

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

Check if different than previously reported. (ACC)

Oak Brook IL 60522

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

C C00571588

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

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

Election on [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 [01] / [01] / [2017] through [06] / [30] / [2017]

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 [07] / [31] / [2017]

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="2017"/>		<input type="text" value="249605.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="249605.13"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="786114.22"/>	<input type="text" value="786114.22"/>
(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="1035719.35"/>	<input type="text" value="1035719.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="776364.43"/>	<input type="text" value="776364.43"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="259354.92"/>	<input type="text" value="259354.92"/>
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="16875.00"/>	

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: 01 / 01 / 2017 To: 06 / 30 / 2017

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).....	25000.00	25000.00
(ii) Unitemized	1061.00	1061.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	26061.00	26061.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	750000.00	750000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	776061.00	776061.00
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).....	10053.22	10053.22
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)).....▶	786114.22	786114.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	786114.22	786114.22

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	256597.41	256597.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	256597.41	256597.41
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)	495878.54	495878.54
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	23888.48	23888.48
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)) ..	776364.43	776364.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	776364.43	776364.43

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)	776061.00	776061.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	776061.00	776061.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	256597.41	256597.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	10053.22	10053.22
38. Net Operating Expenditures (subtract Line 37 from Line 36)	246544.19	246544.19

**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 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Restoration PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Charles, B., ,

Mailing Address 1220 South Ocean Blvd.

City Palm Beach State FL Zip Code 33480

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 ▼
25000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2017

Transaction ID : SA11AI.6054

Amount of Each Receipt this Period
25000.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	25000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 46
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. Solutions for Wisconsin
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
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FEC ID number of contributing federal political committee. **C** C00636084

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2017

Transaction ID : SA11C.6132

Amount of Each Receipt this Period
750000.00

Memo Item Contribution

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

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750000.00
TOTAL This Period (last page this line number only).....	750000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 46
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Restoration PAC

A. Veritas Risk Services
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3025 Highland Parkway
Ste. 650

City Downers Grove State IL Zip Code 60515

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 ▼
10053.22

Date of Receipt
MM / DD / YYYY
04 / 17 / 2017

Transaction ID : SA15.6166

Amount of Each Receipt this Period
10053.22

Memo Item
Refund of rent expenses for 2016 and 2017

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10053.22
TOTAL This Period (last page this line number only).....▶	10053.22

**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: 03 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6114

Amount of Each Disbursement this Period: 14500.00

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 Fundraising consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6177

Amount of Each Disbursement this Period: 6000.00

Memo Item

C. 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: 05 / 25 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6198

Amount of Each Disbursement this Period: 6000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 26500.00

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. Bluebonnet Fundraising		Date of Disbursement MM / DD / YYYY 05 / 25 / 2017
Mailing Address 3300 Bee Caves Road #650-1151		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6199 Amount of Each Disbursement this Period 435.40
City Austin	State TX	Zip Code 78746
Purpose of Disbursement Travel expense reimbursement		Category/Type 002
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. United Airlines		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 600 Jefferson St. Ste. 1900		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6199.c Amount of Each Disbursement this Period 435.40
City Houston	State TX	Zip Code 77002
Purpose of Disbursement Travel expense		Category/Type 002
Candidate Name		Memo Item <input checked="" 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. Campaign Solutions		Date of Disbursement MM / DD / YYYY 03 / 07 / 2017
Mailing Address 117 North Saint Asaph Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6112 Amount of Each Disbursement this Period 3929.97
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Website maintenance, email deployment		Category/Type 004
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)..... ▶

4365.37

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. Campaign Solutions

Full Name (Last, First, Middle Initial)

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Website maintenance, email deployment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 11 / 2017

FEC Identification Number C

Transaction ID : SB21B.6203

Amount of Each Disbursement this Period 4323.54

Memo Item

B. Campaign Solutions

Full Name (Last, First, Middle Initial)

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Website maintenance, email deployment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 06 / 08 / 2017

