

# 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) **1901 BUTTERFIELD ROAD**

STE. 920

Check if different than previously reported. (ACC) **DOWNERS GROVE** IL **60515**

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

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  /  /  through  /  /

**07** / **01** / **2023** through **12** / **31** / **2023**

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 **Gaskill, Sherry, , ,**

Signature of Treasurer **Gaskill, Sherry, , ,** Date  /  /

**01** / **31** / **2024**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

RESTORATION PAC

Report Covering the Period: From: 07 / 01 / 2023 To: 12 / 31 / 2023

Table with 3 columns: Description, COLUMN A This Period, and COLUMN B Calendar Year-to-Date. Rows include Cash on Hand, Total Receipts, Total Disbursements, and Debts and Obligations.

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	4745818.26	11723004.26
(ii) Unitemized .....	1053.00	3642.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4746871.26	11726646.26
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	571750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4746871.26	12298396.26
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	381000.00
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)).....▶	4746871.26	12679396.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4746871.26	12679396.26

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	36081.61	1131425.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36081.61	1131425.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3402653.00	8066833.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	677498.00	1117496.56
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	4116232.61	10315754.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4116232.61	10315754.97

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4746871.26	12298396.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4746871.26	12298396.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	36081.61	1131425.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	36081.61	1131425.41

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

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

FOR LINE NUMBER: PAGE 6 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Blanford, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 W Court St.  
 City Paris State IL Zip Code 61944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GSA Occupation (for Individual) Program Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : SA11AI.22201**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Contribution

**B. Blanford, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 W Court St.  
 City Paris State IL Zip Code 61944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GSA Occupation (for Individual) Program Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 24 / 2023  
**Transaction ID : SA11AI.22222**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Contribution

**C. Blanford, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 W Court St.  
 City Paris State IL Zip Code 61944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GSA Occupation (for Individual) Program Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 26 / 2023  
**Transaction ID : SA11AI.22246**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 58
	<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
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NAME OF COMMITTEE (In Full)  
**RESTORATION PAC**

**A. Blanford, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 W Court St.  
 City Paris State IL Zip Code 61944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GSA Occupation (for Individual) Program Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2023  
**Transaction ID : SA11AI.22265**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Contribution

**B. Blanford, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 W Court St.  
 City Paris State IL Zip Code 61944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GSA Occupation (for Individual) Program Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2023  
**Transaction ID : SA11AI.22282**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Contribution

**C. Blanford, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 W Court St.  
 City Paris State IL Zip Code 61944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GSA Occupation (for Individual) Program Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2023  
**Transaction ID : SA11AI.22300**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 8 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RESTORATION PAC**

**A. BOURGEOIS, Judith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5323 Blair Lane  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 12 / 2023**  
**Transaction ID : SA11AI.22236**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution

**B. BOURGEOIS, Judith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5323 Blair Lane  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 12 / 2023**  
**Transaction ID : SA11AI.22255**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution

**C. BOURGEOIS, Judith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5323 Blair Lane  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 10 / 2023**  
**Transaction ID : SA11AI.22274**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 9 OF 58
(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)  
**RESTORATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. BOURGEOIS, Judith, , ,**

Mailing Address 5323 Blair Lane

City Baton Rouge	State LA	Zip Code 70809
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2023

**Transaction ID : SA11AI.22293**

Amount of Each Receipt this Period  
25.00

Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Chalita, Deysi, , ,**

Mailing Address 16 Glinda Lane

City Hattiesburg	State MS	Zip Code 39401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) At home	Occupation (for Individual) Chef
--	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2023

**Transaction ID : SA11AI.22238**

Amount of Each Receipt this Period  
25.00

Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Chalita, Deysi, , ,**

Mailing Address 16 Glinda Lane

City Hattiesburg	State MS	Zip Code 39401
---------------------	-------------	-------------------

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

Name of Employer (for Individual) At home	Occupation (for Individual) Chef
--	-------------------------------------

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
10	/	12	/	2023

**Transaction ID : SA11AI.22257**

Amount of Each Receipt this Period  
25.00

Memo Item  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 10 OF 58
	<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)  
**RESTORATION PAC**

