## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Restore America Super PAC	
	C C00615799
Check if X 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Impact Media	M M / D D / Y Y Y Y
Mailing Address 2678 GRape Way	05 26 2016 Amount
City State Zip Code	12000.00
Chico CA 95973	Transaction ID : SE.4130 Date of Disbursement or Obligation
Purpose of Expenditure Media  Category/ Type  004	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:01
JOSEPH MONTES Oppose	President State: CA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
	ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	12000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
/ N ===== 1	
(c) TOTAL Independent Expenditures	12000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Tim Tittle	M / D D / Y Y Y Y
[Electronically Filed] Date	26 2016
Signature	