

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Restoration PAC

ADDRESS (number and street) 1901 Butterfield Road
Ste. 120
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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of GA

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2020 through 01 / 25 / 2021

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 M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2021

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)

Page 2

Write or Type Committee Name

Restoration PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="995542.12"/>	<input type="text" value="995542.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1834747.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="287276.36"/>	<input type="text" value="22490261.03"/>
(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="2122023.93"/>	<input type="text" value="23485803.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="86103.74"/>	<input type="text" value="21720450.71"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2035920.19"/>	<input type="text" value="1765352.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Restoration PAC

Report Covering the Period: From: MM / DD / YYYY 12 / 17 / 2020 To: MM / DD / YYYY 01 / 25 / 2021

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).....	1070.00	22445182.37
(ii) Unitemized	6205.28	45038.43
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7275.28	22490220.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	280000.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	287275.28	22490220.80
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).....	1.08	40.23
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)).....▶	287276.36	22490261.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	287276.36	22490261.03

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	85943.74	1148356.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	85943.74	1148356.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1900000.00
24. Independent Expenditures (use Schedule E)	0.00	18484171.84
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	160.00	422.15
(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)).....	160.00	422.15
29. Other Disbursements (Including Non-Federal Donations).....	0.00	187500.00
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)) ..	86103.74	21720450.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86103.74	21720450.71

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)	287275.28	22490220.80
34. Total Contribution Refunds (from Line 28(d))	160.00	422.15
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	287115.28	22489798.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	85943.74	1148356.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1.08	40.23
38. Net Operating Expenditures (subtract Line 37 from Line 36)	85942.66	1148316.49

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Blanford, Julie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2020
Mailing Address 420 W Court St.			Transaction ID : SA11AI.16492
City Paris	State IL	Zip Code 61944	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) GSA		Occupation (for Individual) Program Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jensen, Kurt, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2020
Mailing Address 2055 White Tail Run			Transaction ID : SA11AI.16521
City Lake Geneva	State WI	Zip Code 53147	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Oral & Facial Surgery Center		Occupation (for Individual) Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pearman, John, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 18 / 2020
Mailing Address 503 Turner Avenue			Transaction ID : SA11AI.16472
City Glen Ellyn	State IL	Zip Code 60137	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Delos Communications		Occupation (for Individual) Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3304.33		

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Restoration PAC

A. Pearman, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 503 Turner Avenue

City Glen Ellyn	State IL	Zip Code 60137
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Delos Communications	Occupation (for Individual) Consultant
---	---

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
01	/	18	/	2021

Transaction ID : SA11AI.16977

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

Mailing Address 34620 Clayton Road

City Dade City	State FL	Zip Code 33523
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2020

Transaction ID : SA11AI.16512

Amount of Each Receipt this Period
20.00

Memo Item Contribution

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

Mailing Address

City	State	Zip Code
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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
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	1070.00

**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 12
(check only one)

<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AMERICAN PRINCIPLES PROJECT PAC

Mailing Address 2800 SHIRLINGTON ROAD, STE. 1201

City ARLINGTON	State VA	Zip Code 22206
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FEC ID number of contributing federal political committee. **C** C00544387

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2021

Transaction ID : SA11C.17022

Amount of Each Receipt this Period
280000.00

Memo Item Contribution

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

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

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	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	280000.00
TOTAL This Period (last page this line number only).....▶	280000.00

**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. Chain Bridge Bank, N.A.		Date of Disbursement MM / DD / YYYY 12 / 18 / 2020
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.16546 Amount of Each Disbursement this Period [REDACTED] 25.00
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Bank 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. Chain Bridge Bank, N.A.		Date of Disbursement MM / DD / YYYY 12 / 18 / 2020
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.16547 Amount of Each Disbursement this Period [REDACTED] 25.00
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Bank 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) C. Harris Media, LLC		Date of Disbursement MM / DD / YYYY 12 / 18 / 2020
Mailing Address 6500 Manor Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.16548 Amount of Each Disbursement this Period [REDACTED] 67500.00
City Austin	State TX	Zip Code 78723
Purpose of Disbursement Communications services subscription		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)..... ▶

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

[REDACTED] 67550.00
[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. Harris Media, LLC		Date of Disbursement MM / DD / YYYY 01 / 07 / 2021	
Mailing Address 6500 Manor Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.17023 Amount of Each Disbursement this Period 7500.00	
City Austin	State TX	Zip Code 78723	Category/ Type 001
Purpose of Disbursement Design consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Harris Media, LLC		Date of Disbursement MM / DD / YYYY 01 / 07 / 2021	
Mailing Address 6500 Manor Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.17024 Amount of Each Disbursement this Period 226.10	
City Austin	State TX	Zip Code 78723	Category/ Type 003
Purpose of Disbursement Fundraising consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. i360, LLC		Date of Disbursement MM / DD / YYYY 12 / 18 / 2020	
Mailing Address 29374 Network Place		FEC Identification Number C [REDACTED] Transaction ID : SB21B.16546 Amount of Each Disbursement this Period 3435.84	
City Chicago	State IL	Zip Code 60673-1293	Category/ Type 001
Purpose of Disbursement Database services		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)..... ▶

11161.94

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 01 / 15 / 2021
Mailing Address 8913 Cincinnati-Dayton Rd.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.17025 Amount of Each Disbursement this Period 5714.09
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. LexisNexis		Date of Disbursement MM / DD / YYYY 01 / 07 / 2021
Mailing Address 28544 Network Place		FEC Identification Number C [REDACTED] Transaction ID : SB21B.17026 Amount of Each Disbursement this Period 1032.00
City Chicago	State IL	Zip Code 60673
Purpose of Disbursement Research services	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. Stripe, Inc.		Date of Disbursement MM / DD / YYYY 12 / 21 / 2020
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [REDACTED] Transaction ID : SB21B.16554 Amount of Each Disbursement this Period 91.20
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Online fundraising fees	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)..... ▶

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

6837.29
[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. Stripe, Inc.

Mailing Address 185 Berry Street
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
Online fundraising fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.16555
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 185 Berry Street
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
Online fundraising fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.17032
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 185 Berry Street
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
Online fundraising fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.17033
Amount of Each Disbursement this Period

Memo Item

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

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