

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) 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

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sherry Gaskill

Signature of Treasurer Sherry Gaskill [Electronically Filed] Date 04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>	<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="122232.46"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1580865.32"/>	<input type="text" value="1911632.31"/>
(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="1703097.78"/>	<input type="text" value="1911632.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1033292.26"/>	<input type="text" value="1241826.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="669805.52"/>	<input type="text" value="669805.52"/>
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="466.23"/>	

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Restoration PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

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).....	1552283.31	1880616.64
(ii) Unitemized	3582.01	6015.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1555865.32	1886632.31
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	25000.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1580865.32	1911632.31
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))..... ▶	1580865.32	1911632.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1580865.32	1911632.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	1000942.26	1209476.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1000942.26	1209476.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E)	20000.00	20000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	10000.00	10000.00
(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)).....	10000.00	10000.00
29. Other Disbursements	350.00	350.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	1033292.26	1241826.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1033292.26	1241826.79

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	1580865.32	1911632.31
34. Total Contribution Refunds (from Line 28(d))	10000.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1570865.32	1901632.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1000942.26	1209476.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1000942.26	1209476.79

**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 49
	<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 (Last, First, Middle Initial) A. Jay Gibson		Date of Receipt MM / DD / YYYY 07 / 03 / 2015 Transaction ID : SA11AI.4428
Mailing Address 435 S School St.		Amount of Each Receipt this Period 50.00
City Lombard	State IL	Zip Code 60148
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Contribution	
Name of Employer Gold Medal Products	Occupation Service Technician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Jay Gibson		Date of Receipt MM / DD / YYYY 08 / 04 / 2015 Transaction ID : SA11AI.4453
Mailing Address 435 S School St.		Amount of Each Receipt this Period 50.00
City Lombard	State IL	Zip Code 60148
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Contribution	
Name of Employer Gold Medal Products	Occupation Service Technician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Jay Gibson		Date of Receipt MM / DD / YYYY 09 / 03 / 2015 Transaction ID : SA11AI.4505
Mailing Address 435 S School St.		Amount of Each Receipt this Period 50.00
City Lombard	State IL	Zip Code 60148
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Contribution	
Name of Employer Gold Medal Products	Occupation Service Technician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial)
A. Jay Gibson

Mailing Address 435 S School St.

City Lombard State IL Zip Code 60148

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

Name of Employer Gold Medal Products Occupation Service Technician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
10 / 05 / 2015
Transaction ID : SA11AI.4521

Amount of Each Receipt this Period
50.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)
B. Pat Giersch

Mailing Address 2315 Fairfax Rd.

City St. Charles State IL Zip Code 60174

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

Name of Employer Right Pointe Co. Occupation Self-employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 03 / 2015
Transaction ID : SA11AI.4510

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)
C. William Hupp

Mailing Address 405 Dawn Ave.

City Glen Ellyn State IL Zip Code 60137

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

Name of Employer Self employed Occupation Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 05 / 2015
Transaction ID : SA11AI.4519

Amount of Each Receipt this Period
250.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Restoration PAC

A. Terry J. Kohler
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 897

City Sheboygan State WI Zip Code 53082

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

Name of Employer Windway Capital Corporation Occupation President and Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 07 / 23 / 2015
Transaction ID : SA11AI.4432

Amount of Each Receipt this Period 25000.00

Memo Item Contribution

B. Terry J. Kohler
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 897

City Sheboygan State WI Zip Code 53082

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

Name of Employer Windway Capital Corporation Occupation President and Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 08 / 25 / 2015
Transaction ID : SA11AI.4502

Amount of Each Receipt this Period 25000.00

Memo Item Contribution

C. Sheila Smith
Full Name (Last, First, Middle Initial)

Mailing Address 34620 Clayton Rd

City Dade City State FL Zip Code 33523

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2015
Transaction ID : SA11AI.4507

Amount of Each Receipt this Period 50.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 50050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 49
	<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. Sheila Smith
Full Name (Last, First, Middle Initial)
Mailing Address 34620 Clayton Rd

City Dade City	State FL	Zip Code 33523
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11AI.4520

Amount of Each Receipt this Period
50.00

Memo Item Contribution

B. Sheila Smith
Full Name (Last, First, Middle Initial)
Mailing Address 34620 Clayton Rd

City Dade City	State FL	Zip Code 33523
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2015
Transaction ID : SA11AI.4581

Amount of Each Receipt this Period
50.00

Memo Item Contribution

C. Sheila Smith
Full Name (Last, First, Middle Initial)
Mailing Address 34620 Clayton Rd

City Dade City	State FL	Zip Code 33523
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.4589

