

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) 3025 Highland Parkway

Ste. 650

Downers Grove IL 60515

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00571588

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

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

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

Election on [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [04] / [01] / [2018] through [04] / [30] / [2018]

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, , ,* [Electronically Filed] Date [05] / [18] / [2018]

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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		<input type="text" value="1948791.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2112580.75"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="70537.00"/>	<input type="text" value="1774837.00"/>
(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="2183117.75"/>	<input type="text" value="3723628.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1451864.96"/>	<input type="text" value="2992375.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="731252.79"/>	<input type="text" value="731252.79"/>
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="12000.00"/>	

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).....	70250.00	1770250.00
(ii) Unitemized	287.00	387.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	70537.00	1770637.00
(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)	70537.00	1770637.00
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	4200.00
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)).....▶	70537.00	1774837.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	70537.00	1774837.00

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	320791.35	561449.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	320791.35	561449.17
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)	1131072.61	2430925.61
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	1.00	1.00
(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)).....	1.00	1.00
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)) ..	1451864.96	2992375.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1451864.96	2992375.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	70537.00	1770637.00
34. Total Contribution Refunds (from Line 28(d))	1.00	1.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70536.00	1770636.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	320791.35	561449.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	4200.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	320791.35	557249.17

**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 18
	(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Gunderson, Gregory, , ,

Mailing Address 4906 Main St., 101

City Lisle	State IL	Zip Code 60532
---------------	-------------	-------------------

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

Name of Employer (for Individual) Select Church Insurance Servic	Occupation (for Individual) Insurance Sales
---	--

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
04		09		2018

Transaction ID : SA11AI.6716

Amount of Each Receipt this Period
250.00

Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Reed Media Partners, LLC

Mailing Address 1320 N. Courthouse Rd., Ste. 130

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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 ▼
70000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2018

Transaction ID : SA11AI.6728

Amount of Each Receipt this Period
70000.00

Memo Item Contribution

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

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

Amount of Each Receipt this Period

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	70250.00
TOTAL This Period (last page this line number only).....	70250.00

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Website hosting; email deployment

004
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B.6703
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement Bank fee

001
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B.6695
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement Bank fee

001
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B.6697
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

Full Name (Last, First, Middle Initial) A. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 04 / 12 / 2018	
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6698	
City McLean	State VA	Zip Code 22101	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement Bank fee		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. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6700	
City McLean	State VA	Zip Code 22101	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Bank fee		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) C. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6701	
City McLean	State VA	Zip Code 22101	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement Bank fee		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:			

SUBTOTAL of Disbursements This Page (optional).....▶	50.00
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 04 / 19 / 2018	
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6702	
City McLean	State VA	Zip Code 22101	Amount of Each Disbursement this Period [REDACTED] 20.00
Purpose of Disbursement Bank fee		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. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6735	
City McLean	State VA	Zip Code 22101	Amount of Each Disbursement this Period [REDACTED] 40.00
Purpose of Disbursement Bank fees		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) C. Clear Creek Strategies		Date of Disbursement MM / DD / YYYY 04 / 05 / 2018	
Mailing Address PO Box 9865		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6704	
City Denver	State CO	Zip Code 80209	Amount of Each Disbursement this Period [REDACTED] 3000.00
Purpose of Disbursement Strategy consulting		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:			

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

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

[REDACTED] 3060.00
[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. Crowdskout

Mailing Address 1101 K St. NW, 8th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement Software licensing

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
04 / 23 / 2018

FEC Identification Number

Transaction ID : SB21B.6705
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Delos Communications

Mailing Address 2700 Patriot Blvd., Ste. 250

City Glenview State IL Zip Code 60026

Purpose of Disbursement Strategic planning consulting

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
04 / 03 / 2018

FEC Identification Number

Transaction ID : SB21B.6686
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Delos Communications

Mailing Address 2700 Patriot Blvd., Ste. 250

City Glenview State IL Zip Code 60026

Purpose of Disbursement Meals and office expense reimbursements

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
04 / 03 / 2018

FEC Identification Number

Transaction ID : SB21B.6687
Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.6687

The remaining \$257.53 in expense reimbursements to Delos Communications were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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
PAC Postage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 21 / 2018

FEC Identification Number
C
Transaction ID : SB21B.6687.
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Harris Media, LLC

Mailing Address 2131 Theo Drive

City Austin State TX Zip Code 78723

Purpose of Disbursement
Digital consulting

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
04 / 04 / 2018

FEC Identification Number
C
Transaction ID : SB21B.6707
Amount of Each Disbursement this Period
225000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Harris Media, LLC