FEC Identification Number C

Transaction ID : SB21B.6221

Amount of Each Disbursement this Period 10044.17

Memo Item

C. Clear Creek Strategies

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9865

City Denver State CO Zip Code 80209

Purpose of Disbursement Strategy consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 06 / 07 / 2017

FEC Identification Number C

Transaction ID : SB21B.6223

Amount of Each Disbursement this Period 3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 17367.71

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. Connell Donatelli, Inc.		Date of Disbursement MM / DD / YYYY 04 / 14 / 2017
Mailing Address 117 North Saint Asaph St.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6188 Amount of Each Disbursement this Period [REDACTED] 2000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Digital advertising		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Connell Donatelli, Inc.		Date of Disbursement MM / DD / YYYY 05 / 11 / 2017
Mailing Address 117 North Saint Asaph St.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6202 Amount of Each Disbursement this Period [REDACTED] 1000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Digital advertising		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Connell Donatelli, Inc.		Date of Disbursement MM / DD / YYYY 06 / 16 / 2017
Mailing Address 117 North Saint Asaph St.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6214 Amount of Each Disbursement this Period [REDACTED] 1000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Digital advertising		Category/ Type 004
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] 4000.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

Form/Schedule: SB21B

Transaction ID : SB21B.6188

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

Form/Schedule: SB21B

Transaction ID: SB21B.6202

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.6214

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

Full Name (Last, First, Middle Initial) A. Crowdkout		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017	
Mailing Address 1101 K St. NW, 8th Floor		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6113 Amount of Each Disbursement this Period [REDACTED] 100.00	
City Washington	State DC	Zip Code 20005	Category/ Type 004
Purpose of Disbursement Software licensing			
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. Crowdkout		Date of Disbursement MM / DD / YYYY 04 / 13 / 2017	
Mailing Address 1101 K St. NW, 8th Floor		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6172 Amount of Each Disbursement this Period [REDACTED] 100.00	
City Washington	State DC	Zip Code 20005	Category/ Type 001
Purpose of Disbursement Software licensing			
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. Crowdkout		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017	
Mailing Address 1101 K St. NW, 8th Floor		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6173 Amount of Each Disbursement this Period [REDACTED] 100.00	
City Washington	State DC	Zip Code 20005	Category/ Type 001
Purpose of Disbursement Software licensing			
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).....▶	[REDACTED] 300.00
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

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. 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
Travel expense reimbursements

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6062

Amount of Each Disbursement this Period: 1158.98

Memo Item

B. Hotels.com

Full Name (Last, First, Middle Initial)

Mailing Address 5400 LBJ Freeway, Suite 500

City Dallas State TX Zip Code 75240

Purpose of Disbursement
Travel expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6062.C

Amount of Each Disbursement this Period: 473.88

Memo Item

C. Southwest Airlines

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6062.

Amount of Each Disbursement this Period: 685.10

Memo Item

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

1158.98

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

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

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

FOR LINE NUMBER:
(check only one)

<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 01 / 05 / 2017
Mailing Address 2700 Patriot Blvd., Ste. 250		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6069
City Glenview	State IL	Zip Code 60026
Purpose of Disbursement Computer equipment expense reimbursement		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 2977.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Apple		Date of Disbursement MM / DD / YYYY 12 / 29 / 2016
Mailing Address 1 Infinite Loop		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6069.c
City Cupertino	State CA	Zip Code 95014
Purpose of Disbursement Computer equipment		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 2977.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Delos Communications		Date of Disbursement MM / DD / YYYY 01 / 05 / 2017
Mailing Address 2700 Patriot Blvd., Ste. 250		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6072
City Glenview	State IL	Zip Code 60026
Purpose of Disbursement Strategic Planning Consulting		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 24000.00
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	26977.60
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: 02 / 02 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6098**

Amount of Each Disbursement this Period: 24000.00

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 Computer equipment expense reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 02 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6099**

Amount of Each Disbursement this Period: 1144.97

Memo Item

C. Apple

Full Name (Last, First, Middle Initial)

Mailing Address 1 Infinite Loop

City Cupertino State CA Zip Code 95014

Purpose of Disbursement Computer equipment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6099.**

Amount of Each Disbursement this Period: 233.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25144.97

