

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 205 WORTH AVENUE SUITE 201  
 Check if different than previously reported. (ACC)  
PALM BEACH FL 33480

2. **FEC IDENTIFICATION NUMBER** C00492173  
**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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2011 through 06 30 2011

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 John Clark

Signature of Treasurer Electronically Filed by John Clark Date 07 29 2011

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									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

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="2011"/>		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	0.00	
(c) Total Receipts (from Line 19) .....	13355.00	13355.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	13355.00	13355.00
7. Total Disbursements (from Line 31) .....	7933.41	7933.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5421.59	5421.59
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name

RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:    To:

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) .....	4860.00	4860.00
(ii) Unitemized .....	6495.00	6495.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11355.00	11355.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	2000.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	13355.00	13355.00
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 Transfer (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)) .....	13355.00	13355.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13355.00	13355.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	7908.41	7908.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7908.41	7908.41
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 Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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 .....	25.00	25.00
(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)) .....	25.00	25.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	7933.41	7933.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7933.41	7933.41

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) .....	13355.00	13355.00
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13330.00	13330.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7908.41	7908.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7908.41	7908.41

# 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 / 32
	<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	

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 AMERICA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard S Bernstein	Date of Receipt MM / DD / YYYY 04 / 28 / 2011
	Mailing Address 1551 Forum Place, #300A	<b>Transaction ID:</b> SA11AI.4463
	City State Zip Code West Palm Beach FL 33401	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Richard S. Bernstein & As-soc. Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph Glenn Commodities LLC	Date of Receipt MM / DD / YYYY 01 / 19 / 2011
	Mailing Address 7700 Congress Ave Suite 3201	<b>Transaction ID:</b> SA11AI.4488
	City State Zip Code Boca Raton FL 33487	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Not Applicable Not Applicable	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sidney F Dinerstein	Date of Receipt MM / DD / YYYY 01 / 17 / 2011
	Mailing Address 15 St. George Place	<b>Transaction ID:</b> SA11AI.4490
	City State Zip Code Palm Beach Gardens FL 33418	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> 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 7 / 32  
(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)  
**RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial) Sidney F Dinerstein		Date of Receipt MM / DD / YYYY <span style="border: 1px solid black; padding: 2px;">03 / 17 / 2011</span>
Mailing Address 15 St. George Place		<b>Transaction ID:</b> SA11AI.4416
City Palm Beach Gardens	State FL	Zip Code 33418
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">30.00</span>
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1030.00</span>	

**B.**

Full Name (Last, First, Middle Initial) Sidney F Dinerstein		Date of Receipt MM / DD / YYYY <span style="border: 1px solid black; padding: 2px;">06 / 21 / 2011</span>
Mailing Address 15 St. George Place		<b>Transaction ID:</b> SA11AI.4263
City Palm Beach Gardens	State FL	Zip Code 33418
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span>
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2030.00</span>	

**C.**

Full Name (Last, First, Middle Initial) Pascal Liguori Inc.		Date of Receipt MM / DD / YYYY <span style="border: 1px solid black; padding: 2px;">03 / 07 / 2011</span>
Mailing Address 941 Delray Lakes Dr		<b>Transaction ID:</b> SA11AI.4478
City Delray Beach	State FL	Zip Code 33444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">300.00</span>
Name of Employer Not Applicable	Occupation Not Applicable	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1330.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 32  
(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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) Ken Litvack		Date of Receipt MM / DD / YYYY 04 / 26 / 2011
Mailing Address 899 Appleby Street		<b>Transaction ID:</b> SA11AI.4325
City Boca Raton	State FL	Zip Code 33487
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Renee H Morrison		Date of Receipt MM / DD / YYYY 04 / 12 / 2011
Mailing Address 3950 North Flagler Drive Suite 402		<b>Transaction ID:</b> SA11AI.4349
City West Palm Beach	State FL	Zip Code 33407
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Homemaker	Occupation Homemaker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Renee H Morrison		Date of Receipt MM / DD / YYYY 04 / 22 / 2011
Mailing Address 3950 North Flagler Drive Suite 402		<b>Transaction ID:</b> SA11AI.4332
City West Palm Beach	State FL	Zip Code 33407
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 160.00
Name of Employer Homemaker	Occupation Homemaker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>510.00</b>
<b>TOTAL</b> 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 9 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Renee H Morrison

Mailing Address 3950 North Flagler Drive Suite 402

City State Zip Code  
West Palm Beach FL 33407

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** SA11AI.4272

Amount of Each Receipt this Period  
100.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Bonnie L Re