Amount of Each Receipt this Period
50.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial) A. Sheila Smith		Date of Receipt MM / DD / YYYY 12 / 21 / 2015 Transaction ID : SA11AI.4687
Mailing Address 34620 Clayton Rd		Amount of Each Receipt this Period 50.00
City Dade City	State FL	Zip Code 33523
FEC ID number of contributing federal political committee. C	Memo Item Contribution <input type="checkbox"/>	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Richard E. Uihlein		Date of Receipt MM / DD / YYYY 07 / 16 / 2015 Transaction ID : SA11AI.4431
Mailing Address 1396 N. Waukegan Rd.		Amount of Each Receipt this Period 700000.00
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Memo Item Contribution <input type="checkbox"/>	
Name of Employer Uline	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000000.00	

Full Name (Last, First, Middle Initial) C. Richard E. Uihlein		Date of Receipt MM / DD / YYYY 09 / 09 / 2015 Transaction ID : SA11AI.4512
Mailing Address 1396 N. Waukegan Rd.		Amount of Each Receipt this Period 300000.00
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Memo Item Contribution <input type="checkbox"/>	
Name of Employer Uline	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300000.00	

SUBTOTAL of Receipts This Page (optional).....	1000050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Restoration PAC

A. Richard E. Uihlein
Full Name (Last, First, Middle Initial)

Mailing Address 1396 N. Waukegan Rd.

City Lake Forest State IL Zip Code 60045

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

Name of Employer Uline Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period
500000.00

Memo Item
Contribution

B. Bob Walsh
Full Name (Last, First, Middle Initial)

Mailing Address 84 Waverly Avenue

City Clarendon Hills State IL Zip Code 60514

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

Name of Employer 1965 Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2015

Transaction ID : SA11AI.4429

Amount of Each Receipt this Period
83.33

Memo Item
Contribution

C. Bob Walsh
Full Name (Last, First, Middle Initial)

Mailing Address 84 Waverly Avenue

City Clarendon Hills State IL Zip Code 60514

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

Name of Employer 1965 Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2015

Transaction ID : SA11AI.4494

Amount of Each Receipt this Period
83.33

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	500166.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
	<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. Bob Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 Waverly Avenue
 City Clarendon Hills State IL Zip Code 60514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 1965 Occupation Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA11AI.4506
 Amount of Each Receipt this Period 83.33
 Memo Item
 Contribution

B. Bob Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 Waverly Avenue
 City Clarendon Hills State IL Zip Code 60514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 1965 Occupation Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11AI.4522
 Amount of Each Receipt this Period 83.33
 Memo Item
 Contribution

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2015
Transaction ID : SA11AI.4583
 Amount of Each Receipt this Period 83.33
 Memo Item
 Contribution

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

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

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

FOR LINE NUMBER: PAGE 13 OF 49
(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. Bob Walsh
Full Name (Last, First, Middle Initial)
Mailing Address 84 Waverly Avenue
City Clarendon Hills State IL Zip Code 60514
FEC ID number of contributing federal political committee. **C**
Name of Employer 1965 Occupation Consultant
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **749.97**

Date of Receipt **12 / 03 / 2015**
Transaction ID : SA11AI.4588
Amount of Each Receipt this Period **83.33**
 Memo Item Contribution

B. Bob Walsh
Full Name (Last, First, Middle Initial)
Mailing Address 84 Waverly Avenue
City Clarendon Hills State IL Zip Code 60514
FEC ID number of contributing federal political committee. **C**
Name of Employer 1965 Occupation Consultant
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **833.30**

Date of Receipt **12 / 21 / 2015**
Transaction ID : SA11AI.4686
Amount of Each Receipt this Period **83.33**
 Memo Item Contribution

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	166.66
TOTAL This Period (last page this line number only).....	1552283.31

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

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

FOR LINE NUMBER: PAGE 14 OF 49
(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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. ESACFund

Full Name (Last, First, Middle Initial)
Mailing Address 610 South Blvd.

City Tampa State FL Zip Code 33606

FEC ID number of contributing federal political committee. **C** C00489856

Name of Employer Occupation

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
 08 / 13 / 2015

Transaction ID : SA11C.4500

Amount of Each Receipt this Period
 25000.00

Memo Item Contribution

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

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 (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

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 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. Campaign Services, Inc.

Mailing Address 117 N Saint Asaph St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
List acquisition

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : SB21B.4620

Amount of Each Disbursement this Period

50000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Website design and maintenance, email deployment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : SB21B.4544

Amount of Each Disbursement this Period

340.03

Memo Item

Full Name (Last, First, Middle Initial)

C. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Email deployment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.4606

Amount of Each Disbursement this Period

317.95

Memo Item

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

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

50657.98

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Website maintenance, email deployment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4607

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Website maintenances, email deployment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4692

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Connell Donatelli, Inc.

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Digital advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4546

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4546

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"/> 24	<input type="checkbox"/> 25	<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.

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Digital advertising (placement)

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4622

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Connell Donatelli, Inc.