**A. Chalita, Deysi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Glinda Lane  
 City Hattiesburg State MS Zip Code 39401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) At home Occupation (for Individual) Chef  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 10 / 2023**  
**Transaction ID : SA11AI.22275**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution

**B. Chalita, Deysi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Glinda Lane  
 City Hattiesburg State MS Zip Code 39401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) At home Occupation (for Individual) Chef  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 12 / 2023**  
**Transaction ID : SA11AI.22294**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution

**C. Jarrell, Terry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135 Center Street  
 City Star State NC Zip Code 27356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NC DPS Occupation (for Individual) Correctional Officers  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 24 / 2023**  
**Transaction ID : SA11AI.22200**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<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 11 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RESTORATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Jarrell, Terry, , ,**

Mailing Address 135 Center Street

City Star    State NC    Zip Code 27356

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

Name of Employer (for Individual) NC DPS    Occupation (for Individual) Correctional Officers

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2023  
**Transaction ID : SA11AI.22221**

Amount of Each Receipt this Period  
50.00

Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Jarrell, Terry, , ,**

Mailing Address 135 Center Street

City Star    State NC    Zip Code 27356

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

Name of Employer (for Individual) NC DPS    Occupation (for Individual) Correctional Officers

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2023  
**Transaction ID : SA11AI.22245**

Amount of Each Receipt this Period  
50.00

Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Jarrell, Terry, , ,**

Mailing Address 135 Center Street

City Star    State NC    Zip Code 27356

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

Name of Employer (for Individual) NC DPS    Occupation (for Individual) Correctional Officers

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : SA11AI.22264**

Amount of Each Receipt this Period  
50.00

Memo Item  
Contribution

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

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

150.00

**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 12 OF 58
	<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)  
**RESTORATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Jarrell, Terry, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 22 / 2023 <b>Transaction ID : SA11AI.22281</b>		
Mailing Address 135 Center Street			Amount of Each Receipt this Period 50.00		
City Star	State NC	Zip Code 27356	Memo Item <input type="checkbox"/> Contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) NC DPS		Occupation (for Individual) Correctional Officers			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Johnson, Charles, B., ,</b>			Date of Receipt MM / DD / YYYY 07 / 11 / 2023 <b>Transaction ID : SA11AI.22152</b>		
Mailing Address 1220 South Ocean Blvd.			Amount of Each Receipt this Period 10000.00		
City Palm Beach	State FL	Zip Code 33480	Memo Item <input type="checkbox"/> Contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Marinelli, Fulvio, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 08 / 2023 <b>Transaction ID : SA11AI.22231</b>		
Mailing Address 3485west capovilla ave			Amount of Each Receipt this Period 25.00		
City Las Vegas	State NV	Zip Code 89118	Memo Item <input type="checkbox"/> Contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Tabares entertainment		Occupation (for Individual) lighting			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 225.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10075.00
<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 13 OF 58  
(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. Marinelli, Fulvio, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3485west capovilla ave

City Las Vegas	State NV	Zip Code 89118
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Tabares entertainment	Occupation (for Individual) lighting
--	---

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
10	/	11	/	2023

**Transaction ID : SA11AI.22253**

Amount of Each Receipt this Period  
25.00

Memo Item  
Contribution

**B. Marinelli, Fulvio, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3485west capovilla ave

City Las Vegas	State NV	Zip Code 89118
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Tabares entertainment	Occupation (for Individual) lighting
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2023

**Transaction ID : SA11AI.22272**

Amount of Each Receipt this Period  
25.00

Memo Item  
Contribution

**C. Marinelli, Fulvio, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3485west capovilla ave

City Las Vegas	State NV	Zip Code 89118
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Tabares entertainment	Occupation (for Individual) lighting
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2023

**Transaction ID : SA11AI.22289**

Amount of Each Receipt this Period  
25.00

Memo Item  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 14 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Montgomery, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12thstreet  
 City Greenville State PA Zip Code 16125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 11 / 2023**  
**Transaction ID : SA11AI.22235**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution

**B. Montgomery, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12thstreet  
 City Greenville State PA Zip Code 16125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 12 / 2023**  
**Transaction ID : SA11AI.22254**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution