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. Apple		Date of Disbursement MM / DD / YYYY 01 / 19 / 2017
Mailing Address 1 Infinite Loop		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6099.1 Amount of Each Disbursement this Period [REDACTED] 52.68
City Cupertino	State CA	Zip Code 95014
Purpose of Disbursement Computer equipment		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. B&H Photo Video		Date of Disbursement MM / DD / YYYY 01 / 05 / 2017
Mailing Address 420 9th Ave.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6099.2 Amount of Each Disbursement this Period [REDACTED] 858.99
City New York	State NY	Zip Code 10001
Purpose of Disbursement Computer equipment		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Delos Communications		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address 2700 Patriot Blvd., Ste. 250		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6108 Amount of Each Disbursement this Period [REDACTED] 173.19
City Glenview	State IL	Zip Code 60026
Purpose of Disbursement Office and meals expense reimbursements		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 173.19
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

Form/Schedule: SB21B

Transaction ID : SB21B.6108

The 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

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: 03 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6109

Amount of Each Disbursement this Period: 24000.00

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 Strategic Planning Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6137

Amount of Each Disbursement this Period: 24000.00

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 Subscription and office expense reimbursements

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6138

Amount of Each Disbursement this Period: 457.45

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 48457.45

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.6138

The remaining \$159.90 in expense reimbursements to Delos Communications were for payments made to original vendors which have not surpassed \$200 in this 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

A. Apple Store

Full Name (Last, First, Middle Initial)

Mailing Address 1310 Northbrook Ct.

City Northbrook State IL Zip Code 60062

Purpose of Disbursement Computer repair

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6138.

Amount of Each Disbursement this Period: 297.55

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 Strategic Planning Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6178

Amount of Each Disbursement this Period: 24000.00

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 Office equipment expense reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6179

Amount of Each Disbursement this Period: 159.38

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 24159.38

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6179

The 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

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: 06 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6224**

Amount of Each Disbursement this Period: 24000.00

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 Advertising expense reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 16 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6215**

Amount of Each Disbursement this Period: 304.00

Memo Item

C. Video Plus Print USA LLC

Full Name (Last, First, Middle Initial)

Mailing Address 2500 Farrington St. Suite 120

City Dallas State TX Zip Code 75207

Purpose of Disbursement Sample video advertisements

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6215.**

Amount of Each Disbursement this Period: 304.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 24304.00

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. Green W. Associates		Date of Disbursement MM / DD / YYYY 04 / 20 / 2017
Mailing Address 2001 Butterfield Rd. Suite 264		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6186 Amount of Each Disbursement this Period 339.64
City Downers Grove	State IL	Zip Code 60515
Purpose of Disbursement Letterhead and envelopes		Category/Type 001
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. Hodas & Associates Strategic Communications		Date of Disbursement MM / DD / YYYY 01 / 05 / 2017
Mailing Address 960 Clock Tower Drive, Ste. J		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6061 Amount of Each Disbursement this Period 1502.48
City Springfield	State IL	Zip Code 62704
Purpose of Disbursement Letterhead/envelopes/stationary		Category/Type 003
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. Langdon Law LLC		Date of Disbursement MM / DD / YYYY 04 / 17 / 2017
Mailing Address 8913 Cincinnati-Dayton Rd.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6174 Amount of Each Disbursement this Period 9528.02
City West Chester	State OH	Zip Code 45069
Purpose of Disbursement Legal fees		Category/Type 001
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).....▶	11370.14
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

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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 06 / 14 / 2017
Mailing Address 8913 Cincinnati-Dayton Rd.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6219 Amount of Each Disbursement this Period 2085.75
City West Chester	State OH	Zip Code 45069
Purpose of Disbursement Legal fees		Category/Type 001
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. Right Country Lists		Date of Disbursement MM / DD / YYYY 02 / 23 / 2017
Mailing Address 117 N Saint Asaph St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6190 Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Email list rental		Category/Type 001
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. Right Country Lists		Date of Disbursement MM / DD / YYYY 04 / 27 / 2017
Mailing Address 117 N Saint Asaph St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6187 Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Email list rental		Category/Type 003
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)..... ▶

