

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

Restoration PAC

ADDRESS (number and street)

1901 Butterfield Road

Ste. 120

Check if different
than previously
reported. (ACC)

Downers Grove

IL

60515

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

C

C00571588

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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

Gaskill, Sherry, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gaskill, Sherry, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Restoration PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		01		2020

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table>	Y	Y	Y	Y	Y	2020						<table><tr><td colspan="5">995542.12</td></tr></table>	995542.12				
Y	Y	Y	Y	Y													
2020																	
995542.12																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">5866075.21</td></tr></table>	5866075.21															
5866075.21																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">2543806.08</td></tr></table>	2543806.08					<table><tr><td colspan="5">17873064.21</td></tr></table>	17873064.21									
2543806.08																	
17873064.21																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">8409881.29</td></tr></table>	8409881.29					<table><tr><td colspan="5">18868606.33</td></tr></table>	18868606.33									
8409881.29																	
18868606.33																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">2380772.25</td></tr></table>	2380772.25					<table><tr><td colspan="5">12839497.29</td></tr></table>	12839497.29									
2380772.25																	
12839497.29																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">6029109.04</td></tr></table>	6029109.04					<table><tr><td colspan="5">6029109.04</td></tr></table>	6029109.04									
6029109.04																	
6029109.04																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">7000.00</td></tr></table>	7000.00															
7000.00																	



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
09	/	01	/	2020

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2020

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).....

2541325.00

17859697.37

(ii) Unitemized

2480.99

13331.39

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2543805.99

17873028.76

(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)

2543805.99

17873028.76

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).....

0.09

35.45

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))

2543806.08

17873064.21

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

2543806.08

17873064.21

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

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	- 775084.75	863472.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	- 775084.75	863472.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500000.00	500000.00
24. Independent Expenditures (use Schedule E)	2655852.00	11473453.00
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	5.00	72.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5.00	72.15
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2500.00
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)) ..	2380772.25	12839497.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2380772.25	12839497.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2543805.99	17873028.76
34. Total Contribution Refunds (from Line 28(d))	5.00	72.15
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2543800.99	17872956.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	- 775084.75	863472.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.09	35.45
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	- 775084.84	863436.69

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

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

FOR LINE NUMBER: PAGE 6 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Restoration PAC

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

A. Archipley, Thomas, , ,

Mailing Address 3832 Crooked Creek

City
OkemosState
MIZip Code
48864FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blink Device CompanyOccupation (for Individual)
Chairman & Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2020

Transaction ID : SA11Al.13705

Amount of Each Receipt this Period

20000.00

☐ Memo Item
Contribution

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

B. Brown, Alison, , ,

Mailing Address 23 Wilson Rd

City
GrayState
MEZip Code
04039FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (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
09 / 02 / 2020

Transaction ID : SA11Al.13477

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

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

c. Draper, Anne, , ,

Mailing Address 9905 Whitetail Lane

City
LittletonState
COZip Code
80127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2020

Transaction ID : SA11Al.13698

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

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

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

25500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Draper, John, , ,

Mailing Address 7401 US Highway 40

City
KremmlingState
COZip Code
80459-9634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bear Mountain RanchOccupation (for Individual)
Owner/Proprietor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2020

Transaction ID : SA11AI.13688

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

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

B. Grane, Paul, , ,

Mailing Address 3855 Douglas Road

City
BensenvilleState
ILZip Code
60515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grane TransportationOccupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI.13656

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

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

C. Hall, David, , ,

Mailing Address 306 Ellis Boulevard

City
Ellis GroveState
ILZip Code
62241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2020

Transaction ID : SA11AI.13500

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

5525.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 28
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Restoration PAC

A. Hubbard, Stanley, S., , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 3415 University Avenue W City Saint Paul State MN Zip Code 55114 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Hubbard Broadcasting, Inc. Occupation (for Individual) Chairman/CEO Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2020 Transaction ID : SA11AI.13697 Amount of Each Receipt this Period 10000.00 ☐ Memo Item Contribution
B. Pearman, John, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 503 Turner Avenue City Glen Ellyn State IL Zip Code 60137 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Delos Communications Occupation (for Individual) Consultant Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 2554.33			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2020 Transaction ID : SA11AI.13524 Amount of Each Receipt this Period 250.00 ☐ Memo Item Contribution
C. Santucci, Vincent, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 5530 N. Redwood Drive City Norwood Park Township State IL Zip Code 60656 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Sanofi Occupation (for Individual) Pharmacist Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2020 Transaction ID : SA11AI.13651 Amount of Each Receipt this Period 50.00 ☐ Memo Item Contribution
SUBTOTAL of Receipts This Page (optional)..... ▶			10300.00
TOTAL This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER: PAGE 9 OF 28

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 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. Uihlein, Richard, E., ,

Mailing Address 1396 N. Waukegan Rd.

