

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**
Restoration PAC

ADDRESS (number and street) P.O. Box 4808
Check if different than previously reported. (ACC) Oak Brook IL 60522

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00571588 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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 10 / 20 / 2016 through [MM] / [DD] / [YYYY] 11 / 28 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Gaskill, Sherry, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Gaskill, Sherry, , ,* [Electronically Filed] Date [MM] / [DD] / [YYYY] 12 / 06 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Restoration PAC

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="2016"/>	<input type="text" value=""/>	<input type="text" value="669805.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="179277.02"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="507814.33"/>	<input type="text" value="2149291.90"/>
(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="687091.35"/>	<input type="text" value="2819097.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="433667.93"/>	<input type="text" value="2565674.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="253423.42"/>	<input type="text" value="253423.42"/>
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="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

Write or Type Committee Name

Restoration PAC

Report Covering the Period: From: MM / DD / YYYY 10 / 20 / 2016 To: MM / DD / YYYY 11 / 28 / 2016

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).....	506808.33	2104649.97
(ii) Unitemized	1006.00	15135.93
(iii) TOTAL (add		
Lines 11(a)(i) and (ii).....▶	507814.33	2119785.90
(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)	507814.33	2119785.90
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	29506.00
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))	507814.33	2149291.90
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	507814.33	2149291.90

DETAILED SUMMARY PAGE
of Disbursements

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	53842.92	358108.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	53842.92	358108.19
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)	374825.01	2202515.81
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	50.00
(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	50.00
29. Other Disbursements (Including Non-Federal Donations).....	5000.00	5000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	433667.93	2565674.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	433667.93	2565674.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	507814.33	2119785.90
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	507814.33	2119735.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	53842.92	358108.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	29506.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	53842.92	328602.19

**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 26
	<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)
Restoration PAC

A. Coors, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 North High Street
 City Denver State CO Zip Code 80218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molson Coors Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 11 / 11 / 2016
Transaction ID : SA11AI.6003
 Amount of Each Receipt this Period 50000.00
 Memo Item Contribution

B. Craig, Jenny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1160 Wilshire Blvd., 1840
 City Los Angeles State CA Zip Code 90025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 29 / 2016
Transaction ID : SA11AI.5927
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

C. Dental Experts LLC d/b/a Dental Dreams
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 North Clark Street Ste. 600
 City Chicago State IL Zip Code 60654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 10 / 26 / 2016
Transaction ID : SA11AI.5917
 Amount of Each Receipt this Period 20000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75000.00
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 26
	<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)
Restoration PAC

A. Girgis, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 Brittany Ave
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 22 / 2016
Transaction ID : SA11AI.5902
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. Goodyear, Priscilla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10042 Signet Circle
 City Huntington Beach State CA Zip Code 92646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 24 / 2016
Transaction ID : SA11AI.5909
 Amount of Each Receipt this Period 100.00
 Memo Item Contribution

C. Goodyear, Priscilla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10042 Signet Circle
 City Huntington Beach State CA Zip Code 92646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 10 / 26 / 2016
Transaction ID : SA11AI.5918
 Amount of Each Receipt this Period 100.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	450.00
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 26
	<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)
Restoration PAC

A. Jensen, Kurt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2055 White Tail Run
 City Lake Geneva State WI Zip Code 53147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral & Facial Surgery Center Occupation (for Individual) Oral and maxillofacial surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2016
Transaction ID : SA11AI.5928
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Johnson, Charles, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1220 South Ocean Blvd.
 City Palm Beach State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 28 / 2016
Transaction ID : SA11AI.5926
 Amount of Each Receipt this Period 25000.00
 Memo Item Contribution

C. Ness, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12340 Hinckley Rd
 City Hinckley State IL Zip Code 60520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Farming
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2016
Transaction ID : SA11AI.5922
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	26250.00
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 9 OF 26
<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)
Restoration PAC

A. Smith, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31053 430th Ave.
 City Tabor State SD Zip Code 57063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 04 / 2016**
Transaction ID : SA11AI.5986
 Amount of Each Receipt this Period 25.00
 Memo Item Contribution