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Digital advertising

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4547

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Connell Donatelli, Inc.

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Digital advertising

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4548

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4622

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

Form/Schedule: SB21B

Transaction ID: SB21B.4547

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4548

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"/> 24	<input type="checkbox"/> 25	<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.

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Digital advertising

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4641

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Connell Donatelli, Inc.

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Digital advertising

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4549

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Delos Communications

Mailing Address 874 Green Bay Rd.
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Strategic Planning Consulting

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4600

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4641

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

Form/Schedule: SB21B

Transaction ID: SB21B.4549

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

**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"/> 24	<input type="checkbox"/> 25	<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

Mailing Address 874 Green Bay Rd.
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Subsistence and office expense reimbursements

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4604

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Delos Communications

Mailing Address 874 Green Bay Rd.
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Strategic Planning Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4612

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. eDonation.com

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement
Online fundraising fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4537

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4604

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. eDonation.com

Date of Disbursement: MM / DD / YYYY
08 / 04 / 2015

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement: Online fundraising fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.4538**

Amount of Each Disbursement this Period: 246.15

Memo Item

Full Name (Last, First, Middle Initial)

B. eDonation.com

Date of Disbursement: MM / DD / YYYY
09 / 03 / 2015

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement: Online fundraising fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.4539**

Amount of Each Disbursement this Period: 124.29

Memo Item

Full Name (Last, First, Middle Initial)

C. eDonation.com

Date of Disbursement: MM / DD / YYYY
10 / 05 / 2015

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement: Online fundraising fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.4540**

Amount of Each Disbursement this Period: 90.01

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 460.45

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. eDonation.com

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement
Online fundraising fees

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4605

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. eDonation.com

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement
Online fundraising fees

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4649

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. eDonation.com

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement
Online fundraising fees

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4691

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement
Office expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4644

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement
Office expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4645

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement
Office expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4646

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement
Office expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4647**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement
Office expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4648**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Green W. Associates

Mailing Address 2001 Butterfield Rd.
Suite 264

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement
Stationary

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4638**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Legal fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.4541

Amount of Each Disbursement this Period

2790.27

Memo Item

Full Name (Last, First, Middle Initial)

B. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Legal fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2015

Transaction ID : SB21B.4542

Amount of Each Disbursement this Period

2110.07

Memo Item

Full Name (Last, First, Middle Initial)

C. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Legal fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.4597

Amount of Each Disbursement this Period

1638.01

Memo Item

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

6538.35

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"/> 24	<input type="checkbox"/> 25	<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. Luntz Global Partners LLC

Mailing Address 9165 Key Commons Court

City Manassas State VA Zip Code 20110

Purpose of Disbursement
Survey research

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4640

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Regus Management Group, LLC

Mailing Address P.O. Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement
Rent expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4626

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Regus Management Group, LLC

Mailing Address P.O. Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement
Rent expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4625

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Regus Management Group, LLC

Mailing Address P.O. Box 842456

City State Zip Code
Dallas TX 75284

Purpose of Disbursement
Rent expense

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4624

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Regus Management Group, LLC

Mailing Address P.O. Box 842456

City State Zip Code
Dallas TX 75284

Purpose of Disbursement
Rent expense

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4623

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Regus Management Group, LLC

Mailing Address P.O. Box 842456

City State Zip Code
Dallas TX 75284

Purpose of Disbursement
Rent expense

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4611

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Regus Management Group, LLC

Mailing Address P.O. Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement
Rent expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4693

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Reverse Spin, LLC

Mailing Address 874 Green Bay Road
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Strategic Planning Consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4551

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Reverse Spin, LLC

Mailing Address 874 Green Bay Road
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Strategic Planning Consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4552

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Reverse Spin, LLC

Mailing Address 874 Green Bay Road
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Advertising expense reimbursements

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2015

Transaction ID : SB21B.4627

Amount of Each Disbursement this Period

1090.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PR Newswire Association LLC

Mailing Address 602 Plaza Three
Harborside Financial Center

City Jersey City State NJ Zip Code 07311

Purpose of Disbursement
Media

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2015

Transaction ID : SB21B.4627.0

Amount of Each Disbursement this Period

560.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PR Newswire Association LLC

Mailing Address 602 Plaza Three
Harborside Financial Center

City Jersey City State NJ Zip Code 07311

Purpose of Disbursement
Media

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : SB21B.4627.1

Amount of Each Disbursement this Period

230.00

Memo Item

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

1090.00

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4627.0

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

Form/Schedule: SB21B

Transaction ID: SB21B.4627.1

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

**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"/> 24	<input type="checkbox"/> 25	<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. Jessica Curry

Mailing Address 1402 Harts Ridge Dr.

