

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) P.O. Box 4808 Oak Brook IL 60522 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW OR AMENDED C00571588 x (N) (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2016 through 09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Gaskill, Sherry, , , Type or Print Name of Treasurer

Signature of Treasurer Gaskill, Sherry, , , [Electronically Filed] Date 10 14 2016

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**

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Page 2

Write or Type Committee Name

Restoration PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value=""/>	<input type="text" value="669805.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="83860.44"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1584168.99"/>	<input type="text" value="1630951.24"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1668029.43"/>	<input type="text" value="2300756.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="947449.29"/>	<input type="text" value="1580176.62"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="720580.14"/>	<input type="text" value="720580.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

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).....	1581699.99	1587733.31
(ii) Unitemized	2469.00	13711.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1584168.99	1601445.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1584168.99	1601445.24
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	29506.00
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)).....▶	1584168.99	1630951.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1584168.99	1630951.24

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	115549.29	281654.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	115549.29	281654.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	831900.00	1298472.00
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	50.00
(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	50.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	947449.29	1580176.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	947449.29	1580176.62

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1584168.99	1601445.24
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1584168.99	1601395.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	115549.29	281654.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	29506.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	115549.29	252148.62

**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 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Restoration PAC

A. Considine, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4582 S Ulster St Parkway #410
 City Denver State CO Zip Code 80237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aimco Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11AI.5730
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Goers, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6700 RT 83
 City Darien State IL Zip Code 60561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 20 / 2016
Transaction ID : SA11AI.5538
 Amount of Each Receipt this Period 50.00
 Memo Item Contribution

C. Goodyear, Priscilla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10042 Signet Circle
 City Huntington Beach State CA Zip Code 92646
 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 07 / 20 / 2016
Transaction ID : SA11AI.5539
 Amount of Each Receipt this Period 100.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00
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 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Restoration PAC

A. Goodyear, Priscilla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10042 Signet Circle
 City Huntington Beach State CA Zip Code 92646
 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 ▼ 375.00

Date of Receipt 08 / 30 / 2016
Transaction ID : SA11AI.5714
 Amount of Each Receipt this Period 100.00
 Memo Item Contribution

B. Haynes, Guy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Bassy St.
 City Lebanon State NH Zip Code 03766
 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 ▼ 550.00

Date of Receipt 07 / 15 / 2016
Transaction ID : SA11AI.5544
 Amount of Each Receipt this Period 100.00
 Memo Item Contribution

C. Hubbard, Stanley, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3415 University Avenue W
 City Saint Paul State MN Zip Code 55114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hubbard Broadcasting, Inc. Occupation (for Individual) Chairman/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.5718
 Amount of Each Receipt this Period 10000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 10200.00
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 8 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Restoration PAC

A. Kline, Roy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10575 Dacre Place
 City Lone Tree State CO Zip Code 80124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WDG, LLC Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 08 / 26 / 2016
Transaction ID : SA11AI.5709
 Amount of Each Receipt this Period 15000.00
 Memo Item Contribution

B. Rust, Robert, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1430 S. Dixie Highway Suite 31
 City Coral Gables State FL Zip Code 33146
 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 ▼ 5000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.5748
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

C. Smith, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34620 Clayton Rd
 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 ▼ 350.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA11AI.5559
 Amount of Each Receipt this Period 50.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	20050.00
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 9 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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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 Rd
 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 ▼ 400.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA11AI.5678
 Amount of Each Receipt this Period 50.00
 Memo Item Contribution

B. Uihlein, Richard, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1396 N. Waukegan Rd.
 City Lake Forest State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Uline Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050000.00

Date of Receipt 07 / 08 / 2016
Transaction ID : SA11AI.5751
 Amount of Each Receipt this Period 1050000.00
 Memo Item Contribution

C. Uihlein, Richard, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1396 N. Waukegan Rd.
 City Lake Forest State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Uline Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1550000.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.5752
 Amount of Each Receipt this Period 500000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1550050.00
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 10 OF 32
	<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. Walsh, Bob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Waverly Avenue
 City Clarendon Hills State IL Zip Code 60514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1965 Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt **07 / 05 / 2016**
Transaction ID : SA11AI.5564
 Amount of Each Receipt this Period 83.33
 Memo Item Contribution

B. Walsh, Bob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Waverly Avenue
 City Clarendon Hills State IL Zip Code 60514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1965 Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt **08 / 05 / 2016**
Transaction ID : SA11AI.5679
 Amount of Each Receipt this Period 83.33
 Memo Item Contribution

C. Walsh, Bob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Waverly Avenue
 City Clarendon Hills State IL Zip Code 60514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1965 Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt **09 / 05 / 2016**
Transaction ID : SA11AI.5726
 Amount of Each Receipt this Period 83.33
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	1581699.99

