

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

RESTORE OUR FUTURE, INC.

ADDRESS (number and street)

601 Pennsylvania Ave., NW

Suite 1000N

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00490045

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2014

through

M M M / D D D / Y Y Y Y Y Y
09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles Spies

Signature of Treasurer

Charles Spies

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

RESTORE OUR FUTURE, INC.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 01 2014 To: M M / D D / Y Y Y Y Y Y
09 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		863225.63
(b) Cash on Hand at Beginning of Reporting Period.....	804777.15	
(c) Total Receipts (from Line 19)	500.00	500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	805277.15	863725.63
7. Total Disbursements (from Line 31)	260543.50	318991.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	544733.65	544733.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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)

Page 3

Write or Type Committee Name

RESTORE OUR FUTURE, INC.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2014

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).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

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 Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

0.00

0.00

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).....

500.00

500.00

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))..... ▶

500.00

500.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

500.00

500.00

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	10543.50	18991.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10543.50	18991.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	200000.00	200000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	50000.00	100000.00
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)) ..	260543.50	318991.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	260543.50	318991.98

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	10543.50	18991.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	500.00	500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	10043.50	18491.98

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 10

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 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)

RESTORE OUR FUTURE, INC.

Full Name (Last, First, Middle Initial)

A. Foremost Insurance Group

Mailing Address PO Box 2959

City

Shawnee Mission

State

KS

Zip Code

66201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2014

Transaction ID : SA15.9799

Amount of Each Receipt this Period

500.00

Refund for overpayment for insurance

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.00

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 10

☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

RESTORE OUR FUTURE, INC.

Full Name (Last, First, Middle Initial)

A. Clark & Sampson, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

Mailing Address 228 S. Washington Street
Suite 200

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Insurance Costs

Candidate Name

Category/
Type**Transaction ID : SB21B.9813**

Amount of Each Disbursement this Period

8475.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Clark Hill PLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2014

Mailing Address 601 Pennsylvania Ave., NW
#1000N

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal fees

Candidate Name

Category/
Type**Transaction ID : SB21B.9816**

Amount of Each Disbursement this Period

982.50

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Foremost Insurance Group

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

Mailing Address PO Box 2959

City Shawnee Mission State KS Zip Code 66201

Purpose of Disbursement
Insurance Costs

Candidate Name

Category/
Type**Transaction ID : SB21B.9815**

Amount of Each Disbursement this Period

520.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9977.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

RESTORE OUR FUTURE, INC.

Full Name (Last, First, Middle Initial)

A. Foremost Insurance Group

Mailing Address PO Box 2959

City	State	Zip Code
Shawnee Mission	KS	66201

Purpose of Disbursement
Insurance Costs

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
08		14		2014

Transaction ID : SB21B.9817

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

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
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

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
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Amount of Each Disbursement this Period

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

500.00

10477.50

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
RESTORE OUR FUTURE, INC.

