

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Restore our Republic			FEC IDENTIFICATION NUMBER ▼ C C00542589		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on					
Full Name of Payee CampaignGrid			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2014		
Mailing Address 414 Commerce Dr Ste 100			Amount 10000.00		
City Fort Washington		State PA	Zip Code 19034		Transaction ID : SE.4161
Purpose of Expenditure Media Buy		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014	
Name of Federal Candidate MARY L LANDRIEU			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 10000.00			Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▶ Runoff		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type		MM / DD / YYYY	
Name of Federal Candidate			☐ Support ☐ Oppose Office Sought: ☐ House ☐ Senate District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 10000.00					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶ 10000.00					
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.					
Signature <u>Ben Landry</u>			Date 11 / 24 / 2014		

[Electronically Filed]