12085.75

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. SmartGate Corporation		Date of Disbursement MM / DD / YYYY 03 / 23 / 2017	
Mailing Address 15 East Madison St.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6135 Amount of Each Disbursement this Period [REDACTED] 155.00	
City Lombard	State IL	Zip Code 60148	Category/ Type 001
Purpose of Disbursement Internet service			
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. SmartGate Corporation		Date of Disbursement MM / DD / YYYY 05 / 04 / 2017	
Mailing Address 15 East Madison St.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6185 Amount of Each Disbursement this Period [REDACTED] 123.75	
City Lombard	State IL	Zip Code 60148	Category/ Type 001
Purpose of Disbursement Internet service			
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. SmartGate Corporation		Date of Disbursement MM / DD / YYYY 06 / 07 / 2017	
Mailing Address 15 East Madison St.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6225 Amount of Each Disbursement this Period [REDACTED] 30.00	
City Lombard	State IL	Zip Code 60148	Category/ Type 001
Purpose of Disbursement Internet service			
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)..... ▶

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

[REDACTED] 308.75
[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. Tel Opinion Research		Date of Disbursement MM / DD / YYYY 05 / 05 / 2017
Mailing Address 3275 Cobbs Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6182 Amount of Each Disbursement this Period 6400.00
City Palm Harbor	State FL	Zip Code 34684
Purpose of Disbursement Polling expense		Category/Type 005
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. Tel Opinion Research		Date of Disbursement MM / DD / YYYY 05 / 25 / 2017
Mailing Address 3275 Cobbs Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6201 Amount of Each Disbursement this Period 7200.00
City Palm Harbor	State FL	Zip Code 34684
Purpose of Disbursement Polling expense		Category/Type 005
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. Veralith, Inc.		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address 800 West Fifth Ave.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6134 Amount of Each Disbursement this Period 7500.00
City Naperville	State IL	Zip Code 60563
Purpose of Disbursement Digital advertising (production cost)		Category/Type 004
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).....▶	21100.00
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.6134

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

Full Name (Last, First, Middle Initial) A. Veritas Risk Services		Date of Disbursement MM / DD / YYYY 01 / 13 / 2017	
Mailing Address 3025 Highland Parkway Ste. 650		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6073 Amount of Each Disbursement this Period 3787.32	
City Downers Grove	State IL	Zip Code 60515	Category/Type 002
Purpose of Disbursement Travel expense reimbursements			
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. Renaissance DC		Date of Disbursement MM / DD / YYYY 12 / 20 / 2016	
Mailing Address 999 9th Street NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6073.1 Amount of Each Disbursement this Period 2744.57	
City Washington	State DC	Zip Code 20001	Category/Type 002
Purpose of Disbursement Travel expense			
Candidate Name		Memo Item <input checked="" 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. United Airlines		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address 600 Jefferson St. Ste. 1900		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6073. Amount of Each Disbursement this Period 250.20	
City Houston	State TX	Zip Code 77002	Category/Type 002
Purpose of Disbursement Travel expense			
Candidate Name		Memo Item <input checked="" 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).....▶	3787.32
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.6073

The remaining \$249.35 in expense reimbursements to Veritas Risk Services were for payments made to original vendors which have not surpassed \$200 in this 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. United Airlines		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016
Mailing Address 600 Jefferson St. Ste. 1900		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6073.: Amount of Each Disbursement this Period 84.00
City Houston	State TX	Zip Code 77002
Purpose of Disbursement Travel expense		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. American Airlines		Date of Disbursement MM / DD / YYYY 12 / 16 / 2016
Mailing Address 7645 E 63rd St., Suite 600		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6073.4 Amount of Each Disbursement this Period 543.20
City Tulsa	State OK	Zip Code 74133
Purpose of Disbursement Travel expense		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. Veritas Risk Services		Date of Disbursement MM / DD / YYYY 01 / 20 / 2017
Mailing Address 3025 Highland Parkway Ste. 650		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6086 Amount of Each Disbursement this Period 1154.45
City Downers Grove	State IL	Zip Code 60515
Purpose of Disbursement Rent expense		Category/ Type 001
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)..... ▶

