

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) 18W140 Butterfield Rd., Suite 1500
Check if different than previously reported. (ACC) Oakbrook Terrace IL 60181

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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 15 / 2015 through 06 / 30 / 2015

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 Sherry Gaskill

Signature of Treasurer Sherry Gaskill [Electronically Filed] Date 07 / 30 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>		<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="330766.99"/>	<input type="text" value="330766.99"/>
(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="330766.99"/>	<input type="text" value="330766.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="208534.53"/>	<input type="text" value="208534.53"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="122232.46"/>	<input type="text" value="122232.46"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Restoration PAC

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).....	328333.33	328333.33
(ii) Unitemized	2433.66	2433.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	330766.99	330766.99
(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)	330766.99	330766.99
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 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))..... ▶	330766.99	330766.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	330766.99	330766.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	208534.53	208534.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	208534.53	208534.53
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)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	0.00
(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	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	208534.53	208534.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	208534.53	208534.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	330766.99	330766.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	330766.99	330766.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	208534.53	208534.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	208534.53	208534.53

**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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Peter H. Huizenga
 Full Name (Last, First, Middle Initial)
 Mailing Address 2215 York Rd.
 Suite 500
 City Oak Brook State IL Zip Code 60523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Huizenga Capital Management Occupation Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : SA11AI.4178
 Amount of Each Receipt this Period
 10000.00
 Contribution

B. Regent Management Services LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 N. Michigan Ave. Unit 803
 City Chicago State IL Zip Code 60602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2015
Transaction ID : SA11AI.4163
 Amount of Each Receipt this Period
 10000.00
 Contribution

C. Reverse Spin, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 874 Green Bay Road
 Suite 270
 City Winnetka State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2015
Transaction ID : SA11AI.4233
 Amount of Each Receipt this Period
 8000.00
 In-kind - Consulting fee

SUBTOTAL of Receipts This Page (optional).....▶	28000.00
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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Christopher Sherry
 Full Name (Last, First, Middle Initial)
 Mailing Address 1260 Candlewood Court
 City Downers Grove State IL Zip Code 60515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAF-T-LON International Occupation Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2015
Transaction ID : SA11AI.4184
 Amount of Each Receipt this Period
 250.00
 Contribution

B. Richard E. Uihlein
 Full Name (Last, First, Middle Initial)
 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 Uline Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2015
Transaction ID : SA11AI.4164
 Amount of Each Receipt this Period
 50000.00
 Contribution

C. Richard E. Uihlein
 Full Name (Last, First, Middle Initial)
 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 Uline Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : SA11AI.4216
 Amount of Each Receipt this Period
 250000.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	300250.00
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 8 OF 23
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Full Name (Last, First, Middle Initial)
Bob Walsh

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 1965 Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2015

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period
83.33

Contribution

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	83.33
TOTAL This Period (last page this line number only).....▶	328333.33

**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"/> 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)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. Basswood Research

Mailing Address Air Rights Center, North Tower
4550 Montgomery Ave., Ste. 906

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Research

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4304

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Website design

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4268

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Website design and maintenance, email deployment

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4269

Amount of Each Disbursement this Period

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

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)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Website design and maintenance, email deployment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4270

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Website design and maintenance, email deployment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4271

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Website maintenance, email deployment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4272

Amount of Each Disbursement this Period

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

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)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. CD, Inc.

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Digital advertising

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2015

Transaction ID : SB21B.4275

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. CD, Inc.

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Digital advertising

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2015

Transaction ID : SB21B.4276

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Connell Donatelli, Inc.

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Digital advertising

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB21B.4279

Amount of Each Disbursement this Period

1500.00

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

4500.00

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)
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

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : SB21B.4296

Amount of Each Disbursement this Period

65.14

Full Name (Last, First, Middle Initial)

B. eDonation.com

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement
Online fundraising fees

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : SB21B.4301

Amount of Each Disbursement this Period

46.13

Full Name (Last, First, Middle Initial)

C. eDonation.com

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement
Online fundraising fees

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Transaction ID : SB21B.4302

Amount of Each Disbursement this Period

42.41

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

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

153.68

**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)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement
Office expense

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB21B.4247

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement
Office expense

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB21B.4248

Amount of Each Disbursement this Period

31.31

Full Name (Last, First, Middle Initial)

C. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Legal fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2015

Transaction ID : SB21B.4280

Amount of Each Disbursement this Period

7451.00

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

7632.31

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)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. Luntz Global Partners LLC

Mailing Address 9165 Key Commons Court

City Manassas State VA Zip Code 20110

Purpose of Disbursement
Focus group/research

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4287

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Luntz Global Partners LLC

Mailing Address 9165 Key Commons Court

City Manassas State VA Zip Code 20110

Purpose of Disbursement
Travel expense reimbursement

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4306

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Sheraton Hotel Towers

Mailing Address 301 E. North Water St.