City
Lake ForestState
ILZip Code
60045FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Uline

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16600000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2020

Transaction ID : SA11AI.13679

Amount of Each Receipt this Period

1500000.00

☐ Memo Item
Contribution

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

B. Uihlein, Richard, E., ,

Mailing Address 1396 N. Waukegan Rd.

City
Lake ForestState
ILZip Code
60045FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Uline

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17600000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2020

Transaction ID : SA11AI.13682

Amount of Each Receipt this Period

1000000.00

☐ Memo Item
Contribution

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

2500000.00

2541325.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Adobe Systems, Inc.

Mailing Address 345 Park Ave

City
San JoseState
CAZip Code
95110Purpose of Disbursement
Office expense

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13710

Amount of Each Disbursement this Period

29.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Viewpoint, Inc.Mailing Address 1199 N. Fairfax Street
#808City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Focus group

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13713

Amount of Each Disbursement this Period

21000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Viewpoint, Inc.Mailing Address 1199 N. Fairfax Street
#808City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Focus group

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13714

Amount of Each Disbursement this Period

21000.00

☐ Memo Item

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

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

42029.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Campfire Communications, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2020

Mailing Address P.O. Box 188

151 Summer Street

City
MorrisonState
COZip Code
80465Purpose of Disbursement
Communications consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.13715

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank, N.A.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2020

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.13716

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank, N.A.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2020

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.13717

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5040.00

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

X	21b		22		23		26		27
	28a		28b		28c		29		30b

Restoration PAC

A. Chain Bridge Bank, N.A.

Date of Disbursement

001

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

District:

FEC Identification Number

C

Transaction ID : SB21B.13718

Amount of Each Disbursement this Period

20.00

Memo Item

B. Chain Bridge Bank, N.A.

Date of Disbursement

MM / DD / YYYY

001

Category/
Type

☐ Primary ☐ General
☐ Other (specify) _____

District:

FEC Identification Number

C

Transaction ID : SB21B.13719

Amount of Each Disbursement this Period

20.00

Memo Item

C. Chain Bridge Bank, N.A.

Date of Disbursement

001

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

District:

FEC Identification Number

C

Transaction ID : SB21B.13720

Amount of Each Disbursement this Period

20.00

 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
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(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13721

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13722

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13723

Amount of Each Disbursement this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	0		

FEC Identification Number

C Transaction ID : SB21B.13724

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dropbox

Mailing Address 333 Brannan Street

City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Cloud services subscription

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	2	0		

FEC Identification Number

C Transaction ID : SB21B.13725

Amount of Each Disbursement this Period

119.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City
NeedhamState
MAZip Code
02494Purpose of Disbursement
Telephone service

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	0		

FEC Identification Number

C Transaction ID : SB21B.13726

Amount of Each Disbursement this Period

33.01

☐ Memo Item

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

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

172.89

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Harris Media, LLC

Mailing Address 6500 Manor Drive

City
AustinState
TXZip Code
78723Purpose of Disbursement
Design consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13727

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Harris Media, LLC

Mailing Address 6500 Manor Drive

City
AustinState
TXZip Code
78723Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13728

Amount of Each Disbursement this Period

337.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hodas & Associates Strategic Communications

Mailing Address 960 Clock Tower Drive, Ste. J

City
SpringfieldState
ILZip Code
62704Purpose of Disbursement
Polling expense

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13725

Amount of Each Disbursement this Period

72000.00

☐ Memo Item

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

79837.40

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Hodas & Associates Strategic Communications

Mailing Address 960 Clock Tower Drive, Ste. J

City
SpringfieldState
ILZip Code
62704Purpose of Disbursement
Polling expense

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13730

Amount of Each Disbursement this Period

1342.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City
West ChesterState
OHZip Code
45069Purpose of Disbursement
Legal fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13731

Amount of Each Disbursement this Period

1875.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LexisNexis

Mailing Address 28544 Network Place

City
ChicagoState
ILZip Code
60673Purpose of Disbursement
Research services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	0			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13732

Amount of Each Disbursement this Period

983.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4200.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Nebo Media, Inc.