1154.45

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. Veritas Risk Services		Date of Disbursement MM / DD / YYYY 02 / 02 / 2017	
Mailing Address 3025 Highland Parkway Ste. 650		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6087 Amount of Each Disbursement this Period [REDACTED] 1154.45	
City Downers Grove	State IL	Zip Code 60515	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:			

Full Name (Last, First, Middle Initial) B. Veritas Risk Services		Date of Disbursement MM / DD / YYYY 02 / 02 / 2017	
Mailing Address 3025 Highland Parkway Ste. 650		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6090 Amount of Each Disbursement this Period [REDACTED] 325.47	
City Downers Grove	State IL	Zip Code 60515	Category/Type 001
Purpose of Disbursement Office supplies expense reimbursement			
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. Warehouse Direct Workplace Solutions		Date of Disbursement MM / DD / YYYY 01 / 06 / 2017	
Mailing Address 2001 S. Mount Prospect Road		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6090. Amount of Each Disbursement this Period [REDACTED] 296.47	
City Des Plaines	State IL	Zip Code 60018	Category/Type 001
Purpose of Disbursement Office supplies			
Candidate Name		Memo Item <input checked="" 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).....▶	[REDACTED] 1479.92
TOTAL This Period (last page this line number only).....▶	[REDACTED]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6090

The remaining \$29.00 in expense reimbursements to Veritas Risk Services were for payments made to original vendors which have not surpassed \$200 in this 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. Veritas Risk Services		Date of Disbursement MM / DD / YYYY 03 / 07 / 2017
Mailing Address 3025 Highland Parkway Ste. 650		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6088
City Downers Grove	State IL	Zip Code 60515
Purpose of Disbursement Rent expense	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 446.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Veritas Risk Services		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017
Mailing Address 3025 Highland Parkway Ste. 650		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6136
City Downers Grove	State IL	Zip Code 60515
Purpose of Disbursement Rent expense	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 446.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Wren, Katherine, , ,		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address 1714 W Pierce Ave Apt. 3		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6211
City Chicago	State IL	Zip Code 60622
Purpose of Disbursement Graphic design and printing	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 650.27	
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)..... ▶

1542.67

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

255737.65

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Restoration PAC

A. Gravina Public Strategies

Full Name (Last, First, Middle Initial)

Mailing Address 3575 Maybank Highway
Suite D #253

City Johns Island State SC Zip Code 29455

Purpose of Disbursement State election digital advertising (production)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 04 / 2017

FEC Identification Number: C

Transaction ID : SB29.6145

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Gravina Public Strategies

Full Name (Last, First, Middle Initial)

Mailing Address 3575 Maybank Highway
Suite D #253

City Johns Island State SC Zip Code 29455

Purpose of Disbursement State election digital advertising (placement cost)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 04 / 2017

FEC Identification Number: C

Transaction ID : SB29.6147

Amount of Each Disbursement this Period: 4000.00

Memo Item

C. Rick Reed Media, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 2601-A Wilson Blvd.

City Arlington State VA Zip Code 22201

Purpose of Disbursement State election direct mail

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 04 / 2017

FEC Identification Number: C

Transaction ID : SB29.6148

Amount of Each Disbursement this Period: 10588.48

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 16588.48

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial) A. Rick Reed Media, Inc.		Date of Disbursement MM / DD / YYYY 04 / 04 / 2017	
Mailing Address 2601-A Wilson Blvd.		FEC Identification Number C [] Transaction ID : SB29.6149 Amount of Each Disbursement this Period [] 7300.00	
City Arlington	State VA	Zip Code 22201	Category/ Type 004
Purpose of Disbursement State election phone calls		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.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		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.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		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).....▶	7300.00
TOTAL This Period (last page this line number only).....▶	23888.48