A. AMERICARISINGPAC.ORG

Mailing Address PO BOX 100088

City	State	Zip Code
ARLINGTON	VA	22210

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	£10,000
2. To provide for the purchase of new furniture and equipment	£5,000
3. To provide for the payment of salaries and wages	£15,000
4. To provide for the payment of rent and rates	£8,000
5. To provide for the payment of electricity and gas bills	£2,000
6. To provide for the payment of telephone and internet bills	£1,000
7. To provide for the payment of insurance premiums	£3,000
8. To provide for the payment of legal fees	£4,000
9. To provide for the payment of accountants fees	£2,000
10. To provide for the payment of other professional fees	£1,000
11. To provide for the payment of advertising and marketing costs	£6,000
12. To provide for the payment of travel and transport costs	£3,000
13. To provide for the payment of other miscellaneous expenses	£2,000
14. To provide for the payment of interest on loans	£4,000
15. To provide for the payment of dividends	£1,000
16. To provide for the payment of other income tax	£1,000
17. To provide for the payment of other taxes	£1,000
18. To provide for the payment of other charges	£1,000
19. To provide for the payment of other costs	£1,000
20. To provide for the payment of other expenses	£1,000
21. To provide for the payment of other disbursements	£1,000
22. To provide for the payment of other contributions	£1,000
23. To provide for the payment of other amounts	£1,000
24. To provide for the payment of other sums	£1,000
25. To provide for the payment of other moneys	£1,000
26. To provide for the payment of other values	£1,000
27. To provide for the payment of other quantities	£1,000
28. To provide for the payment of other measures	£1,000
29. To provide for the payment of other weights	£1,000
30. To provide for the payment of other numbers	£1,000
31. To provide for the payment of other letters	£1,000
32. To provide for the payment of other signs	£1,000
33. To provide for the payment of other marks	£1,000
34. To provide for the payment of other tokens	£1,000
35. To provide for the payment of other symbols	£1,000
36. To provide for the payment of other characters	£1,000
37. To provide for the payment of other figures	£1,000
38. To provide for the payment of other words	£1,000
39. To provide for the payment of other phrases	£1,000
40. To provide for the payment of other sentences	£1,000
41. To provide for the payment of other paragraphs	£1,000
42. To provide for the payment of other chapters	£1,000
43. To provide for the payment of other books	£1,000
44. To provide for the payment of other volumes	£1,000
45. To provide for the payment of other series	£1,000
46. To provide for the payment of other collections	£1,000
47. To provide for the payment of other sets	£1,000
48. To provide for the payment of other groups	£1,000
49. To provide for the payment of other classes	£1,000
50. To provide for the payment of other orders	£1,000
51. To provide for the payment of other arrangements	£1,000
52. To provide for the payment of other plans	£1,000
53. To provide for the payment of other schemes	£1,000
54. To provide for the payment of other systems	£1,000
55. To provide for the payment of other methods	£1,000
56. To provide for the payment of other techniques	£1,000
57. To provide for the payment of other processes	£1,000
58. To provide for the payment of other procedures	£1,000
59. To provide for the payment of other practices	£1,000
60. To provide for the payment of other customs	£1,000
61. To provide for the payment of other habits	£1,000
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109. To provide for the payment of other habits	£1,000
110. To provide for the payment of other traditions	£1,000
111. To provide for the payment of other customs	£1,000
112. To provide for the payment of other habits	£1,000

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB23.9809

Amount of Each Disbursement this Period

100000.00

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE ACTION COMMITTEE

Mailing Address PO BOX 1197

City	State	Zip Code
TALLAHASSEE	FL	32302

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the furniture and fixtures	10%
3. To provide for the maintenance and repair of the equipment	10%
4. To provide for the maintenance and repair of the vehicles	10%
5. To provide for the maintenance and repair of the other assets	10%
6. To provide for the maintenance and repair of the land	10%
7. To provide for the maintenance and repair of the other assets	10%
8. To provide for the maintenance and repair of the other assets	10%
9. To provide for the maintenance and repair of the other assets	10%
10. To provide for the maintenance and repair of the other assets	10%

Candidate Name	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
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96	96
97	97
98	98
99	99
100	100

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB23.9807

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

C. INDEPENDENT LEADERSHIP FOR NEW HAMPSHIRE PAC

Mailing Address PO BOX 1067

City	State	Zip Code
LACONIA	NH	03246

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the furniture and fixtures	10%
3. To provide for the maintenance and repair of the equipment	10%
4. To provide for the maintenance and repair of the vehicles	10%
5. To provide for the maintenance and repair of the other assets	10%
6. To provide for the maintenance and repair of the land	10%
7. To provide for the maintenance and repair of the other assets	10%
8. To provide for the maintenance and repair of the other assets	10%
9. To provide for the maintenance and repair of the other assets	10%
10. To provide for the maintenance and repair of the other assets	10%

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
09 30 2014

Transaction ID : SB23.9805

Amount of Each Disbursement this Period

50000.00

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

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

200000.00

200000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

RESTORE OUR FUTURE, INC.

Full Name (Last, First, Middle Initial)

A. Count My VoteMailing Address 10 West 100 South
Suite 300

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2014

Transaction ID : SB29.9801

Amount of Each Disbursement this Period

50000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

50000.00

50000.00
