

# 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

Restore Our Healthcare, Inc.

ADDRESS (number and street) 8687 E. Via De Ventura

Check if different than previously reported. (ACC) Scottsdale AZ 85258

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

C C00690800

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (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), Dec 20 (M12), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on 11/06/2018 in the State of AZ. (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on 11/06/2018 in the State of AZ.

5. Covering Period 10/18/2018 through 11/26/2018

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

Signature of Treasurer Pullen, Randall, L, , [Electronically Filed] Date 11/29/2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Restore Our Healthcare, Inc.**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="60300.00"/>	<input type="text" value="60300.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="60300.00"/>	<input type="text" value="60300.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56515.60"/>	<input type="text" value="56515.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3784.40"/>	<input type="text" value="3784.40"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**Restore Our Healthcare, Inc.**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	55300.00	55300.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	55300.00	55300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	60300.00	60300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	60300.00	60300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	60300.00	60300.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	10265.60	10265.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10265.60	10265.60
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) .....	46250.00	46250.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	56515.60	56515.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56515.60	56515.60

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	60300.00	60300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60300.00	60300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	10265.60	10265.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10265.60	10265.60

**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 13  
(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)  
**Restore Our Healthcare, Inc.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Alliance For A Better American Tomorrow**

Mailing Address 10869 N. Scottsdale Rd.

City Scottsdale	State AZ	Zip Code 85254
--------------------	-------------	-------------------

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 ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2018

**Transaction ID : SA11AI.4103**

Amount of Each Receipt this Period  
 15000.00

Memo Item  
 Check

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Alliance For A Better American Tomorrow**

Mailing Address 10869 N. Scottsdale Rd.

City Scottsdale	State AZ	Zip Code 85254
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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 ▼  
 20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2018

**Transaction ID : SA11AI.4124**

Amount of Each Receipt this Period  
 5000.00

Memo Item  
 Check

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

Mailing Address 916 W. Adams St.

City Phoenix	State AZ	Zip Code 85007
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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 ▼  
 2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2018

**Transaction ID : SA11AI.4116**

Amount of Each Receipt this Period  
 2300.00

Memo Item  
 Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	22300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<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)  
**Restore Our Healthcare, Inc.**

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

Mailing Address 4040 E Camelback Rd.  
#105

City Phoenix State AZ Zip Code 85018

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

Name of Employer (for Individual) Republic Monetary Exchange Occupation (for Individual) Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
11 / 05 / 2018  
**Transaction ID : SA11AI.4137**

Amount of Each Receipt this Period  
1000.00

Memo Item  
 Credit Card

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

Mailing Address 9200 E. Pima Center Pkwy  
Suite 180

City Scottsdale State AZ Zip Code 85258

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 ▼  
10000.00

Date of Receipt  
11 / 01 / 2018  
**Transaction ID : SA11AI.4141**

Amount of Each Receipt this Period  
10000.00

Memo Item  
 Wire

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

Mailing Address 3964 E. Paradise View Dr.

City Paradise Valley State AZ Zip Code 85253

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 ▼  
10000.00

Date of Receipt  
11 / 01 / 2018  
**Transaction ID : SA11AI.4120**

Amount of Each Receipt this Period  
10000.00

Memo Item  
 credit card

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	21000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Restore Our Healthcare, Inc.**

**A. Langner, Wanda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14130 E. Coyote Way  
 City Fountain Hills State AZ Zip Code 85268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Concept Devlopment Corporation Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 11500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2018  
**Transaction ID : SA11AI.4121**  
 Amount of Each Receipt this Period  
 11500.00  
 Memo Item  
 Credit Card

**B. Vaughn, Vicki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 E Moonlight Way  
 City Paradise Valley State AZ Zip Code 85253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VLV Consultants, Inc. Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2018  
**Transaction ID : SA11AI.4139**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Credit Card

**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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	55300.00



**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 9 OF 13
<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)  
**Restore Our Healthcare, Inc.**

**A. DEFENDING AMERICA'S VALUES EVERYWHERE (TEAM DAVE)**

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

Mailing Address PO BOX 30844

City BETHESDA	State MD	Zip Code 20824
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00497594

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2018

**Transaction ID : SA11C.4159**

Amount of Each Receipt this Period  
1000.00

Memo Item  
 Check

**B. PROTECTING AMERICA UNDER LAW POLITICAL ACTION COMMITTEE**

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

Mailing Address 7650 S MCCLINTOCK DR STE 103-347

City TEMPE	State AZ	Zip Code 85284
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FEC ID number of contributing federal political committee. **C** C00563247

