

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 04 01 2016 through 06 30 2016

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

Signature of Treasurer Gaskill, Sherry, , , [Electronically Filed] Date 01 30 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Restoration PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value=""/>	<input type="text" value="669805.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="154125.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6432.99"/>	<input type="text" value="46782.25"/>
(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="160558.33"/>	<input type="text" value="716587.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="66697.89"/>	<input type="text" value="622727.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="93860.44"/>	<input type="text" value="93860.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Restoration PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

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).....	3849.99	6033.32
(ii) Unitemized	1665.00	11242.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5514.99	17276.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5514.99	17276.25
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).....	918.00	29506.00
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)).....▶	6432.99	46782.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6432.99	46782.25

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	54697.89	156105.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	54697.89	156105.33
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)	12000.00	466572.00
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	50.00
(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	50.00
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)) ..	66697.89	622727.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66697.89	622727.33

DETAILED SUMMARY PAGE
of Disbursements

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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)	5514.99	17276.25
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5514.99	17226.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	54697.89	156105.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	918.00	29506.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	53779.89	126599.33

**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 26
	<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	

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. Casella, Darlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81935 Mountain View Lane
 City La Quinta State CA Zip Code 92253
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : SA11AI.5426
 Amount of Each Receipt this Period
 500.00
 Memo Item Contribution

B. Goers, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6700 RT 83
 City Darien State IL Zip Code 60561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : SA11AI.5438
 Amount of Each Receipt this Period
 250.00
 Memo Item Contribution

C. Hupp, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self employed Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2016
Transaction ID : SA11AI.5509
 Amount of Each Receipt this Period
 2500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00
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 26
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Newman, Barry, , ,		Date of Receipt MM / DD / YYYY 05 / 04 / 2016 Transaction ID : SA11AI.5399
Mailing Address 4055 NW Twilight Terrace		Amount of Each Receipt this Period 250.00
City Portland	State OR	Zip Code 97229
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Providence Health and Services	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, Sheila, , ,		Date of Receipt MM / DD / YYYY 05 / 05 / 2016 Transaction ID : SA11AI.5424
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		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Smith, Sheila, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016 Transaction ID : SA11AI.5506
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		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	350.00
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 26
	<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. Walsh, Bob, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 84 Waverly Avenue

City Clarendon Hills	State IL	Zip Code 60514
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 1965	Occupation (for Individual) Consultant
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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
04		05		2016

Transaction ID : SA11AI.5388

Amount of Each Receipt this Period
83.33

Memo Item Contribution

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

Mailing Address 84 Waverly Avenue

City Clarendon Hills	State IL	Zip Code 60514
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 1965	Occupation (for Individual) Consultant
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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
05		05		2016

Transaction ID : SA11AI.5420

Amount of Each Receipt this Period
83.33

Memo Item Contribution

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

Mailing Address 84 Waverly Avenue

City Clarendon Hills	State IL	Zip Code 60514
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 1965	Occupation (for Individual) Consultant
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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
06		05		2016

Transaction ID : SA11AI.5487

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).....	3849.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 26
(check only one)

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Communications Counsel, Inc.

Mailing Address 37 West Broad Street, Suite 325

City Columbus	State OH	Zip Code 43215
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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 ▼
918.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2016

Transaction ID : SA15.5443

Amount of Each Receipt this Period
918.00

Memo Item
Partial refund of 1/14/16 payment

B. 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	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
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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	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	918.00
TOTAL This Period (last page this line number only).....	918.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Restoration PAC

A. Campaign Services, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 117 N Saint Asaph St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Website maintenance, email deployment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5478

Amount of Each Disbursement this Period: 1193.97

Memo Item

B. Campaign Solutions

Full Name (Last, First, Middle Initial)

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Website maintenances, email deployment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5513

Amount of Each Disbursement this Period: 3843.89

Memo Item

C. Capitol Media Partners

Full Name (Last, First, Middle Initial)

Mailing Address 2468 S. Camino Real

City Palm Springs State CA Zip Code 92264

Purpose of Disbursement Political strategy consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 08 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5377

Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10037.86

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Restoration PAC

A. Capitol Media Partners

Full Name (Last, First, Middle Initial)

Mailing Address 2468 S. Camino Real

City Palm Springs State CA Zip Code 92264

Purpose of Disbursement Political strategy consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 02 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.5462**

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Capitol Media Partners

Full Name (Last, First, Middle Initial)

Mailing Address 2468 S. Camino Real

City Palm Springs State CA Zip Code 92264

Purpose of Disbursement Political strategy consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 06 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.5475**

Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Connell Donatelli, Inc.