Mailing Address PO Box 9825

City
ArlingtonState
VAZip Code
22219

Purpose of Disbursement

Television advertising (placement cost) (IE paid 8/28/20, see Schedule E)

004

Category/
Type

Candidate Name

PETERS, GARY, , ,

Office Sought:

☐

House

☒

Senate

☐

President

Disbursement For: 2020

☐

Primary

☒

General

☐

Other (specify) ▼

State: MI

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	2	0		

FEC Identification Number

C

S4MI00355

Transaction ID : SB21B.13302

Amount of Each Disbursement this Period

- 1002253.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. R. Riesen Cinematography, Inc.

Mailing Address 819 S. Harvard Ave.

City
Villa ParkState
ILZip Code
60181

Purpose of Disbursement

Advertising

004

Category/
Type

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	0			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13733

Amount of Each Disbursement this Period

1100.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.Mailing Address 185 Berry Street
Suite 550City
San FranciscoState
CAZip Code
94107

Purpose of Disbursement

Online fundraising fees

003

Category/
Type

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13742

Amount of Each Disbursement this Period

29.60

☐

Memo Item

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

- 1001123.40

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB21B**

Transaction ID : **SB21B.13302**

This independent expenditure was paid on 8/28 but not disseminated until 9/2. This entry is to negate the 8/28 operating expenditure on the September monthly report.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.13733**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	2	0		

Mailing Address 185 Berry Street
Suite 550City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Online fundraising fees

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.13743

Amount of Each Disbursement this Period

0.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	0			2	0	2	0		

Mailing Address 185 Berry Street
Suite 550City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Online fundraising fees

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.13744

Amount of Each Disbursement this Period

1.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	0		

Mailing Address 185 Berry Street
Suite 550City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Online fundraising fees

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.13745

Amount of Each Disbursement this Period

5.70

☐ Memo Item

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

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

7.75

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.Mailing Address 185 Berry Street
Suite 550City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Online fundraising fees

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13746

Amount of Each Disbursement this Period

0.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.Mailing Address 185 Berry Street
Suite 550City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Online fundraising fees

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13747

Amount of Each Disbursement this Period

12.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.Mailing Address 185 Berry Street
Suite 550City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Online fundraising fees

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13748

Amount of Each Disbursement this Period

30.02

☐ Memo Item

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

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

43.54

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)

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 185 Berry Street
Suite 550

City
San Francisco

State
CA

Zip Code
94107

Purpose of Disbursement
Online fundraising fees

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2020

FEC Identification Number

C

Transaction ID : SB21B.13749

Amount of Each Disbursement this Period

580.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Trafalgar Group, LLC

Mailing Address 600 Peachtree St. NE
BoFA Tower Ste. 3760, PO Box 56271

City
Atlanta

State
GA

Zip Code
30343

Purpose of Disbursement
Polling expense

005

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2020

FEC Identification Number

C

Transaction ID : SB21B.13750

Amount of Each Disbursement this Period

94000.00

☐ 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)..... ►

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

94580.30

– 775091.53

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN PRINCIPLES PROJECT PAC

Mailing Address 2800 SHIRLINGTON ROAD, STE. 1201

City
ARLINGTONState
VAZip Code
22206Purpose of Disbursement
Contribution expense

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2020

FEC Identification Number

C C00544387

Transaction ID : SB23.13711

Amount of Each Disbursement this Period

500000.00

☐ 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

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

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

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

500000.00

500000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 28

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Restoration PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Reed Media Partners, LLC

Nature of Debt (Purpose):

Pre-payment for TV and digital advertising
(production cost) - estimated on 9/4 IE report

Mailing Address 1320 N. Courthouse Rd., Ste. 130

City
ArlingtonState
VAZip Code
22201

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.13753

Amount Incurred This Period

7000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7000.00

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)..... ►

7000.00

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

7000.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

7000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 28
 FOR LINE 24 OF FORM 3X