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2018

**Transaction ID : SA11C.4114**

Amount of Each Receipt this Period  
4000.00

Memo Item  
 Check

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

**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)  
**Restore Our Healthcare, Inc.**

**A. Intrepid Global Strategies, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 3219 E. Camelback Rd.  
Suite 343

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement Consulting services

Candidate Name MCSALLY, MARTHA, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AZ District: 02

Date of Disbursement 11 / 07 / 2018

FEC Identification Number C H2AZ08102

Transaction ID : SB21B.4152

Amount of Each Disbursement this Period 7520.00

Memo Item

**B. Pullen, Randall, L, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 8687 E. Via De Ventura  
Ste 106

City Scottsdale State AZ Zip Code 85258

Purpose of Disbursement Accounting Services

Candidate Name MCSALLY, MARTHA, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AZ District: 02

Date of Disbursement 11 / 14 / 2018

FEC Identification Number C H2AZ08102

Transaction ID : SB21B.4153

Amount of Each Disbursement this Period 1500.00

Memo Item

**C. Square, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
#600

City San Francisco State AZ Zip Code 94103

Purpose of Disbursement CC fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 11 / 01 / 2018

FEC Identification Number C

Transaction ID : SB21B.4146

Amount of Each Disbursement this Period 752.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9772.80

**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)  
**Restore Our Healthcare, Inc.**

Full Name (Last, First, Middle Initial)

**A. Square, Inc.**

Mailing Address 1455 Market St  
#600

City San Francisco State AZ Zip Code 94103

Purpose of Disbursement  
CC fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2018

FEC Identification Number  
  
**Transaction ID : SB21B.4147**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Square, Inc.**

Mailing Address 1455 Market St  
#600

City San Francisco State AZ Zip Code 94103

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

FEC Identification Number  
  
**Transaction ID : SB21B.4148**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Gober Group**

Mailing Address P.O. Box 341016

City Austin State TX Zip Code 78734

Purpose of Disbursement  
Incidental expenses

Category/  
Type

Candidate Name  
**MCSALLY, MARTHA, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: AZ District: 02

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 08 / 2018

FEC Identification Number  
 H2AZ08102  
**Transaction ID : SB21B.4157**  
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Restore Our Healthcare, Inc.
FEC IDENTIFICATION NUMBER C C00690800

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

Full Name of Payee AIRADS
Mailing Address 1900 Oro Dam Blvd. East Ste 162
City Oroville State CA Zip Code 95966
Purpose of Expenditure Air Banner Category/Type 004
Date of Public Distribution/Dissemination 11/02/2018
Amount 16870.00
Transaction ID : SE.4125
Date of Disbursement or Obligation 11/01/2018

Name of Federal Candidate: MCSALLY, MARTHA, , ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Arena Communications
Mailing Address 1780 W. Sequoia Vista Circle
City Salt Lake City State UT Zip Code 84104
Purpose of Expenditure Digital Ads Category/Type 004
Date of Public Distribution/Dissemination 11/02/2018
Amount 10000.00
Transaction ID : SE.4128
Date of Disbursement or Obligation 11/01/2018

Name of Federal Candidate: MCSALLY, MARTHA, , ,
Support Oppose
Office Sought: House Senate State: AZ
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 26870.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Pullen, Randall, L, ,

[Electronically Filed]

Date 11/29/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Restore Our Healthcare, Inc.
FEC IDENTIFICATION NUMBER
C C00690800

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

Full Name of Payee
Strategic Media Services
Mailing Address
1911 North Ft. Myer Drive
Ste 400
City
Arlington
State
VA
Zip Code
22209
Purpose of Expenditure
Radio AD
Category/Type
004
Date of Public Distribution/Dissemination
10 / 31 / 2018
Amount
11290.00
Transaction ID : SE.4106
Date of Disbursement or Obligation
10 / 30 / 2018

Name of Federal Candidate:
MCSALLY, MARTHA, ,
Support
Oppose
Office Sought:
House
Senate
District:
State: AZ
Calendar Year-To-Date
Per Election for Office Sought
11290.00
Disbursement For:
Primary
General
Other (specify)
Runoff

Full Name of Payee
Strategic Media Services
Mailing Address
1911 North Ft. Myer Drive
Ste 400
City
Arlington
State
VA
Zip Code
22209
Purpose of Expenditure
Radio Ads
Category/Type
004
Date of Public Distribution/Dissemination
11 / 02 / 2018
Amount
8090.00
Transaction ID : SE.4126
Date of Disbursement or Obligation
11 / 01 / 2018

Name of Federal Candidate:
MCSALLY, MARTHA, ,
Support
Oppose
Office Sought:
House
Senate
District:
State: AZ
Calendar Year-To-Date
Per Election for Office Sought
24960.00
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 19380.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 46250.00

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.

Pullen, Randall, L., [Electronically Filed]
Signature Date 11 / 29 / 2018