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 46
	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 Connell Donatelli, Inc.			Nature of Debt (Purpose): Digital advertising
Mailing Address 117 North Saint Asaph St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.6266	
Amount Incurred This Period <input type="text" value="3000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Reed Media Partners, LLC			Nature of Debt (Purpose): TV Advertising (production cost)
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 : SD10.6282	
Amount Incurred This Period <input type="text" value="13875.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="13875.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rick Reed Media, Inc.			Nature of Debt (Purpose): TV advertising (production cost)
Mailing Address 2601-A Wilson Blvd.			
City Arlington	State VA	Zip Code 22201	

Outstanding Balance Beginning This Period <input type="text" value="14218.80"/>	Transaction ID : SD10.6032	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="13378.54"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="16875.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

Form/Schedule: SD10

Transaction ID : SD10.6266

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

Form/Schedule: SD10

Transaction ID: SD10.6282

Obligation for 5/13/17 Independent Expenditure reported on Schedule E

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

Form/Schedule: SD10

Transaction ID : SD10.6032

Original obligation to Rick Reed Media for 10/14/16 Independent Expenditure, reported as a memo item on Schedule E in 2016 Pre-general report. The name of vendor was later changed to Reed Media Partners. The invoice issued by the vendor was \$840.26 less than estimated.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 46
	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 Right Country Lists			Nature of Debt (Purpose): List acquisition
Mailing Address 117 N Saint Asaph St			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD10.6120	
Amount Incurred This Period 0.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 0.00

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	16875.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	16875.00

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 Connell Donatelli, Inc.
Mailing Address 117 North Saint Asaph St.
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Digital advertising (placement)
Name of Federal Candidate: Baldwin, Tammy, , ,
Calendar Year-To-Date Per Election for Office Sought 17500.00

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 cost)
Name of Federal Candidate: Glenn, Darryl, , ,
Calendar Year-To-Date Per Election for Office Sought 0.00

(a) SUBTOTAL of Itemized Independent Expenditures 28378.54
(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 07 / 31 / 2017

Signature

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

Form/Schedule: SE

Transaction ID : SE.6279

Original obligation to Rick Reed Media for 10/14/16 Independent Expenditure, reported as a memo item on Schedule E in 2016 Pre-general report. The name of vendor was later changed to Reed Media Partners. The invoice issued by the vendor was \$840.26 less than estimated.

Form/Schedule:

Transaction ID:

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 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 cost)
Category/Type 004
Name of Federal Candidate: Baldwin, Tammy, , ,
Calendar Year-To-Date Per Election for Office Sought 496375.00

Full Name of Payee Strategic Media Services, Inc.
Mailing Address 1911 North Ft. Myer Drive Suite 400
City Arlington State VA Zip Code 22209
Purpose of Expenditure Digital advertising (placement)
Category/Type 004
Name of Federal Candidate: Baldwin, Tammy, , ,
Calendar Year-To-Date Per Election for Office Sought 52272.02

(a) SUBTOTAL of Itemized Independent Expenditures 34772.02
(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 07 / 31 / 2017

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 Strategic Media Services, Inc.
Mailing Address 1911 North Ft. Myer Drive Suite 400
City Arlington State VA Zip Code 22209
Purpose of Expenditure TV advertising (placement) Category/Type 004
Date of Public Distribution/Dissemination 05/13/2017
Amount 430227.98
Transaction ID : SE.6205
Date of Disbursement or Obligation 05/10/2017

Name of Federal Candidate: Baldwin, Tammy, , ,
Support Oppose
Office Sought: House Senate
District: 00 State: WI
Calendar Year-To-Date Per Election for Office Sought 482500.00
Disbursement For: Primary General
Other (specify)

Full Name of Payee Veralth, Inc.
Mailing Address 800 West Fifth Ave.
City Naperville State IL Zip Code 60563
Purpose of Expenditure Digital advertising (production) Category/Type 004
Date of Public Distribution/Dissemination 04/27/2017
Amount 2500.00
Transaction ID : SE.6156
Date of Disbursement or Obligation 03/20/2017

Name of Federal Candidate: Baldwin, Tammy, , ,
Support Oppose
Office Sought: House Senate
District: 00 State: WI
Calendar Year-To-Date Per Election for Office Sought 2500.00
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 432727.98
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 495878.54

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 07/31/2017

Signature