Mailing Address 2646 NW 63rd Place

City State Zip Code  
Boca Raton FL 33496

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2011

**Transaction ID:** SA11AI.4261

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ira Sabin

Mailing Address 11399 Sea Grass Circle

City State Zip Code  
Boca Raton FL 33498

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2011

**Transaction ID:** SA11AI.4289

Amount of Each Receipt this Period  
100.00

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: PAGE 10 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ira Sabin

Mailing Address 11399 Sea Grass Circle

City State Zip Code  
Boca Raton FL 33498

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

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      290.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	1	1

**Transaction ID:** SA11AI.4283

Amount of Each Receipt this Period  
30.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Ira Sabin

Mailing Address 11399 Sea Grass Circle

City State Zip Code  
Boca Raton FL 33498

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

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

**Transaction ID:** SA11AI.4268

Amount of Each Receipt this Period  
210.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Hal R Valeche

Mailing Address 128 Viera Drive

City State Zip Code  
Palm Beach Gardens FL 33418

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

Name of Employer Self Employed      Occupation Finance

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      220.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

**Transaction ID:** SA11AI.4429

Amount of Each Receipt this Period  
30.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **270.00**

**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 11 / 32  
(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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Hal R Valeche

Mailing Address 128 Viera Drive

City State Zip Code  
Palm Beach Gardens FL 33418

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

Name of Employer Self Employed Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** SA11AI.4259

Amount of Each Receipt this Period  
100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Eileen Williams

Mailing Address 612 Renaissance LN

City State Zip Code  
Delray Beach FL 33483

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2011

**Transaction ID:** SA11AI.4265

Amount of Each Receipt this Period  
250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Eileen Williams

Mailing Address 612 Renaissance LN

City State Zip Code  
Delray Beach FL 33483

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2011

**Transaction ID:** SA11AI.4266

Amount of Each Receipt this Period  
100.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4860.00

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

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

FOR LINE NUMBER: PAGE 12 / 32  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
FREEDOM'S DEFENSE FUND

Mailing Address PO BOX 96396

City State Zip Code  
WASHINGTON DC 20090

FEC ID number of contributing federal political committee. **C** C00401786

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2011

**Transaction ID:** SA11C.4492

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
G4S SECURE SOLUTIONS PAC (Formerly Wackenhut PAC)

Mailing Address 4200 WACKENHUT DRIVE

City State Zip Code  
PALM BEACH GARDENS FL 33410

FEC ID number of contributing federal political committee. **C** C00165365

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2011

**Transaction ID:** SA11C.4495

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**TOTAL** This Period (last page this line number only) ..... ► 2000.00

# 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Bob Losure <hr/> Mailing Address 6036 S 72nd East Ave <hr/> City Tulsa State OK Zip Code 74147 <hr/> Purpose of Disbursement PAC Ad Production Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4127 Date of Disbursement 01 / 26 / 2011 <hr/> Amount of Each Disbursement this Period 650.00
B.	Full Name (Last, First, Middle Initial) John Clark <hr/> Mailing Address 2350 NW 29th RD <hr/> City Boca Raton State FL Zip Code 33431 <hr/> Purpose of Disbursement Reimbursement: Travel/Off.Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4123 Date of Disbursement 01 / 17 / 2011 <hr/> Amount of Each Disbursement this Period 138.64
C.	Full Name (Last, First, Middle Initial) John Clark <hr/> Mailing Address 2350 NW 29th RD <hr/> City Boca Raton State FL Zip Code 33431 <hr/> Purpose of Disbursement Reimbursement: PAC Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4133 Date of Disbursement 02 / 06 / 2011 <hr/> Amount of Each Disbursement this Period 95.42