**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. Bluebonnet Fundraising

Full Name (Last, First, Middle Initial)

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement Fundraising consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 21 / 2016

FEC Identification Number C

Transaction ID : SB21B.5793

Amount of Each Disbursement this Period 7600.00

Memo Item

B. Bluebonnet Fundraising

Full Name (Last, First, Middle Initial)

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement Travel expense reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 21 / 2016

FEC Identification Number C

Transaction ID : SB21B.5795

Amount of Each Disbursement this Period 1444.13

Memo Item

C. The Brown Palace Hotel and Spa

Full Name (Last, First, Middle Initial)

Mailing Address 321 17th Street

City Denver State CO Zip Code 80202

Purpose of Disbursement Travel expense reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 17 / 2016

FEC Identification Number C

Transaction ID : SB21B.5795.

Amount of Each Disbursement this Period 1041.93

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9044.13

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)

A. Frontier Airlines

Mailing Address 7001 Tower Road

City
Denver

State
CO

Zip Code
80249

Purpose of Disbursement
Travel expense reimbursement

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 17 / 2016

FEC Identification Number

C
Transaction ID : SB21B.5795.
Amount of Each Disbursement this Period
402.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Office expense reimbursement

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 15 / 2016

FEC Identification Number

C
Transaction ID : SB21B.5574
Amount of Each Disbursement this Period
16.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Website maintenance, email deployment

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 08 / 2016

FEC Identification Number

C
Transaction ID : SB21B.5598
Amount of Each Disbursement this Period
2538.26

Memo Item

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

2554.26

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) A. Capitol Media Partners		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016	
Mailing Address 2468 S. Camino Real		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5596 Amount of Each Disbursement this Period 5000.00	
City Palm Springs	State CA	Zip Code 92264	Category/ Type 001
Purpose of Disbursement Political strategy consulting		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Capitol Media Partners		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016	
Mailing Address 2468 S. Camino Real		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5782 Amount of Each Disbursement this Period 5000.00	
City Palm Springs	State CA	Zip Code 92264	Category/ Type 001
Purpose of Disbursement Political strategy consulting		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 07 / 18 / 2016	
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5576 Amount of Each Disbursement this Period 100.00	
City McLean	State VA	Zip Code 22101	Category/ Type 001
Purpose of Disbursement Bank fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	10100.00
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) A. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016	
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5597 Amount of Each Disbursement this Period 40.00	
City McLean	State VA	Zip Code 22101	Category/ Type 001
Purpose of Disbursement Bank fees			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016	
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5778 Amount of Each Disbursement this Period 40.00	
City McLean	State VA	Zip Code 22101	Category/ Type 001
Purpose of Disbursement Bank fees			
Candidate Name		Memo Item <input type="checkbox"/>	
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) C. Clear Creek Strategies		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016	
Mailing Address PO Box 9865		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5779 Amount of Each Disbursement this Period 7500.00	
City Denver	State CO	Zip Code 80209	Category/ Type 001
Purpose of Disbursement Strategy Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	7580.00
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)

A. Communications Counsel, Inc.

Mailing Address 37 West Broad Street, Suite 325

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Polling expense

005
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B.5573
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Communications Counsel, Inc.

Mailing Address 37 West Broad Street, Suite 325

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Polling expense

005
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B.5599
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Connell Donatelli, Inc.

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Digital Advertising

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B.5570
Amount of Each Disbursement this Period

Memo Item

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.5570

This communication did not contain express advocacy for or against any candidate.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Connell Donatelli, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement Digital Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.5799**

Amount of Each Disbursement this Period: 1500.00

Memo Item

B. Crowdskout

Full Name (Last, First, Middle Initial)

Mailing Address 1920 L St. NW Ste. 325

City Washington State DC Zip Code 20036

Purpose of Disbursement Software licensing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 08 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.5569**

Amount of Each Disbursement this Period: 100.00

Memo Item

C. Crowdskout

Full Name (Last, First, Middle Initial)

Mailing Address 1920 L St. NW Ste. 325

City Washington State DC Zip Code 20036

Purpose of Disbursement Software licensing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.5594**

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1700.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.5799

This communication did not contain express advocacy for or against any candidate.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Crowdkout

Full Name (Last, First, Middle Initial)

Mailing Address 1920 L St. NW
Ste. 325

City Washington State DC Zip Code 20036

Purpose of Disbursement Software licensing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5659

Amount of Each Disbursement this Period: 100.00

Memo Item

B. Crowdkout

Full Name (Last, First, Middle Initial)

Mailing Address 1920 L St. NW
Ste. 325

City Washington State DC Zip Code 20036

Purpose of Disbursement Software licensing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5801

Amount of Each Disbursement this Period: 100.00

Memo Item

C. Delos Communications

Full Name (Last, First, Middle Initial)