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.5372**

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11500.00

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.5372

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

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial) A. Connell Donatelli, Inc.		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016
Mailing Address P.O. Box 1877		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5477
City Alexandria	State VA	Zip Code 22313
Purpose of Disbursement Digital Advertising	<input type="checkbox"/> 004	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	<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. Crowdskout		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 1920 L St. NW Ste. 325		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5378
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Software licensing	<input type="checkbox"/> 004	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/ Type	<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. Crowdskout		Date of Disbursement MM / DD / YYYY 05 / 01 / 2016
Mailing Address 1920 L St. NW Ste. 325		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5459
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Software licensing	<input type="checkbox"/> 004	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/ Type	<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).....▶	3200.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SB21B

Transaction ID : SB21B.5477

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

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial) A. Crowdskout		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 1920 L St. NW Ste. 325		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5460 Amount of Each Disbursement this Period [REDACTED] 100.00
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Software licensing		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Delos Communications		Date of Disbursement MM / DD / YYYY 04 / 04 / 2016
Mailing Address 2700 Patriot Blvd., Ste. 250		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5373 Amount of Each Disbursement this Period [REDACTED] 12000.00
City Glenview	State IL	Zip Code 60026
Purpose of Disbursement Strategic planning consulting		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Delos Communications		Date of Disbursement MM / DD / YYYY 04 / 04 / 2016
Mailing Address 2700 Patriot Blvd., Ste. 250		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5446 Amount of Each Disbursement this Period [REDACTED] 350.71
City Glenview	State IL	Zip Code 60026
Purpose of Disbursement Travel expense reimbursement		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 12450.71

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

[REDACTED]

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

Form/Schedule: SB21B

Transaction ID : SB21B.5446

All of the expense reimbursements to Delos Communications were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial) A. Delos Communications		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 2700 Patriot Blvd., Ste. 250		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5464 Amount of Each Disbursement this Period 12000.00
City Glenview	State IL	Zip Code 60026
Purpose of Disbursement Strategic planning consulting		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Delos Communications		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 2700 Patriot Blvd., Ste. 250		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5514 Amount of Each Disbursement this Period 68.92
City Glenview	State IL	Zip Code 60026
Purpose of Disbursement Meal expense reimbursement		Category/Type 002
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Delos Communications		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 2700 Patriot Blvd., Ste. 250		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5473 Amount of Each Disbursement this Period 12000.00
City Glenview	State IL	Zip Code 60026
Purpose of Disbursement Strategic planning consulting		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	24068.92
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial) A. eDonation.com		Date of Disbursement MM / DD / YYYY 04 / 06 / 2016
Mailing Address 117 North Saint Asaph Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5448 Amount of Each Disbursement this Period 90.37
City Alexandria	State VA	Zip Code 22315
Purpose of Disbursement Online fundraising fees		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. eDonation.com		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 117 North Saint Asaph Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5453 Amount of Each Disbursement this Period 57.51
City Alexandria	State VA	Zip Code 22315
Purpose of Disbursement Online fundraising fees		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. eDonation.com		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 117 North Saint Asaph Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5454 Amount of Each Disbursement this Period 207.90
City Alexandria	State VA	Zip Code 22315
Purpose of Disbursement Online fundraising fees		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	355.78
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial) A. Grasshopper Group, LLC		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016
Mailing Address 197 1st Avenue, Suite 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5482 Amount of Each Disbursement this Period [REDACTED] 31.37
City Needham	State MA	Zip Code 02494
Purpose of Disbursement Office expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	
Memo Item <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) B. LogMeIn, Inc.		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 320 Summer St., Suite 100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5481 Amount of Each Disbursement this Period [REDACTED] 247.38
City Boston	State MA	Zip Code 02210
Purpose of Disbursement Office expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	
Memo Item <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) C. Regus Management Group, LLC		Date of Disbursement MM / DD / YYYY 04 / 27 / 2016
Mailing Address P.O. Box 842456		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5455 Amount of Each Disbursement this Period [REDACTED] 752.30
City Dallas	State TX	Zip Code 75284
Purpose of Disbursement Rent expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	
Memo Item <input type="checkbox"/>		