City Chicago State IL Zip Code 60611

Purpose of Disbursement
Travel expense

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4306.0

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4306

The remaining \$101.16 in expense reimbursements to Luntz Global Partners 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"/> 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)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4306.1

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Hilton Chicago O'Hare Airport

Mailing Address 10000 W O'Hare Ave

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Travel expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4306.2

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hilton Chicago O'Hare Airport

Mailing Address 10000 W O'Hare Ave

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Travel expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4306.3

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement
Travel expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2015

Transaction ID : SB21B.4306.4

Amount of Each Disbursement this Period

347.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement
Travel expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2015

Transaction ID : SB21B.4306.5

Amount of Each Disbursement this Period

20.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement
Travel expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2015

Transaction ID : SB21B.4306.6

Amount of Each Disbursement this Period

1845.71

[MEMO ITEM]

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

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

0.00

**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

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

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement
Travel expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2015

Transaction ID : SB21B.4306.7

Amount of Each Disbursement this Period

638.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2015

Transaction ID : SB21B.4306.8

Amount of Each Disbursement this Period

245.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Uber Technologies

Mailing Address 182 Howard Street

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Travel expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2015

Transaction ID : SB21B.4306.11

Amount of Each Disbursement this Period

117.14

[MEMO ITEM]

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

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

0.00

**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

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

Full Name (Last, First, Middle Initial)

A. Sheraton Hotel Towers

Mailing Address 301 E. North Water St.

City Chicago State IL Zip Code 60611

Purpose of Disbursement
Travel expense

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2015

Transaction ID : SB21B.4306.12

Amount of Each Disbursement this Period

334.65

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. The Westin Michigan Avenue Chicago

Mailing Address 909 North Michigan Avenue

City Chicago State IL Zip Code 60611

Purpose of Disbursement
Travel expense

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2015

Transaction ID : SB21B.4306.13

Amount of Each Disbursement this Period

215.18

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Regus Management Group, LLC

Mailing Address P.O. Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement
Rent expense

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2015

Transaction ID : SB21B.4252

Amount of Each Disbursement this Period

525.00

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

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

525.00

--

**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

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

Full Name (Last, First, Middle Initial)

A. Regus Management Group, LLC

Mailing Address P.O. Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement
Rent expense

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4253

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Regus Management Group, LLC

Mailing Address P.O. Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement
Rent expense

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4254

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Regus Management Group, LLC

Mailing Address P.O. Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement
Rent expense

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4255

Amount of Each Disbursement this Period

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

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)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. Reverse Spin, LLC

Mailing Address 874 Green Bay Road
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
In-kind - Consulting fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2015

Transaction ID : **SB21B.4234**

Amount of Each Disbursement this Period

8000.00

Full Name (Last, First, Middle Initial)

B. Reverse Spin, LLC

Mailing Address 874 Green Bay Road
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Consulting fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2015

Transaction ID : **SB21B.4281**

Amount of Each Disbursement this Period

8000.00

Full Name (Last, First, Middle Initial)

C. Reverse Spin, LLC

Mailing Address 874 Green Bay Road
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Consulting fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2015

Transaction ID : **SB21B.4337**

Amount of Each Disbursement this Period

8000.00

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

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

24000.00

**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

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

Full Name (Last, First, Middle Initial)

A. Reverse Spin, LLC

Mailing Address 874 Green Bay Road
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Consulting fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4338

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Reverse Spin, LLC

Mailing Address 874 Green Bay Road
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Consulting fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4339

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Reverse Spin, LLC

Mailing Address 874 Green Bay Road
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Consulting fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4340

Amount of Each Disbursement this Period

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

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)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. Rick Reed Media, Inc.

Mailing Address 2601-A Wilson Blvd.

City State Zip Code
Arlington VA 22201

Purpose of Disbursement
Advertising production costs

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4343

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Rick Reed Media, Inc.

Mailing Address 2601-A Wilson Blvd.

City State Zip Code
Arlington VA 22201

Purpose of Disbursement
Advertising production costs

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4342

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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