B. Topper, Lewis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3605 Camp Mineola Rd.
 City Mattituck State NY Zip Code 11952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fast Food Systems Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 21 / 2016**
Transaction ID : SA11AI.5887
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

C. Uihlein, Richard, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1396 N. Waukegan Rd.
 City Lake Forest State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Uline Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1950000.00

Date of Receipt **11 / 02 / 2016**
Transaction ID : SA11AI.5930
 Amount of Each Receipt this Period 400000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	405025.00
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: PAGE 10 OF 26
(check only one)

<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)
Restoration PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walsh, Bob, , ,

Mailing Address **84 Waverly Avenue**

City Clarendon Hills	State IL	Zip Code 60514
--------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) 1965	Occupation (for Individual) Consultant
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.63

Date of Receipt
11 / 04 / 2016

Transaction ID : SA11AI.5987

Amount of Each Receipt this Period
83.33

Memo Item Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	83.33
TOTAL This Period (last page this line number only).....▶	506808.33

**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"/> 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)
Restoration PAC

Full Name (Last, First, Middle Initial) A. Bluebonnet Fundraising		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address 3300 Bee Caves Road #650-1151		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5958 Amount of Each Disbursement this Period 6500.00
City Austin	State TX	Zip Code 78746
Purpose of Disbursement Fundraising consulting		Category/ Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Campaign Solutions		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 117 North Saint Asaph Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5963 Amount of Each Disbursement this Period 4305.56
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Website maintenance, email deployment		Category/ Type 004
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Capitol Media Partners		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 2468 S. Camino Real		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5962 Amount of Each Disbursement this Period 5000.00
City Palm Springs	State CA	Zip Code 92264
Purpose of Disbursement Political strategy consulting		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

15805.56

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.5963

This communication did not contain express advocacy for or against any candidate.

Form/Schedule:

Transaction ID:

**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"/> 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)
Restoration PAC

A. Chain Bridge Bank

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement Bank fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5959

Amount of Each Disbursement this Period: 20.00

Memo Item

B. Chain Bridge Bank

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement Bank fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5969

Amount of Each Disbursement this Period: 20.00

Memo Item

C. Clear Creek Strategies

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9865

City Denver State CO Zip Code 80209

Purpose of Disbursement Strategy consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5956

Amount of Each Disbursement this Period: 7500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7540.00

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"/> 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)
Restoration PAC

A. Connell Donatelli, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement Digital advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.5940**

Amount of Each Disbursement this Period: 3000.00

Memo Item

B. Connell Donatelli, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement Digital Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.5964**

Amount of Each Disbursement this Period: 1500.00

Memo Item

C. Crowdskout

Full Name (Last, First, Middle Initial)

Mailing Address 1920 L St. NW Ste. 325

City Washington State DC Zip Code 20036

Purpose of Disbursement Software licensing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.5957**

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4600.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.5940

This communication did not contain express advocacy for or against any candidate.

Form/Schedule: SB21B

Transaction ID: SB21B.5964

This communication did not contain express advocacy for or against any candidate.

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"/> 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)
Restoration PAC

A. Delos Communications

Full Name (Last, First, Middle Initial)

Mailing Address 2700 Patriot Blvd., Ste. 250

City: Glenview State: IL Zip Code: 60026

Purpose of Disbursement: Meal expense reimbursement

Candidate Name

Office Sought: House Senate President

State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY → 11 / 02 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : **SB21B.5947**

Amount of Each Disbursement this Period: [REDACTED] 144.11

Memo Item

B. Delos Communications

Full Name (Last, First, Middle Initial)

Mailing Address 2700 Patriot Blvd., Ste. 250

City: Glenview State: IL Zip Code: 60026

Purpose of Disbursement: Strategic Planning Consulting

Candidate Name

Office Sought: House Senate President

State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY → 11 / 02 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : **SB21B.5954**

Amount of Each Disbursement this Period: [REDACTED] 12000.00

Memo Item

C. eDonation.com

Full Name (Last, First, Middle Initial)