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

[REDACTED] 1031.05

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial) A. Regus Management Group, LLC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016	
Mailing Address P.O. Box 842456		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5456 Amount of Each Disbursement this Period [REDACTED] 752.30	
City Dallas	State TX	Zip Code 75284	Category/ Type 001
Purpose of Disbursement		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Regus Management Group, LLC		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016	
Mailing Address P.O. Box 842456		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5483 Amount of Each Disbursement this Period [REDACTED] 752.30	
City Dallas	State TX	Zip Code 75284	Category/ Type 001
Purpose of Disbursement Rent Expense		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Truax, Doug, , ,		Date of Disbursement MM / DD / YYYY 04 / 13 / 2016	
Mailing Address 1900 Spring Road, Ste. 530		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5381 Amount of Each Disbursement this Period [REDACTED] 466.23	
City Oak Brook	State IL	Zip Code 60523	Category/ Type 002
Purpose of Disbursement Travel expense reimbursement		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1970.83
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

Form/Schedule: SB21B

Transaction ID : SB21B.5381

\$224.04 of this expense was paid to Crystal City Marriott on 1/9/15. The remaining expense reimbursements were to vendors to which Mr. Truax did not pay more than \$200 in 2015.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Restoration PAC

Full Name (Last, First, Middle Initial)
A. Veralith, Inc.

Mailing Address 800 West Fifth Ave.

City Naperville State IL Zip Code 60563

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 06 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6037

Amount of Each Disbursement this Period: -10000.00

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	-10000.00
TOTAL This Period (last page this line number only).....▶	54615.15

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

Form/Schedule: SB21B

Transaction ID : SB21B.6037

Vendor credit issued for unused payment made on 3/23/16.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 26
	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 Truax, Doug, , ,			Nature of Debt (Purpose): Travel expenses to be reimbursed
Mailing Address 1900 Spring Road, Ste. 530			
City Oak Brook	State IL	Zip Code 60523	

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

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

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

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

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

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

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Capitol Media Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2468 S. Camino Real	Amount <input type="text"/>
City Palm Springs State CA Zip Code 92264	Transaction ID : SE.5762
Purpose of Expenditure Digital advertisements (placement costs) Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Bennet, Michael, F., ,	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5100.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Capitol Media Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2468 S. Camino Real	Amount <input type="text"/>
City Palm Springs State CA Zip Code 92264	Transaction ID : SE.5763
Purpose of Expenditure Digital advertising (production costs) Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Bennet, Michael, F., ,	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 6000.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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

Gaskill, Sherry, . ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Restoration PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571588 </div>
---	---

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

Full Name of Payee <input type="checkbox"/> Memo Item Capitol Media Partners	Date of Public Distribution/Dissemination 06 / 30 / 2016						
Mailing Address 2468 S. Camino Real	Amount 5100.00 Transaction ID : SE.5764 Date of Disbursement or Obligation 06 / 27 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Palm Springs</td> <td>CA</td> <td>92264</td> </tr> </table>		City	State	Zip Code	Palm Springs	CA	92264
City		State	Zip Code				
Palm Springs	CA	92264					
Purpose of Expenditure Digital advertising (placement costs)	Category/Type 004						
Name of Federal Candidate: Masto, Catherine, Cortez, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> State: <u>NV</u>						
Calendar Year-To-Date Per Election for Office Sought 5100.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Capitol Media Partners	Date of Public Distribution/Dissemination 06 / 30 / 2016						
Mailing Address 2468 S. Camino Real	Amount 900.00 Transaction ID : SE.5765 Date of Disbursement or Obligation 06 / 27 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Palm Springs</td> <td>CA</td> <td>92264</td> </tr> </table>		City	State	Zip Code	Palm Springs	CA	92264
City		State	Zip Code				
Palm Springs	CA	92264					
Purpose of Expenditure Digital advertising (production costs)	Category/Type 004						
Name of Federal Candidate: Masto, Catherine, Cortez, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> State: <u>NV</u>						
Calendar Year-To-Date Per Election for Office Sought 6000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	6000.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	12000.00

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.

Gaskill, Sherry, , ,

[Electronically Filed]

Date

01 / 30 / 2017

Signature