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

**884.06**

**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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) John Clark	Transaction ID: SB21B.4142 Date of Disbursement 03 / 12 / 2011
	Mailing Address 2350 NW 29th RD	Amount of Each Disbursement this Period 246.41
	City Boca Raton State FL Zip Code 33431	
	Purpose of Disbursement Reimbursement: PAC Travel Expenses	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Clark	Transaction ID: SB21B.4144 Date of Disbursement 04 / 04 / 2011
	Mailing Address 2350 NW 29th RD	Amount of Each Disbursement this Period 230.23
	City Boca Raton State FL Zip Code 33431	
	Purpose of Disbursement Reimbursement: PAC Travel Expense/Business Cards	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Clark	Transaction ID: SB21B.4150 Date of Disbursement 04 / 18 / 2011
	Mailing Address 2350 NW 29th RD	Amount of Each Disbursement this Period 150.17
	City Boca Raton State FL Zip Code 33431	
	Purpose of Disbursement Reimbursement: PAC Office Supplies/Travel Expenses	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>626.81</b>
<b>TOTAL</b> 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) John Clark</p> <p>Mailing Address 2350 NW 29th RD</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement Reimbursement: PAC Travel Expense/Music Royalty</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4170</p> <p>Date of Disbursement 05 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 79.63</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FedEx Office</p> <p>Mailing Address 7775 Glades Rd Suite 100</p> <p>City Boca Raton State FL Zip Code 33434</p> <p>Purpose of Disbursement PAC Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4166</p> <p>Date of Disbursement 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 191.25</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FedEx Office</p> <p>Mailing Address 7775 Glades Rd Suite 100</p> <p>City Boca Raton State FL Zip Code 33434</p> <p>Purpose of Disbursement PAC Printing/Invitations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4168</p> <p>Date of Disbursement 04 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 46.29</p>

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

317.17

**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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FedEx Office</p> <hr/> <p>Mailing Address 7775 Glades Rd Suite 100</p> <hr/> <p>City Boca Raton State FL Zip Code 33434</p> <hr/> <p>Purpose of Disbursement PAC Printing</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4176</p> <p><b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <table border="1"> <tr> <td>63.59</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	1	1	63.59
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	9		2	0	1	1													
63.59																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FedEx Office</p> <hr/> <p>Mailing Address 7775 Glades Rd Suite 100</p> <hr/> <p>City Boca Raton State FL Zip Code 33434</p> <hr/> <p>Purpose of Disbursement PAC Printing/Toner</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4183</p> <p><b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <table border="1"> <tr> <td>208.78</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	1	208.78
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	4		2	0	1	1													
208.78																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FedEx Office</p> <hr/> <p>Mailing Address 7775 Glades Rd Suite 100</p> <hr/> <p>City Boca Raton State FL Zip Code 33434</p> <hr/> <p>Purpose of Disbursement PAC Printing</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4190</p> <p><b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <table border="1"> <tr> <td>165.01</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	1	165.01
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	1		2	0	1	1													
165.01																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>437.38</b>
<b>TOTAL</b> 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Adam Greenstein</p> <p>Mailing Address 229 Via Deste #1701</p> <p>City Del Ray Beach State FL Zip Code 33445</p> <p>Purpose of Disbursement PAC Ad Production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4126</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Adam Greenstein</p> <p>Mailing Address 229 Via Deste #1701</p> <p>City Del Ray Beach State FL Zip Code 33445</p> <p>Purpose of Disbursement PAC Ad Production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4141</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Adam Greenstein</p> <p>Mailing Address 229 Via Deste #1701</p> <p>City Del Ray Beach State FL Zip Code 33445</p> <p>Purpose of Disbursement PAC Ad Production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4172</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="600.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) J.R. Clark Enterprises LLC <hr/> Mailing Address 2350 NW 29th Rd <hr/> City Boca Raton State FL Zip Code 33431 <hr/> Purpose of Disbursement Reimbursement: Travel Expense/Toner Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4189 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 233.19
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) J.R. Clark Enterprises LLC <hr/> Mailing Address 2350 NW 29th Rd <hr/> City Boca Raton State FL Zip Code 33431 <hr/> Purpose of Disbursement Reimbursement: PAC Travel/Food & Bev./Copies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4197 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 262.92
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Koch & Hoos, LLC <hr/> Mailing Address 901 N Washington St, Suite 102 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement PAC Accounting Compliance Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4145 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	996.11
<b>TOTAL</b> 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)

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<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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Lendan Inc.</p> <p>Mailing Address 205 Worth Avenue Suite 201</p> <p>City Palm Beach State FL Zip Code 33480</p> <p>Purpose of Disbursement PAC Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4136</p> <p>Date of Disbursement 02 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 106.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Lendan Inc.</p> <p>Mailing Address 205 Worth Avenue Suite 201</p> <p>City Palm Beach State FL Zip Code 33480</p> <p>Purpose of Disbursement PAC Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4138</p> <p>Date of Disbursement 03 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 106.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Lendan Inc.</p> <p>Mailing Address 205 Worth Avenue Suite 201</p> <p>City Palm Beach State FL Zip Code 33480</p> <p>Purpose of Disbursement PAC Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4147</p> <p>Date of Disbursement 04 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 106.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>318.00</b>
<b>TOTAL</b> 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)