Mailing Address 117 North Saint Asaph Street

City: Alexandria State: VA Zip Code: 22315

Purpose of Disbursement: Online fundraising fees

Candidate Name

Office Sought: House Senate President

State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY → 10 / 21 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : **SB21B.5943**

Amount of Each Disbursement this Period: [REDACTED] 776.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ [REDACTED] 12920.73

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.5947

The expense reimbursements to Delos Communications were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

**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"/> 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)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. eDonation.com

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement
Online fundraising fees

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number
C
Transaction ID : SB21B.5961
Amount of Each Disbursement this Period
857.97

Memo Item

Full Name (Last, First, Middle Initial)

B. Gadsden Media Group

Mailing Address 3575 Maybank Highway Ste. D #253

City John Island State SC Zip Code 02945

Purpose of Disbursement
Digital advertising

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number
C
Transaction ID : SB21B.5944
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement
Office expense

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 20 / 2016

FEC Identification Number
C
Transaction ID : SB21B.5942
Amount of Each Disbursement this Period
31.33

Memo Item

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

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

5889.30

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.5944

This communication did not contain express advocacy for or against any candidate.

Form/Schedule:

Transaction ID:

**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"/> 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)
Restoration PAC

A. Grasshopper Group, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement Office expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5974

Amount of Each Disbursement this Period: 31.33

Memo Item

B. Langdon Law LLC

Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement Legal fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 16 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5973

Amount of Each Disbursement this Period: 6467.79

Memo Item

C. Truax, Doug, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1900 Spring Road, Ste. 530

City Oak Brook State IL Zip Code 60523

Purpose of Disbursement Web hosting expense reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5975

Amount of Each Disbursement this Period: 53.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6553.10

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"/> 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)
Restoration PAC

A. Veritas Risk Services

Full Name (Last, First, Middle Initial)

Mailing Address 3025 Highland Parkway
Ste. 650

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement Rent expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y
10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5945

Amount of Each Disbursement this Period: 446.20

Memo Item

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 / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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 / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	446.20
TOTAL This Period (last page this line number only).....▶	53754.89

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

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NAME OF COMMITTEE (In Full)
Restoration PAC

A. Republican National Lawyers Association

Full Name (Last, First, Middle Initial)

Mailing Address 5254 Signal Hill Drive

City **Burke** State **VA** Zip Code **22015**

Purpose of Disbursement
Non-federal contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **11 / 08 / 2016**

FEC Identification Number: **C**

Transaction ID : SB29.5972

Amount of Each Disbursement this Period: **5000.00**

Memo Item

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: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period: / / / / / / / / / /

Memo Item

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: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period: / / / / / / / / / /

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Restoration PAC
FEC IDENTIFICATION NUMBER C C00571588

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Hodas & Associates, Inc.
Mailing Address 1537 Dial Court
City Springfield State IL Zip Code 62704
Purpose of Expenditure Direct mail Category/Type 004
Date of Public Distribution/Dissemination 11/02/2016
Amount 17330.65
Transaction ID: SE.5931
Date of Disbursement or Obligation 11/02/2016

Name of Federal Candidate: Roskam, Peter, , ,
Support Oppose
Office Sought: House District: 06
President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 17330.65
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Hodas & Associates, Inc.
Mailing Address 1537 Dial Court
City Springfield State IL Zip Code 62704
Purpose of Expenditure Phone calls Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 1249.06
Transaction ID: SE.5933
Date of Disbursement or Obligation 11/04/2016

Name of Federal Candidate: Khouri, Tonia, , ,
Support Oppose
Office Sought: House District: 11
President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 1249.06
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 18579.71
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Gaskill, Sherry, , ,

[Electronically Filed]

Date

12/06/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Restoration PAC
FEC IDENTIFICATION NUMBER C C00571588

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Hodas & Associates, Inc.
Mailing Address 1537 Dial Court
City Springfield State IL Zip Code 62704
Purpose of Expenditure Phone calls Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 1249.06
Transaction ID: SE.5934
Date of Disbursement or Obligation 11/04/2016