Mailing Address 2700 Patriot Blvd., Ste. 250

City Glenview State IL Zip Code 60026

Purpose of Disbursement Strategic planning consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5567

Amount of Each Disbursement this Period: 12000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12200.00

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. Delos Communications

Full Name (Last, First, Middle Initial)

Mailing Address 2700 Patriot Blvd., Ste. 250

City Glenview State IL Zip Code 60026

Purpose of Disbursement Strategic planning consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 04 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.5591**

Amount of Each Disbursement this Period: 12000.00

Memo Item

B. Delos Communications

Full Name (Last, First, Middle Initial)

Mailing Address 2700 Patriot Blvd., Ste. 250

City Glenview State IL Zip Code 60026

Purpose of Disbursement Software expense reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 04 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.5592**

Amount of Each Disbursement this Period: 168.00

Memo Item

C. Delos Communications

Full Name (Last, First, Middle Initial)

Mailing Address 2700 Patriot Blvd., Ste. 250

City Glenview State IL Zip Code 60026

Purpose of Disbursement Meal expense reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 05 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.5771**

Amount of Each Disbursement this Period: 75.15

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	12243.15
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) A. Delos Communications		Date of Disbursement MM / DD / YYYY 09 / 05 / 2016	
Mailing Address 2700 Patriot Blvd., Ste. 250			
City Glenview	State IL	Zip Code 60026	
Purpose of Disbursement Strategic planning consulting		Category/ Type 001	FEC Identification Number C
Candidate Name		Transaction ID : SB21B.5777 Amount of Each Disbursement this Period 12000.00	
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. Downes and Associates		Date of Disbursement MM / DD / YYYY 08 / 01 / 2016	
Mailing Address 1560 West Briarwood			
City Littleton	State CO	Zip Code 80120	
Purpose of Disbursement Press release distribution		Category/ Type 004	FEC Identification Number C
Candidate Name		Transaction ID : SB21B.5589 Amount of Each Disbursement this Period 5000.00	
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) C. eDonation.com		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016	
Mailing Address 117 North Saint Asaph Street			
City Alexandria	State VA	Zip Code 22315	
Purpose of Disbursement Online fundraising fees		Category/ Type 003	FEC Identification Number C
Candidate Name		Transaction ID : SB21B.5568 Amount of Each Disbursement this Period 292.37	
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:			

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

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

17292.37

**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. eDonation.com

Mailing Address 117 North Saint Asaph Street

City
Alexandria

State
VA

Zip Code
22315

Purpose of Disbursement
Online fundraising fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5595

Amount of Each Disbursement this Period

[REDACTED] 128.80

Memo Item

Full Name (Last, First, Middle Initial)

B. eDonation.com

Mailing Address 117 North Saint Asaph Street

City
Alexandria

State
VA

Zip Code
22315

Purpose of Disbursement
Online fundraising fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5661

Amount of Each Disbursement this Period

[REDACTED] 159.21

Memo Item

Full Name (Last, First, Middle Initial)

C. Gadsden Media Group

Mailing Address 3575 Maybank Highway
Ste. D #253

City
John Island

State
SC

Zip Code
02945

Purpose of Disbursement
Advertising expense

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5587

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

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

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

[REDACTED] 5288.01

[REDACTED]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.5587

This communication did not contain express advocacy for or against any candidate.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Grasshopper Group, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement Office Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5579

Amount of Each Disbursement this Period: 31.37

Memo Item

B. Grasshopper Group, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement Office Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5636

Amount of Each Disbursement this Period: 31.37

Memo Item

C. Grasshopper Group, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement Office Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5802

Amount of Each Disbursement this Period: 31.37

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 94.11

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

Full Name (Last, First, Middle Initial) A. Langdon Law LLC		Date of Disbursement MM / DD / YYYY 07 / 21 / 2016	
Mailing Address 8913 Cincinnati-Dayton Rd.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5580 Amount of Each Disbursement this Period 5850.13	
City West Chester	State OH	Zip Code 45069	Category/ Type 001
Purpose of Disbursement Legal fees			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Langdon Law LLC		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016	
Mailing Address 8913 Cincinnati-Dayton Rd.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5798 Amount of Each Disbursement this Period 2195.45	
City West Chester	State OH	Zip Code 45069	Category/ Type 001
Purpose of Disbursement Legal fees			
Candidate Name		Memo Item <input type="checkbox"/>	
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) C. Regus Management Group, LLC		Date of Disbursement MM / DD / YYYY 07 / 28 / 2016	
Mailing Address P.O. Box 842456		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5586 Amount of Each Disbursement this Period 752.30	
City Dallas	State TX	Zip Code 75284	Category/ Type 001
Purpose of Disbursement Rent expense			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	8797.88
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. Regus Management Group, LLC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement Rent expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5657

Amount of Each Disbursement this Period: 267.50

Memo Item

B. Truax, Doug, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1900 Spring Road, Ste. 530

City Oak Brook State IL Zip Code 60523

Purpose of Disbursement Travel expense reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5637

Amount of Each Disbursement this Period: 983.64

Memo Item

C. American Airlines

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement Travel expense reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5637.