**C. Montgomery, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12thstreet  
 City Greenville State PA Zip Code 16125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 09 / 2023**  
**Transaction ID : SA11AI.22273**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 15 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Montgomery, Maureen, , ,**  
 Mailing Address 12thstreet  
 City Greenville State PA Zip Code 16125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2023  
**Transaction ID : SA11AI.22292**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. NationBuilder**  
 Mailing Address PO Box 811428  
 City Los Angeles State CA Zip Code 90081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2023  
**Transaction ID : SA11AI.22443**  
 Amount of Each Receipt this Period 241.85  
 Memo Item  
 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. NationBuilder**  
 Mailing Address PO Box 811428  
 City Los Angeles State CA Zip Code 90081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 251.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : SA11AI.22444**  
 Amount of Each Receipt this Period 9.41  
 Memo Item  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 276.26  
**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 16 OF 58
	<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
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**RESTORATION PAC**

**A. Rippy, Jodie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Circle Drive  
 City Wrightsville Beach State NC Zip Code 28480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023  
**Transaction ID : SA11AI.22237**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution

**B. Rippy, Jodie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Circle Drive  
 City Wrightsville Beach State NC Zip Code 28480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 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  
 10 / 12 / 2023  
**Transaction ID : SA11AI.22256**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution

**C. Smith, Sheila, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34620 Clayton Road  
 City Dade City State FL Zip Code 33523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2023  
**Transaction ID : SA11AI.22285**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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: (check only one)	PAGE 17 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**RESTORATION PAC**

**A. Smith, Sheila, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34620 Clayton Road  
 City Dade City State FL Zip Code 33523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 29 / 2023  
**Transaction ID : SA11AI.22303**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution

**B. Truax, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2296 Sedona Hills  
 City Las Cruces State NM Zip Code 88011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 11 / 2023  
**Transaction ID : SA11AI.22151**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item  
 Contribution

**C. Uihlein, Richard, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 52  
 City Lake Bluff State IL Zip Code 60044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Uline Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 6288981.00

Date of Receipt 07 / 14 / 2023  
**Transaction ID : SA11AI.22143**  
 Amount of Each Receipt this Period 288890.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290110.00
<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: (check only one)	PAGE 18 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**RESTORATION PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Uihlein, Richard, E., ,

Mailing Address PO BOX 52

City Lake Bluff	State IL	Zip Code 60044
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Uline	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6577870.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2023

**Transaction ID : SA11AI.22142**

Amount of Each Receipt this Period  
288889.00

Memo Item  
Contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Uihlein, Richard, E., ,

Mailing Address PO BOX 52

City Lake Bluff	State IL	Zip Code 60044
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Uline	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8577870.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2023

**Transaction ID : SA11AI.22140**

Amount of Each Receipt this Period  
2000000.00

Memo Item  
Contribution

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Uihlein, Richard, E., ,

Mailing Address PO BOX 52

City Lake Bluff	State IL	Zip Code 60044
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Uline	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
8866757.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2023

**Transaction ID : SA11AI.22141**

Amount of Each Receipt this Period  
288887.00

Memo Item  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2577776.00
<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: (check only one)	PAGE 19 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**RESTORATION PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Uihlein, Richard, E., ,

Mailing Address PO BOX 52

City Lake Bluff	State IL	Zip Code 60044
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Uline	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9866757.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2023

**Transaction ID : SA11AI.22139**

Amount of Each Receipt this Period  
1000000.00

Memo Item  
Contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Uihlein, Richard, E., ,

Mailing Address PO BOX 52

City Lake Bluff	State IL	Zip Code 60044
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Uline	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10155644.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023

**Transaction ID : SA11AI.22138**

Amount of Each Receipt this Period  
288887.00

Memo Item  
Contribution

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Uihlein, Richard, E., ,

Mailing Address PO BOX 52

City Lake Bluff	State IL	Zip Code 60044
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Uline	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10444531.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2023

**Transaction ID : SA11AI.22137**

Amount of Each Receipt this Period  
288887.00

Memo Item  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1577774.00
<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 20 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RESTORATION PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Uihlein, Richard, E., ,

Mailing Address PO BOX 52

City Lake Bluff    State IL    Zip Code 60044

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

Name of Employer (for Individual) Uline    Occupation (for Individual) CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10733418.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2023