PAGE 20 / 32

<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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Lendan Inc.</p> <p>Mailing Address 205 Worth Avenue Suite 201</p> <p>City Palm Beach State FL Zip Code 33480</p> <p>Purpose of Disbursement PAC Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4174</p> <p>Date of Disbursement 05 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 106.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Lendan Inc.</p> <p>Mailing Address 205 Worth Avenue Suite 201</p> <p>City Palm Beach State FL Zip Code 33480</p> <p>Purpose of Disbursement PAC Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4193</p> <p>Date of Disbursement 06 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 106.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Lendan Inc.</p> <p>Mailing Address 205 Worth Avenue Suite 201</p> <p>City Palm Beach State FL Zip Code 33480</p> <p>Purpose of Disbursement PAC Conference Room Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4194</p> <p>Date of Disbursement 06 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 60.00</p>

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

272.00

**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"/> 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC <hr/> Mailing Address 200 S. Executive Dr Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement PAC Web Hosting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4137 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 1 1	Amount of Each Disbursement this Period 50.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC <hr/> Mailing Address 200 S. Executive Dr Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement PAC Credit Card Processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4198 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1	Amount of Each Disbursement this Period 9.85
<b>C.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC <hr/> Mailing Address 200 S. Executive Dr Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement PAC Credit Card Processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4199 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 1	Amount of Each Disbursement this Period 5.70

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....			<b>65.55</b>
<b>TOTAL</b> 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC  Mailing Address 200 S. Executive Dr Suite 101  City Brookfield State WI Zip Code 53005  Purpose of Disbursement PAC Credit Card Processing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4200 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 1 1	<b>Amount of Each Disbursement this Period</b> 5.70
<b>B.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC  Mailing Address 200 S. Executive Dr Suite 101  City Brookfield State WI Zip Code 53005  Purpose of Disbursement PAC Web Hosting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 1 1	<b>Amount of Each Disbursement this Period</b> 50.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC  Mailing Address 200 S. Executive Dr Suite 101  City Brookfield State WI Zip Code 53005  Purpose of Disbursement PAC Credit Card Processing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4202 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 1 1	<b>Amount of Each Disbursement this Period</b> 6.60

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>62.30</b>
<b>TOTAL</b> 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC	Transaction ID: SB21B.4203 Date of Disbursement MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 200 S. Executive Dr Suite 101	Amount of Each Disbursement this Period 8.40
	City Brookfield State WI Zip Code 53005	
	Purpose of Disbursement PAC Credit Card Processing	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC	Transaction ID: SB21B.4201 Date of Disbursement MM / DD / YYYY 03 / 18 / 2011
	Mailing Address 200 S. Executive Dr Suite 101	Amount of Each Disbursement this Period 2.20
	City Brookfield State WI Zip Code 53005	
	Purpose of Disbursement PAC Credit Card Processing	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC	Transaction ID: SB21B.4146 Date of Disbursement MM / DD / YYYY 04 / 07 / 2011
	Mailing Address 200 S. Executive Dr Suite 101	Amount of Each Disbursement this Period 50.00
	City Brookfield State WI Zip Code 53005	
	Purpose of Disbursement PAC Web Hosting	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	60.60
<b>TOTAL</b> 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC	Transaction ID: SB21B.4204 Date of Disbursement
	Mailing Address 200 S. Executive Dr Suite 101	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City Brookfield State WI Zip Code 53005	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Credit Card Processing	<input type="text" value="11.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC	Transaction ID: SB21B.4205 Date of Disbursement
	Mailing Address 200 S. Executive Dr Suite 101	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City Brookfield State WI Zip Code 53005	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Credit Card Processing	<input type="text" value="2.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC	Transaction ID: SB21B.4206 Date of Disbursement
	Mailing Address 200 S. Executive Dr Suite 101	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Brookfield State WI Zip Code 53005	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Credit Card Processing	<input type="text" value="23.65"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="36.95"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC <hr/> Mailing Address 200 S. Executive Dr Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement PAC Credit Card Processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4207 Date of Disbursement 04 / 22 / 2011 <hr/> Amount of Each Disbursement this Period 7.40
B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC <hr/> Mailing Address 200 S. Executive Dr Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement PAC Credit Card Processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4209 Date of Disbursement 04 / 27 / 2011 <hr/> Amount of Each Disbursement this Period 11.80
C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC <hr/> Mailing Address 200 S. Executive Dr Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement PAC Credit Card Processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4210 Date of Disbursement 04 / 29 / 2011 <hr/> Amount of Each Disbursement this Period 12.40