Name of Federal Candidate: Bost, Michael, , ,
Support Oppose
Office Sought: House Senate State: IL
District: 12
Calendar Year-To-Date Per Election for Office Sought 1249.06
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Hodas & Associates, Inc.
Mailing Address 1537 Dial Court
City Springfield State IL Zip Code 62704
Purpose of Expenditure Phone calls Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 1249.06
Transaction ID: SE.5935
Date of Disbursement or Obligation 11/04/2016

Name of Federal Candidate: Davis, Rodney, , ,
Support Oppose
Office Sought: House Senate State: IL
District: 13
Calendar Year-To-Date Per Election for Office Sought 1249.06
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2498.12
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Gaskill, Sherry, , ,

[Electronically Filed]

Date

12/06/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Restoration PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571588 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on

M	M
D	D
Y	Y

Y	Y	Y	Y
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Full Name of Payee <input type="checkbox"/> Memo Item Hodas & Associates, Inc.	Date of Public Distribution/Dissemination <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr> </table>	M	M	D	D	Y	Y	Y	Y	Y	Y
M	M										
D	D										
Y	Y										
Y	Y	Y	Y								
Mailing Address 1537 Dial Court	Amount <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">1249.06</td></tr> </table>	1249.06									
1249.06											
City Springfield State IL Zip Code 62704	Transaction ID : SE.5936 Date of Disbursement or Obligation <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr> </table>	M	M	D	D	Y	Y	Y	Y	Y	Y
M	M										
D	D										
Y	Y										
Y	Y	Y	Y								
Purpose of Expenditure Phone calls	Category/Type 004										
Name of Federal Candidate: Hultgren, Randy, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>14</u> State: <u>IL</u>										
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">1249.06</td></tr> </table>	1249.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____									
1249.06											

Full Name of Payee <input type="checkbox"/> Memo Item Hodas & Associates, Inc.	Date of Public Distribution/Dissemination <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr> </table>	M	M	D	D	Y	Y	Y	Y	Y	Y
M	M										
D	D										
Y	Y										
Y	Y	Y	Y								
Mailing Address 1537 Dial Court	Amount <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">1249.06</td></tr> </table>	1249.06									
1249.06											
City Springfield State IL Zip Code 62704	Transaction ID : SE.5937 Date of Disbursement or Obligation <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr> </table>	M	M	D	D	Y	Y	Y	Y	Y	Y
M	M										
D	D										
Y	Y										
Y	Y	Y	Y								
Purpose of Expenditure Phone calls	Category/Type 004										
Name of Federal Candidate: Shimkus, John, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>15</u> State: <u>IL</u>										
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">1249.06</td></tr> </table>	1249.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____									
1249.06											

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">2498.12</td></tr> </table>	2498.12
2498.12		
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;"> </td></tr> </table>	
(a) TOTAL Independent Expenditures ▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;"> </td></tr> </table>	

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Gaskill, Sherry, , , **[Electronically Filed]** Date

M	M
D	D
Y	Y

Y	Y	Y	Y
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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Restoration PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571588 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Hodas & Associates, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016			
Mailing Address 1537 Dial Court	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 1249.06 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Springfield</td> <td style="width:17%; padding: 2px;">State IL</td> <td style="width:50%; padding: 2px;">Zip Code 62704</td> </tr> </table>		City Springfield	State IL	Zip Code 62704
City Springfield		State IL	Zip Code 62704	
Purpose of Expenditure Phone calls				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose LaHood, Darin, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 18 State: IL			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 1249.06 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item Strategic Media Services, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016			
Mailing Address 1911 North Ft. Myer Drive Suite 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 350000.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Arlington</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 22209</td> </tr> </table>		City Arlington	State VA	Zip Code 22209
City Arlington		State VA	Zip Code 22209	
Purpose of Expenditure TV advertising (placement cost)				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Glenn, Darryl, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: CO			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 1682118.80 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 351249.06 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 374825.01 </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.

Gaskill, Sherry, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 06 / 2016

Signature