Transaction ID : SA11AI.22136

Amount of Each Receipt this Period  
288887.00

Memo Item Contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

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

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288887.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4745818.26

**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"/> 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)  
**RESTORATION PAC**

**A. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 0001

City Los Angeles State CA Zip Code 90096-8000

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 19 / 2023

FEC Identification Number: C

Transaction ID : SB21B.22388

Amount of Each Disbursement this Period: 2079.00

Memo Item

**B. LexisNexis**

Full Name (Last, First, Middle Initial)

Mailing Address 28544 Network Place

City Chicago State IL Zip Code 60673

Purpose of Disbursement  
Legal research fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 12 / 2023

FEC Identification Number: C

Transaction ID : SB21B.22388

Amount of Each Disbursement this Period: 1984.00

Memo Item

**C. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 0001

City Los Angeles State CA Zip Code 90096-8000

Purpose of Disbursement  
Processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 13 / 2023

FEC Identification Number: C

Transaction ID : SB21B.22388

Amount of Each Disbursement this Period: 95.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2079.00

**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"/> 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**

**A. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 0001

City Los Angeles State CA Zip Code 90096-8000

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 24 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.22387**

Amount of Each Disbursement this Period: 1984.00

Memo Item

**B. LexisNexis**

Full Name (Last, First, Middle Initial)

Mailing Address 28544 Network Place

City Chicago State IL Zip Code 60673

Purpose of Disbursement  
Legal research

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 08 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.22387**

Amount of Each Disbursement this Period: 1984.00

Memo Item

**C. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 0001

City Los Angeles State CA Zip Code 90096-8000

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 22 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.22386**

Amount of Each Disbursement this Period: 1984.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3968.00

**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"/> 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)  
**RESTORATION PAC**

**A. American Express**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 0001

City Los Angeles State CA Zip Code 90096-8000

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 01 / 2023

FEC Identification Number  
**C**

**Transaction ID : SB21B.22384**

Amount of Each Disbursement this Period  
2679.00

Memo Item

**B. LexisNexis**

Full Name (Last, First, Middle Initial)  
Mailing Address 28544 Network Place

City Chicago State IL Zip Code 60673

Purpose of Disbursement  
Legal research

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 07 / 2023

FEC Identification Number  
**C**

**Transaction ID : SB21B.22384**

Amount of Each Disbursement this Period  
2584.00

Memo Item

**C. American Express**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 0001

City Los Angeles State CA Zip Code 90096-8000

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 29 / 2023

FEC Identification Number  
**C**

**Transaction ID : SB21B.22384**

Amount of Each Disbursement this Period  
2584.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5263.00

**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"/> 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)  
**RESTORATION PAC**

**A. Chain Bridge Bank, N.A.**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.22133

Amount of Each Disbursement this Period: 27.50

Memo Item

**B. Chain Bridge Bank, N.A.**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 18 / 2023

FEC Identification Number: C

Transaction ID : SB21B.22132

Amount of Each Disbursement this Period: 50.00

Memo Item

**C. Chain Bridge Bank, N.A.**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 10 / 2023

FEC Identification Number: C

Transaction ID : SB21B.22131

Amount of Each Disbursement this Period: 2.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 80.00

**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"/> 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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Chain Bridge Bank, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2023
Mailing Address 1445-A Laughlin Avenue		
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Bank fee		Category/ Type <b>001</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.22129</b> Amount of Each Disbursement this Period 25.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Chain Bridge Bank, N.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2023
Mailing Address 1445-A Laughlin Avenue		
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Bank fee		Category/ Type <b>001</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.22128</b> Amount of Each Disbursement this Period 52.50	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Chain Bridge Bank, N.A.</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2023
Mailing Address 1445-A Laughlin Avenue		
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Bank fee		Category/ Type <b>001</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.22127</b> Amount of Each Disbursement this Period 50.00	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	127.50
<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"/> 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)  
**RESTORATION PAC**

**A. Chain Bridge Bank, N.A.**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 27 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.22126**

Amount of Each Disbursement this Period: 50.00

Memo Item

**B. Langdon Law LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Legal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 01 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.22413**

Amount of Each Disbursement this Period: 4872.50

Memo Item

**C. Langdon Law LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Legal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 22 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.22408**

