Purpose of Disbursement
Legal services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2012

Transaction ID : SB21B.4224

Amount of Each Disbursement this Period

3200.39

SUBTOTAL of Disbursements This Page (optional)..... ▶

3337.46

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
RESTORING AMERICA INC

Full Name (Last, First, Middle Initial)

A. Steptoe & Johnson PLLC

Mailing Address 2525 Harrodsburg Road
Suite 300

City Lexington State KY Zip Code 40504

Purpose of Disbursement
Legal Services

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SB21B.4225

Amount of Each Disbursement this Period

1477.32

Full Name (Last, First, Middle Initial)

B. Steptoe & Johnson PLLC

Mailing Address 2525 Harrodsburg Road
Suite 300

City Lexington State KY Zip Code 40504

Purpose of Disbursement
Legal services

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SB21B.4226

Amount of Each Disbursement this Period

1278.59

Full Name (Last, First, Middle Initial)

C. Steptoe & Johnson PLLC

Mailing Address 2525 Harrodsburg Road
Suite 300

City Lexington State KY Zip Code 40504

Purpose of Disbursement
Legal services

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SB21B.4227

Amount of Each Disbursement this Period

1269.21

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4025.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
RESTORING AMERICA INC

Full Name (Last, First, Middle Initial)

A. Steptoe & Johnson PLLC

Mailing Address 2525 Harrodsburg Road
Suite 300

City Lexington State KY Zip Code 40504

Purpose of Disbursement
Legal services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	2

Transaction ID : SB21B.4228

Amount of Each Disbursement this Period

2	4	3	7	.	5	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Strategic Media Placement, Inc.

Mailing Address 7669 Stagers Loop

City Delaware State OH Zip Code 43015

Purpose of Disbursement
Ad production - unaired

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	2

Transaction ID : SB21B.4247

Amount of Each Disbursement this Period

7	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Strategy Group For Media, Inc.

Mailing Address 7669 Stagers Loop

City Delaware State OH Zip Code 43015

Purpose of Disbursement
24HR report offset for IE using in-kind media contribution

004

Candidate Name

BARACK OBAMA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	2

Transaction ID : SB21B.4166

Amount of Each Disbursement this Period

-	7	1	7	5	.	0	0
---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

-	3	9	8	7	.	5	0
---	---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

1	8	5	3	6	.	5	7
---	---	---	---	---	---	---	---

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
RESTORING AMERICA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Donehue Direct, LLC	Nature of Debt (Purpose): Website Development
Mailing Address P.O. Box 7431	
City State Zip Code Columbia SC 29202	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4253	
Amount Incurred This Period 5000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Donehue Direct, LLC	Nature of Debt (Purpose): Website development
Mailing Address P.O. Box 7431	
City State Zip Code Columbia SC 29202	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4257	
Amount Incurred This Period 3000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Liotta Studios, LLC	Nature of Debt (Purpose): Media Production
Mailing Address 63 Wood Road	
City State Zip Code Redding CT 06896	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4258	
Amount Incurred This Period 7000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	15000.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
RESTORING AMERICA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Step toe & Johnson PLLC	Nature of Debt (Purpose): Legal Services
Mailing Address 2525 Harrodsburg Road Suite 300	
City State Zip Code Lexington KY 40504	

Outstanding Balance Beginning This Period <input type="text" value="3200.39"/>	Transaction ID : SD10.4107	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3200.39"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Step toe & Johnson PLLC	Nature of Debt (Purpose): Legal Services
Mailing Address 2525 Harrodsburg Road Suite 300	
City State Zip Code Lexington KY 40504	

Outstanding Balance Beginning This Period <input type="text" value="2755.91"/>	Transaction ID : SD10.4132	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2755.91"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Step toe & Johnson PLLC	Nature of Debt (Purpose): Legal Services
Mailing Address 2525 Harrodsburg Road Suite 300	
City State Zip Code Lexington KY 40504	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4254	
Amount Incurred This Period <input type="text" value="7559.53"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7559.53"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="7559.53"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="22559.53"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="22559.53"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) RESTORING AMERICA INC	FEC IDENTIFICATION NUMBER ▼ C C00515072
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Creative Communication Strategies		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 444 Pelican Bay Drive		Amount 3640.00
City Daytona Beach	State FL	
Zip Code 32119	Transaction ID : SE.4205	
Purpose of Expenditure Robocalls	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10815.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Creative Communication Strategies		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 444 Pelican Bay Drive		Amount 2590.00
City Daytona Beach	State FL	
Zip Code 32119	Transaction ID : SE.4208	
Purpose of Expenditure Robocalls	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13405.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	6230.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mike Blankenbecler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 29 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) RESTORING AMERICA INC	FEC IDENTIFICATION NUMBER ▼ C C00515072
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Creative Communication Strategies		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 444 Pelican Bay Drive		Amount 370.00
City Daytona Beach	State FL	
Zip Code 32119	Transaction ID : SE.4209	
Purpose of Expenditure Robocalls	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13775.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Strategic Media Placement, Inc.		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 7669 Stagers Loop		Amount 75000.00
City Delaware	State OH	
Zip Code 43015	Transaction ID : SE.4167	
Purpose of Expenditure Advertising - TV	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 75000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	75370.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mike Blankenbecler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 29 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) RESTORING AMERICA INC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00515072 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Strategy Group For Media, Inc.		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 7669 Stagers Loop		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 7175.00 </div>
City Delaware State OH Zip Code 43015		
Purpose of Expenditure Advertisng - internet	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 004 </div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 7175.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4163

Full Name (Last, First, Middle Initial) of Payee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
City State Zip Code		
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y </div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 7175.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 88775.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mike Blankenbecler

Signature _____ [Electronically Filed] Date 01 / 29 / 2013