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

**31.60**

**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)

PAGE 26 / 32

<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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC</p> <p>Mailing Address 200 S. Executive Dr Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement PAC Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4212</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 48.40</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC</p> <p>Mailing Address 200 S. Executive Dr Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement PAC Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4213</p> <p>Date of Disbursement 05 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 32.70</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC</p> <p>Mailing Address 200 S. Executive Dr Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement PAC Web Hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4173</p> <p>Date of Disbursement 05 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 50.00</p>

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

131.10

**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"/> 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC <hr/> Mailing Address 200 S. Executive Dr Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement PAC Credit Card Processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4214 Date of Disbursement 05 / 17 / 2011 <hr/> Amount of Each Disbursement this Period 5.70
B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC <hr/> Mailing Address 200 S. Executive Dr Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement PAC Credit Card Processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4215 Date of Disbursement 05 / 24 / 2011 <hr/> Amount of Each Disbursement this Period 12.30
C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC <hr/> Mailing Address 200 S. Executive Dr Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement PAC Credit Card Processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4216 Date of Disbursement 05 / 31 / 2011 <hr/> Amount of Each Disbursement this Period 2.20

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20.20
<b>TOTAL</b> 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC  Mailing Address 200 S. Executive Dr Suite 101  City Brookfield State WI Zip Code 53005  Purpose of Disbursement PAC Credit Card Processing  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4217 Date of Disbursement 06 / 01 / 2011  Amount of Each Disbursement this Period 10.30  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC  Mailing Address 200 S. Executive Dr Suite 101  City Brookfield State WI Zip Code 53005  Purpose of Disbursement PAC Web Hosting  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4195 Date of Disbursement 06 / 05 / 2011  Amount of Each Disbursement this Period 125.00  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC  Mailing Address 200 S. Executive Dr Suite 101  City Brookfield State WI Zip Code 53005  Purpose of Disbursement PAC Credit Card Processing  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4218 Date of Disbursement 06 / 06 / 2011  Amount of Each Disbursement this Period 5.70  Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	141.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC  Mailing Address 200 S. Executive Dr Suite 101  City Brookfield State WI Zip Code 53005  Purpose of Disbursement PAC Credit Card Processing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4219 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 1	Amount of Each Disbursement this Period  2.20
<b>B.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC  Mailing Address 200 S. Executive Dr Suite 101  City Brookfield State WI Zip Code 53005  Purpose of Disbursement PAC Credit Card Processing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4220 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 1	Amount of Each Disbursement this Period  11.20
<b>C.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC  Mailing Address 200 S. Executive Dr Suite 101  City Brookfield State WI Zip Code 53005  Purpose of Disbursement PAC Credit Card Processing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4221 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 1	Amount of Each Disbursement this Period  13.20

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>26.60</b>
<b>TOTAL</b> 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions, LLC	Transaction ID: SB21B.4222 Date of Disbursement 06 / 29 / 2011
	Mailing Address 200 S. Executive Dr Suite 101	Amount of Each Disbursement this Period 63.90
	City Brookfield State WI Zip Code 53005	
	Purpose of Disbursement PAC Credit Card Processing	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB21B.4164 Date of Disbursement 04 / 26 / 2011
	Mailing Address 8095 Glade Road Suite A	Amount of Each Disbursement this Period 50.86
	City Boca Raton State FL Zip Code 33434	
	Purpose of Disbursement PAC Office Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB21B.4171 Date of Disbursement 05 / 07 / 2011
	Mailing Address 8095 Glade Road Suite A	Amount of Each Disbursement this Period 338.11
	City Boca Raton State FL Zip Code 33434	
	Purpose of Disbursement PAC Office Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>452.87</b>
<b>TOTAL</b> 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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB21B.4178 Date of Disbursement
	Mailing Address 8095 Glade Road Suite A	<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Boca Raton State FL Zip Code 33434	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Office Supplies	<input type="text" value="28.07"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB21B.4196 Date of Disbursement
	Mailing Address 8095 Glade Road Suite A	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City Boca Raton State FL Zip Code 33434	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Office Supplies	<input type="text" value="76.29"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Todd Pinchevsky CPA	Transaction ID: SB21B.4186 Date of Disbursement
	Mailing Address 2240 Woolbright Road 342	<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City Boynton Beach State FL Zip Code 33426	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Accounting Services	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="354.36"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

PAGE 32 / 32

<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)  
RESTORE OUR AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
WPTV

Mailing Address 1100 Banyan Blvd

City State Zip Code  
West Palm Beach FL 33401

Purpose of Disbursement  
PAC Advertising - Issue Ads

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4156

Date of Disbursement

/   /

Amount of Each Disbursement this Period

510.00

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

510.00

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

6344.66