Amount of Each Disbursement this Period: 3600.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8522.50

**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"/> 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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Restoration of America</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2023
Mailing Address 1901 Butterfield Road Suite 120		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.22407</b>
City Downers Grove	State IL	Zip Code 60515
Purpose of Disbursement Software subscription		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1292.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Restoration of America</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2023
Mailing Address 1901 Butterfield Road Suite 120		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.22406</b>
City Downers Grove	State IL	Zip Code 60515
Purpose of Disbursement Software subscription		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 172.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Restoration of America</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2023
Mailing Address 1901 Butterfield Road Suite 120		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.22405</b>
City Downers Grove	State IL	Zip Code 60515
Purpose of Disbursement Software subscription		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 215.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1681.24
<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"/> 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)  
**RESTORATION PAC**

**A. Restoration of America**

Full Name (Last, First, Middle Initial)

Mailing Address 1901 Butterfield Road  
Suite 120

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement  
In-kind - Staff Salary/Taxes/Benefits/Occupancy/Insurance in 2023

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 29 / 2023

FEC Identification Number: C  
Transaction ID : **SB21B.22404**  
Amount of Each Disbursement this Period: 9808.76

Memo Item

**B. SmartGate Corporation**

Full Name (Last, First, Middle Initial)

Mailing Address 15 East Madison St.

City Lombard State IL Zip Code 60148

Purpose of Disbursement  
Website services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 26 / 2023

FEC Identification Number: C  
Transaction ID : **SB21B.22414**  
Amount of Each Disbursement this Period: 345.00

Memo Item

**C. SmartGate Corporation**

Full Name (Last, First, Middle Initial)

Mailing Address 15 East Madison St.

City Lombard State IL Zip Code 60148

Purpose of Disbursement  
Website services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2023

FEC Identification Number: C  
Transaction ID : **SB21B.22412**  
Amount of Each Disbursement this Period: 370.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10524.26

**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"/> 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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. SmartGate Corporation</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2023
Mailing Address 15 East Madison St.		FEC Identification Number C <b>Transaction ID : SB21B.22411</b> Amount of Each Disbursement this Period 396.00
City Lombard	State IL Zip Code 60148	
Purpose of Disbursement Website services	Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SmartGate Corporation</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2023
Mailing Address 15 East Madison St.		FEC Identification Number C <b>Transaction ID : SB21B.22410</b> Amount of Each Disbursement this Period 411.00
City Lombard	State IL Zip Code 60148	
Purpose of Disbursement Website services	Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SmartGate Corporation</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2023
Mailing Address 15 East Madison St.		FEC Identification Number C <b>Transaction ID : SB21B.22405</b> Amount of Each Disbursement this Period 411.00
City Lombard	State IL Zip Code 60148	
Purpose of Disbursement Website services	Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1218.00
<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"/> 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)  
**RESTORATION PAC**

**A. SmartGate Corporation**

Full Name (Last, First, Middle Initial)

Mailing Address 15 East Madison St.

City Lombard State IL Zip Code 60148

Purpose of Disbursement Website services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 29 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.22416**

Amount of Each Disbursement this Period: 411.00

Memo Item

**B. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Processing fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.22321**

Amount of Each Disbursement this Period: 2.60

Memo Item

**C. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Processing fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.22322**

Amount of Each Disbursement this Period: 3.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 417.50

**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"/> 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)  
**RESTORATION PAC**

**A. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 08 / 11 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22323  
Amount of Each Disbursement this Period: 0.70

Memo Item

**B. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 08 / 15 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22324  
Amount of Each Disbursement this Period: 0.71

Memo Item

**C. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 08 / 16 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22325  
Amount of Each Disbursement this Period: 0.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2.11

**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"/> 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)  
**RESTORATION PAC**

**A. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 08 / 17 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22326  
Amount of Each Disbursement this Period: 1.30

Memo Item

**B. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 08 / 18 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22327  
Amount of Each Disbursement this Period: 0.50

Memo Item

**C. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 08 / 23 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22328  
Amount of Each Disbursement this Period: 3.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5.30

**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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
RESTORATION PAC

Form A: Stripe, Inc. Disbursement details including date (08/24/2023), amount (2.30), and FEC ID (SB21B.22329).

