

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 MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY					
Full Name of Payee Gen2 Solutions LLC			Date of Public Distribution/Dissemination MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY		
Mailing Address 3001 Washington Blvd 7th Floor			Amount 279568.00		
City Arlington		State VA	Zip Code 22201		Transaction ID : SE.22781
Purpose of Expenditure Digital advertising (production and placement)		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	
Name of Federal Candidate GOLDEN, JARED, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 333963.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Gen2 Solutions LLC			Date of Public Distribution/Dissemination MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY		
Mailing Address 3001 Washington Blvd 7th Floor			Amount 54395.00		
City Arlington		State VA	Zip Code 22201		Transaction ID : SE.22782
Purpose of Expenditure Radio advertising (production and placement)		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	
Name of Federal Candidate GOLDEN, JARED, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 54395.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			333963.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			333963.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Gaskill, Sherry, , ,			Date MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY		