

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

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			M M / D D / Y Y Y Y Y Y		
Full Name of Payee MudShare		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024			
Mailing Address 888 Brickell Avenue Suite 300		Amount 25396.34			
City Miami	State FL	Zip Code 33131	Transaction ID : SE.23379		
Purpose of Expenditure Text messaging (estimate)		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate HARRIS, KAMALA, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		33369556.33	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y			
Mailing Address		Amount			
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....		25396.34			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....		25396.34			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Gaskill, Sherry, , ,		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2024			