Form B: Stripe, Inc. Disbursement details including date (08/25/2023), amount (0.71), and FEC ID (SB21B.22330).

Form C: Stripe, Inc. Disbursement details including date (08/31/2023), amount (0.34), and FEC ID (SB21B.22331).

SUBTOTAL of Disbursements This Page (optional) 3.35
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"/> 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**

**A. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 09 / 07 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22333  
Amount of Each Disbursement this Period: 1.70

Memo Item

**B. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 09 / 08 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22334  
Amount of Each Disbursement this Period: 1.98

Memo Item

**C. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 09 / 11 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22335  
Amount of Each Disbursement this Period: 1.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4.98

**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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: Stripe, Inc. Disbursement details including date (09/12/2023), FEC ID, amount (3.90), and category (001).

Form B: Stripe, Inc. Disbursement details including date (09/13/2023), FEC ID, amount (1.41), and category (001).

Form C: Stripe, Inc. Disbursement details including date (09/18/2023), FEC ID, amount (0.70), and category (001).

SUBTOTAL of Disbursements This Page (optional) 6.01
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"/> 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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [ ] <b>Transaction ID : SB21B.22339</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		Amount of Each Disbursement this Period [ ] 0.50
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [ ] <b>Transaction ID : SB21B.22340</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		Amount of Each Disbursement this Period [ ] 0.70
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [ ] <b>Transaction ID : SB21B.22341</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		Amount of Each Disbursement this Period [ ] 2.80
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 4.00
<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"/> 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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.22342</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		001 Category/Type
Candidate Name		Amount of Each Disbursement this Period 2.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.22343</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		001 Category/Type
Candidate Name		Amount of Each Disbursement this Period 0.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.22344</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		001 Category/Type
Candidate Name		Amount of Each Disbursement this Period 0.42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3.43
<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"/> 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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [ ] <b>Transaction ID : SB21B.22345</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		Amount of Each Disbursement this Period [ ] 1.10
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [ ] <b>Transaction ID : SB21B.22346</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		Amount of Each Disbursement this Period [ ] 0.34
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [ ] <b>Transaction ID : SB21B.22347</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		Amount of Each Disbursement this Period [ ] 1.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2.44
<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"/> 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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.22348</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		001 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 1.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.22349</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		001 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 5.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.22350</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		001 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 0.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7.91
<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"/> 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)  
**RESTORATION PAC**

**A. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

Date of Disbursement: 10 / 18 / 2023

FEC Identification Number: C  
**Transaction ID : SB21B.22351**  
Amount of Each Disbursement this Period: 1.20

Memo Item

**B. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

Date of Disbursement: 10 / 23 / 2023

FEC Identification Number: C  
**Transaction ID : SB21B.22352**  
Amount of Each Disbursement this Period: 0.95

Memo Item

**C. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

Date of Disbursement: 10 / 24 / 2023

FEC Identification Number: C  
**Transaction ID : SB21B.22353**  
Amount of Each Disbursement this Period: 3.05

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5.20

**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"/> 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)  
**RESTORATION PAC**

**A. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 10 / 25 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22354  
Amount of Each Disbursement this Period: 3.26

Memo Item

**B. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 10 / 30 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22356  
Amount of Each Disbursement this Period: 1.17

Memo Item

**C. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 10 / 31 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22357  
Amount of Each Disbursement this Period: 1.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6.03

**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"/> 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)  
**RESTORATION PAC**

**A. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Processing fee  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 11 / 01 / 2023

FEC Identification Number: C

Transaction ID : SB21B.22358

Amount of Each Disbursement this Period: 0.59

Memo Item

**B. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Processing fee  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 11 / 08 / 2023

FEC Identification Number: C

Transaction ID : SB21B.22359

Amount of Each Disbursement this Period: 3.55

Memo Item

**C. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Processing fee  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 11 / 09 / 2023

FEC Identification Number: C

Transaction ID : SB21B.2236t

Amount of Each Disbursement this Period: 1.55

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5.69

**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"/> 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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.22361</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		001 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 2.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.22362</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		001 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 1.46
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2023
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.22363</b>
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Processing fee		001 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 0.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5.01
<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"/> 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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial)

### A. Stripe, Inc.

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Processing fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2023

FEC Identification Number

Transaction ID : SB21B.22364

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### B. Stripe, Inc.