City Seneca State SC Zip Code 29678

Purpose of Disbursement
Media

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4627.2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Reverse Spin, LLC

Mailing Address 874 Green Bay Road
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Strategic Planning Consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4553

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Reverse Spin, LLC

Mailing Address 874 Green Bay Road
Suite 270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Strategic Planning Consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4554

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4627.2

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"/> 24	<input type="checkbox"/> 25	<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. Rick Reed Media, Inc.		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 2601-A Wilson Blvd.		Transaction ID : SB21B.4635
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Advertising (production)	Amount of Each Disbursement this Period 17097.03
Candidate Name	Category/Type 004	<input type="checkbox"/> Memo Item
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. Rick Reed Media, Inc.		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 2601-A Wilson Blvd.		Transaction ID : SB21B.4636
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Advertising (production)	Amount of Each Disbursement this Period 11705.60
Candidate Name	Category/Type 004	<input type="checkbox"/> Memo Item
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. Rick Reed Media, Inc.		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 2601-A Wilson Blvd.		Transaction ID : SB21B.4637
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Advertising (production)	Amount of Each Disbursement this Period 3174.70
Candidate Name	Category/Type 004	<input type="checkbox"/> Memo Item
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).....▶	31977.33
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SB21B

Transaction ID : SB21B.4635

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

Form/Schedule: SB21B

Transaction ID: SB21B.4636

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4637

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"/> 24	<input type="checkbox"/> 25	<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. Rick Reed Media, Inc.

Mailing Address 2601-A Wilson Blvd.

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Advertising (production)

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4642

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Strategic Media Services, Inc.

Mailing Address 1911 North Ft. Myer Drive
Suite 400

City Arlington State VA Zip Code 22209

Purpose of Disbursement
TV and Cable advertising (placement)

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4619

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Strategic Media Services, Inc.

Mailing Address 1911 North Ft. Myer Drive
Suite 400

City Arlington State VA Zip Code 22209

Purpose of Disbursement
TV and Cable advertising (placement)

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4639

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4642

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

Form/Schedule: SB21B

Transaction ID: SB21B.4619

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4639

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"/> 24	<input type="checkbox"/> 25	<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. Toomey Associates, Ltd.

Mailing Address 201 East Ogden Ave., Ste.

City Hinsdale State IL Zip Code 60521

Purpose of Disbursement
Stationary

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4690

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. US Post Office

Mailing Address 1314 Kensington Rd.

City Oak Brook State IL Zip Code 60523

Purpose of Disbursement
Postage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4617

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Unintimidated PAC, Inc.

Mailing Address P.O. Box 15177

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.4634

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Peter H. Huizenga

Full Name (Last, First, Middle Initial)

Mailing Address 2215 York Rd.
Suite 500

City Oak Brook State IL Zip Code 60523

Purpose of Disbursement Refund of contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SB28A.4595

Amount of Each Disbursement this Period: 10000.00

Memo Item

Category/Type: 010

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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

NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial)

A. DGTR0

Mailing Address 7135 S. Madison St.

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement
Non-federal contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4699

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 47 OF 49
	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 Doug Truax	Nature of Debt (Purpose): Travel expenses to be reimbursed
Mailing Address 1900 Spring Road, Ste. 530	
City State Zip Code Oak Brook IL 60523	

Outstanding Balance Beginning This Period 466.23	Transaction ID : SD10.5354	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 466.23

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)..... ▶	466.23
2) TOTALS This Period (last page this line number only)..... ▶	466.23
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) ▶	466.23

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

Full Name of Payee Communications Counsel, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 20 / 2016
Mailing Address 37 West Broad Street, Suite 325	Amount 6666.66
City State Zip Code Columbus OH 43215	Transaction ID : SE.4694 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 29 / 2015
Purpose of Expenditure Television advertising (production cost) Category/Type 001	Name of Federal Candidate Hillary Rodham Clinton <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 6666.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Communications Counsel, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 19 / 2016
Mailing Address 37 West Broad Street, Suite 325	Amount 6666.67
City State Zip Code Columbus OH 43215	Transaction ID : SE.4695 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 29 / 2015
Purpose of Expenditure Television advertising (production cost) Category/Type 004	Name of Federal Candidate Hillary Rodham Clinton <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 6666.67	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13333.33
(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.

Sherry Gaskill [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

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

Full Name of Payee Communications Counsel, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 22 / 2016
Mailing Address 37 West Broad Street, Suite 325	Amount 6666.67
City State Zip Code Columbus OH 43215	Transaction ID : SE.4696 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 29 / 2015
Purpose of Expenditure Television advertising (production cost) Category/Type 004	Name of Federal Candidate Hillary Rodham Clinton <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 6666.67	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure Category/Type 	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6666.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	20000.00

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.

Sherry Gaskill [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Signature _____