Mailing Address 2131 Theo Drive

City Austin State TX Zip Code 78723

Purpose of Disbursement
Design consulting

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
04 / 05 / 2018

FEC Identification Number
C
Transaction ID : SB21B.6708
Amount of Each Disbursement this Period
7500.00

Memo Item

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

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

232500.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Hodas & Associates Strategic Communications

Full Name (Last, First, Middle Initial)

Mailing Address 960 Clock Tower Drive, Ste. J

City Springfield State IL Zip Code 62704

Purpose of Disbursement Polling expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.6709**

Amount of Each Disbursement this Period: 42596.20

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 23 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.6710**

Amount of Each Disbursement this Period: 4974.80

Memo Item

C. Much Shelist

Full Name (Last, First, Middle Initial)

Mailing Address 191 North Wacker Drive Suite 1800

City Chicago State IL Zip Code 60606

Purpose of Disbursement Legal fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 24 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.6724**

Amount of Each Disbursement this Period: 1492.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	49063.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Restoration PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Reed Media Partners, LLC			Nature of Debt (Purpose): Obligation for 4/20/18 Independent Expenditure reported on Schedule E
Mailing Address 1320 N. Courthouse Rd., Ste. 130			
City Arlington	State VA	Zip Code 22201	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID : SD10.6734	
Amount Incurred This Period <input type="text" value="12000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12000.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="12000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="12000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="12000.00"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Restoration PAC
FEC IDENTIFICATION NUMBER C C00571588

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Clear Creek Strategies
Mailing Address PO Box 9865
City Denver State CO Zip Code 80209
Purpose of Expenditure Direct mail Category/Type 004
Date of Public Distribution/Dissemination 05/07/2018
Amount 30932.61
Transaction ID : SE.6746
Date of Disbursement or Obligation 04/30/2018

Name of Federal Candidate: Nicholson, Kevin, ,
Support Oppose
Office Sought: House District: 00
President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 1396055.61
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Harris Media, LLC
Mailing Address 2131 Theo Drive
City Austin State TX Zip Code 78723
Purpose of Expenditure Digital advertising (placement cost) Category/Type 004
Date of Public Distribution/Dissemination 04/05/2018
Amount 7500.00
Transaction ID : SE.6770
Date of Disbursement or Obligation 04/03/2018

Name of Federal Candidate: Rosendale, Matt, ,
Support Oppose
Office Sought: House District: 00
President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 518185.00
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 38432.61
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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 05/18/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Restoration PAC
FEC IDENTIFICATION NUMBER C C00571588

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Harris Media, LLC
Mailing Address 2131 Theo Drive
City Austin State TX Zip Code 78723
Purpose of Expenditure Digital advertising (placement cost)
Category/Type 004
Date of Public Distribution/Dissemination 05/01/2018
Amount 7500.00
Transaction ID : SE.6767
Date of Disbursement or Obligation 04/30/2018
Name of Federal Candidate: Morrisey, Patrick, , Mr., Support
Office Sought: Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 528685.00
Disbursement For: Primary 2018

Full Name of Payee Reed Media Partners, LLC
Mailing Address 1320 N. Courthouse Rd., Ste. 130
City Arlington State VA Zip Code 22201
Purpose of Expenditure TV advertising (production)
Category/Type 004
Date of Public Distribution/Dissemination 04/20/2018
Amount 12000.00
Transaction ID : SE.6733
Date of Disbursement or Obligation 04/20/2018
Name of Federal Candidate: Nicholson, Kevin, , Support
Office Sought: Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 1365123.00
Disbursement For: Primary 2018

(a) SUBTOTAL of Itemized Independent Expenditures 7500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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 05/18/2018

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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">04 / 20 / 2018</div>
Mailing Address 1911 North Ft. Myer Drive Suite 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1085140.00</div>
City State Zip Code Arlington VA 22209	
Purpose of Expenditure TV advertising (placement) Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Nicholson, Kevin, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 1353123.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <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;"> M M / D D / Y Y Y Y Y Y </div>
City State Zip Code	
Purpose of Expenditure Category/Type M M / D D / Y Y Y Y Y Y 	
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 M M / D D / Y Y Y Y Y Y 	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;"> M M / D D / Y Y Y Y Y Y </div> 1085140.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 1131072.61

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 05 / 18 / 2018
 Signature