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Processing fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2023

FEC Identification Number

Transaction ID : SB21B.22365

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C. Stripe, Inc.

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Processing fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 27 / 2023

FEC Identification Number

Transaction ID : SB21B.22366

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"/> 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)  
**RESTORATION PAC**

**A. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 11 / 28 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22367  
Amount of Each Disbursement this Period: 0.71

Memo Item

**B. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 11 / 29 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22368  
Amount of Each Disbursement this Period: 1.77

Memo Item

**C. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 12 / 01 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22366  
Amount of Each Disbursement this Period: 0.59

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3.07

**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"/> 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)  
**RESTORATION PAC**

**A. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

Date of Disbursement: 12 / 12 / 2023

FEC Identification Number: C  
**Transaction ID : SB21B.22373**  
Amount of Each Disbursement this Period: 2.60

Memo Item

**B. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

Date of Disbursement: 12 / 13 / 2023

FEC Identification Number: C  
**Transaction ID : SB21B.22374**  
Amount of Each Disbursement this Period: 0.96

Memo Item

**C. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

Date of Disbursement: 12 / 18 / 2023

FEC Identification Number: C  
**Transaction ID : SB21B.22375**  
Amount of Each Disbursement this Period: 1.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4.76

**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"/> 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)  
**RESTORATION PAC**

**A. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 12 / 20 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22376  
Amount of Each Disbursement this Period: 0.75

Memo Item

**B. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 12 / 21 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22377  
Amount of Each Disbursement this Period: 1.70

Memo Item

**C. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Processing fee  001  
Candidate Name

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

State: District:

Date of Disbursement: 12 / 22 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.22378  
Amount of Each Disbursement this Period: 0.75

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3.20

**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"/> 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)  
**RESTORATION PAC**

**A. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Processing fee  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 12 / 27 / 2023

FEC Identification Number: C

Transaction ID : SB21B.22379

Amount of Each Disbursement this Period: 3.05

Memo Item

**B. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Processing fee  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 12 / 28 / 2023

FEC Identification Number: C

Transaction ID : SB21B.22380

Amount of Each Disbursement this Period: 1.13

Memo Item

**C. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Processing fee  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 12 / 29 / 2023

FEC Identification Number: C

Transaction ID : SB21B.22381

Amount of Each Disbursement this Period: 1.10

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5.28
<b>TOTAL</b> This Period (last page this line number only).....▶	36058.27

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN PRINCIPLES PROJECT PAC</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2023
Mailing Address 2800 SHIRLINGTON ROAD, STE. 1201		FEC Identification Number C00544387 <b>Transaction ID : SB23.22180</b> Amount of Each Disbursement this Period 1500000.00
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN PRINCIPLES PROJECT PAC</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2023
Mailing Address 2800 SHIRLINGTON ROAD, STE. 1201		FEC Identification Number C00544387 <b>Transaction ID : SB23.22179</b> Amount of Each Disbursement this Period 583332.00
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAS PAC</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2023
Mailing Address 2560 Plymouth		FEC Identification Number C00559906 <b>Transaction ID : SB23.22172</b> Amount of Each Disbursement this Period 30546.00
City Marion	State IA	Zip Code 52302
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2113878.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. AMERICAS PAC</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2023
Mailing Address 2560 Plymouth		FEC Identification Number <b>C</b> C00559906 <b>Transaction ID : SB23.22171</b> Amount of Each Disbursement this Period 30555.00
City Marion	State IA	
Zip Code 52302	Purpose of Disbursement Contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAS PAC</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2023
Mailing Address 2560 Plymouth		FEC Identification Number <b>C</b> C00559906 <b>Transaction ID : SB23.22170</b> Amount of Each Disbursement this Period 30555.00
City Marion	State IA	
Zip Code 52302	Purpose of Disbursement Contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAS PAC</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2023
Mailing Address 2560 Plymouth		FEC Identification Number <b>C</b> C00559906 <b>Transaction ID : SB23.22169</b> Amount of Each Disbursement this Period 30555.00
City Marion	State IA	
Zip Code 52302	Purpose of Disbursement Contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	91665.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. AMERICAS PAC</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2023
Mailing Address 2560 Plymouth		FEC Identification Number <b>C</b> C00559906 <b>Transaction ID : SB23.22168</b> Amount of Each Disbursement this Period 30555.00
City Marion	State IA	
Zip Code 52302	Purpose of Disbursement Contribution	Memo Item <input type="checkbox"/>
Candidate Name	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAS PAC</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2023
Mailing Address 2560 Plymouth		FEC Identification Number <b>C</b> C00559906 <b>Transaction ID : SB23.22167</b> Amount of Each Disbursement this Period 30555.00
City Marion	State IA	
Zip Code 52302	Purpose of Disbursement Contribution	Memo Item <input type="checkbox"/>
Candidate Name	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Moms for Liberty Action</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2023
Mailing Address PO Box 26141		FEC Identification Number <b>C</b> C00791848 <b>Transaction ID : SB23.22182</b> Amount of Each Disbursement this Period 136000.00
City Alexandria	State VA	
Zip Code 22313	Purpose of Disbursement Contribution	Memo Item <input type="checkbox"/>
Candidate Name	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	197110.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial)

