

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 / /					
Full Name of Payee Capitol Solutions LLC			Date of Public Distribution/Dissemination / /		
Mailing Address 71 Seth's Way			Amount 300000.00		
City West Gardiner		State ME	Zip Code 04345		Transaction ID : SE.22791
Purpose of Expenditure Mailers (production and distribution)		Category/ Type 004		Date of Disbursement or Obligation / /	
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 633963.00			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination / /		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation / /
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..... ▶			300000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			300000.00		
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 / /		