Amount of Each Disbursement this Period: 266.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1251.14

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

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 08 / 23 / 2016
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5637.1 Amount of Each Disbursement this Period [REDACTED] 131.90
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel expense reimbursement		Category/ Type 002
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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. The Brown Palace Hotel and Spa		Date of Disbursement MM / DD / YYYY 08 / 25 / 2016
Mailing Address 321 17th Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5637.3 Amount of Each Disbursement this Period [REDACTED] 452.12
City Denver	State CO	Zip Code 80202
Purpose of Disbursement Lodging expense reimbursement		Category/ Type 002
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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Truax, Doug, , ,		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address 1900 Spring Road, Ste. 530		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5783 Amount of Each Disbursement this Period [REDACTED] 1341.84
City Oak Brook	State IL	Zip Code 60523
Purpose of Disbursement Travel expense reimbursement		Category/ Type 002
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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1341.84
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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. Renaissance Denver Hotel		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016	
Mailing Address 3801 Quebec Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5783.4 Amount of Each Disbursement this Period [REDACTED] 525.20	
City Denver	State CO	Zip Code 80207	Category/ Type 002
Purpose of Disbursement Travel expense reimbursement		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 09 / 05 / 2016	
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5783.5 Amount of Each Disbursement this Period [REDACTED] 173.20	
City DFW Airport	State TX	Zip Code 75261	Category/ Type 002
Purpose of Disbursement Travel expense reimbursement		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address PO Box 06649		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5783. Amount of Each Disbursement this Period [REDACTED] 298.10	
City Chicago	State IL	Zip Code 60606	Category/ Type 002
Purpose of Disbursement Travel expense reimbursement		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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. US Post Office

Mailing Address 1314 Kensington Rd.

City Oak Brook State IL Zip Code 60523

Purpose of Disbursement
Office Expense

001
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
07 / 18 / 2016

FEC Identification Number

C
Transaction ID : SB21B.5578
Amount of Each Disbursement this Period
 400.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Veritas Risk Services

Mailing Address 3025 Highland Parkway Ste. 650

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement
Rent expense

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB21B.5655
Amount of Each Disbursement this Period
 446.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Veritas Risk Services

Mailing Address 3025 Highland Parkway Ste. 650

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement
Rent expense

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB21B.5804
Amount of Each Disbursement this Period
 446.20

Memo Item

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

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

1292.40
 115529.29

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Restoration PAC	FEC IDENTIFICATION NUMBER ▼ C C00571588
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Boulevard Design	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1320 N. Courthouse Rd. Suite 130	Amount <input type="text"/>
City Arlington State VA Zip Code 22201	Transaction ID : SE.5757
Purpose of Expenditure TV Advertising Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Glenn, Darryl, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 827900.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Campaign Solutions	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 North Saint Asaph Street	Amount <input type="text"/>
City Alexandria State VA Zip Code 22314	Transaction ID : SE.5758
Purpose of Expenditure Digital Advertising (production cost) Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Glenn, Darryl, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 829400.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 21500.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gaskill, Sherry, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Restoration PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571588 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Campaign Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 25 / 2016						
Mailing Address 117 North Saint Asaph Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8500.00</div> Transaction ID : SE.5759 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 25 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	Alexandria	VA	22314
City		State	Zip Code				
Alexandria	VA	22314					
Purpose of Expenditure Digital advertising (production cost)							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Glenn, Darryl, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">837900.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Jamestown Associates	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 23 / 2016						
Mailing Address 116 Craig Road	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1900.00</div> Transaction ID : SE.5756 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 23 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Manalapan</td> <td>NJ</td> <td>07726</td> </tr> </table>		City	State	Zip Code	Manalapan	NJ	07726
City		State	Zip Code				
Manalapan	NJ	07726					
Purpose of Expenditure TV Advertising (production cost)							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Glenn, Darryl, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">807900.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">10400.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gaskill, Sherry, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Restoration PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571588 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Strategic Media Services, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 23 / 2016
Mailing Address 1911 North Ft. Myer Drive Suite 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 800000.00 </div>
City State Zip Code Arlington VA 22209	
Purpose of Expenditure TV Advertising (placement cost) Category/Type 004	
Name of Federal Candidate: Glenn, Darryl, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 806000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> _____ </div>
City State Zip Code	
Purpose of Expenditure Category/Type _____	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 800000.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 831900.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gaskill, Sherry, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

 Signature