**A. WOMEN SPEAK OUT PAC**

Mailing Address 2800 SHIRLINGTON RD  
SUITE 1200

City  
ARLINGTON

State  
VA

Zip Code  
22206

Purpose of Disbursement

Political contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2023

FEC Identification Number

C	C00530766
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**Transaction ID : SB23.22184**

Amount of Each Disbursement this Period

1000000.00
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Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

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Memo Item

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

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

1000000.00
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3402653.00
------------

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial)

**A. America's PAC (State)**

Mailing Address 2560 Plymouth

City Marion State IA Zip Code 52302

Purpose of Disbursement Nonfederal contribution  
Candidate Name  
Category/Type 011

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

Date of Disbursement  
MM / DD / YYYY  
09 / 14 / 2023

FEC Identification Number  
C  
Transaction ID : SB29.22176  
Amount of Each Disbursement this Period  
500000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican National Lawyers Association**

Mailing Address PO Box 18965

City Washington State DC Zip Code 20036

Purpose of Disbursement Non-federal contribution  
Candidate Name  
Category/Type 011

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

Date of Disbursement  
MM / DD / YYYY  
07 / 18 / 2023

FEC Identification Number  
C  
Transaction ID : SB29.22161  
Amount of Each Disbursement this Period  
29167.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Republican National Lawyers Association**

Mailing Address PO Box 18965

City Washington State DC Zip Code 20036

Purpose of Disbursement Nonfederal contribution  
Candidate Name  
Category/Type 011

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

Date of Disbursement  
MM / DD / YYYY  
08 / 17 / 2023

FEC Identification Number  
C  
Transaction ID : SB29.22162  
Amount of Each Disbursement this Period  
29167.00

Memo Item

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

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

558334.00



**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Republican National Lawyers Association</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2023
Mailing Address PO Box 18965		FEC Identification Number C <b>Transaction ID : SB29.22163</b> Amount of Each Disbursement this Period 29166.00
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Nonfederal contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Republican National Lawyers Association</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2023
Mailing Address PO Box 18965		FEC Identification Number C <b>Transaction ID : SB29.22164</b> Amount of Each Disbursement this Period 29166.00
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Nonfederal contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Republican National Lawyers Association</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2023
Mailing Address PO Box 18965		FEC Identification Number C <b>Transaction ID : SB29.22165</b> Amount of Each Disbursement this Period 29166.00
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Nonfederal contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

87498.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**RESTORATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Republican National Lawyers Association</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2023
Mailing Address PO Box 18965		FEC Identification Number C [ ] <b>Transaction ID : SB29.22166</b>
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Nonfederal contribution		Amount of Each Disbursement this Period [ ] 29166.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [ ] District: [ ]	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Rutkowski, Jake, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2023
Mailing Address		FEC Identification Number C [ ] <b>Transaction ID : SB29.22417</b>
City	State	Zip Code
Purpose of Disbursement Data consultant for direct mail		Amount of Each Disbursement this Period [ ] 2500.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [ ] District: [ ]	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period [ ]
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [ ] District: [ ]	Category/Type [ ]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 31666.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 677498.00