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 ☐ Memo Item Harris Media, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 03 / 2020	
Mailing Address 6500 Manor Drive				Amount 50000.00	
City Austin		State TX		Zip Code 78723	
Purpose of Expenditure Digital advertising (placement cost)				Category/Type 004	
Name of Federal Candidate: PETERS, GARY, , ,				☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 State: MI	
Calendar Year-To-Date Per Election for Office Sought 1052253.00				Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶	
Full Name of Payee ☐ Memo Item Harris Media, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 09 / 2020	
Mailing Address 6500 Manor Drive				Amount 100000.00	
City Austin		State TX		Zip Code 78723	
Purpose of Expenditure Digital advertising (placement cost)				Category/Type 004	
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,				☐ Support ☒ Oppose Office Sought: ☒ President ☐ Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought 9699745.00				Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				150000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Gaskill, Sherry, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2020	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 28
 FOR LINE 24 OF FORM 3X

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 ☐ Memo Item Harris Media, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 10 / 2020							
Mailing Address 6500 Manor Drive				Amount 76100.00							
City Austin		State TX		Zip Code 78723							
Purpose of Expenditure Digital advertising (placement cost)				Category/Type 004							
Name of Federal Candidate: TRUMP, DONALD J., , ,				☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____							
Calendar Year-To-Date Per Election for Office Sought 9775845.00				Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶ _____							
Full Name of Payee ☐ Memo Item Harris Media, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 10 / 2020							
Mailing Address 6500 Manor Drive				Amount 3900.00							
City Austin		State TX		Zip Code 78723							
Purpose of Expenditure Digital advertising (production cost)				Category/Type 004							
Name of Federal Candidate: TRUMP, DONALD J., , ,				☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____							
Calendar Year-To-Date Per Election for Office Sought 9779745.00				Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶ _____							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:40%; text-align: right;">▶ 80000.00</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ 80000.00	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ 	(c) TOTAL Independent Expenditures	▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 80000.00										
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ 										
(c) TOTAL Independent Expenditures	▶ 										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Gaskill, Sherry, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2020							

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 28
 FOR LINE 24 OF FORM 3X

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 ☐ Memo Item Harris Media, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2020	
Mailing Address 6500 Manor Drive				Amount 15000.00	
City Austin		State TX		Zip Code 78723	
Purpose of Expenditure Digital advertising (placement cost)				Category/Type 004	
Name of Federal Candidate: TRUMP, DONALD J., , ,				☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 9882589.00				Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶ _____	
Full Name of Payee ☐ Memo Item Harris Media, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2020	
Mailing Address 6500 Manor Drive				Amount 15000.00	
City Austin		State TX		Zip Code 78723	
Purpose of Expenditure Digital advertising (placement cost)				Category/Type 004	
Name of Federal Candidate: BIDEN, JOSEPH R JR., , ,				☐ Support ☒ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 9897589.00				Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures				30000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Gaskill, Sherry, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2020	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 28
 FOR LINE 24 OF FORM 3X

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 Nebo Media, Inc.			☐ Memo Item		
Mailing Address PO Box 9825			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 02 / 2020		
City Arlington		State VA	Zip Code 22219	Amount 1002253.00	
Purpose of Expenditure Television advertising (placement cost) (see Schedule B)			Category/Type 004	Transaction ID : SE.13303 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: PETERS, GARY, , ,			☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought			1002253.00	Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶	
Full Name of Payee Nebo Media, Inc.			☐ Memo Item		
Mailing Address PO Box 9825			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 09 / 2020		
City Arlington		State VA	Zip Code 22219	Amount 1305755.00	
Purpose of Expenditure Television advertising (placement cost)			Category/Type 004	Transaction ID : SE.13308 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2020	
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			9599745.00	Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				2308008.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Gaskill, Sherry, , ,			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 28
 FOR LINE 24 OF FORM 3X

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 Nebo Media, Inc. ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 17 / 2020		
Mailing Address PO Box 9825			Amount 87844.00		
City Arlington	State VA	Zip Code 22219	Transaction ID : SE.13319 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2020		
Purpose of Expenditure Television advertising (placement cost)		Category/ Type 004			
Name of Federal Candidate: BIDEN, JOSEPH R JR, , , ☐ Support ☒ Oppose			Office Sought: ☐ House ☐ Senate ☒ President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 9867589.00			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name of Payee ☐ 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: ☐ Support ☐ Oppose			Office Sought: ☐ House ☐ Senate ☐ President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			87844.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures			2655852.00		
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.					
Signature <u>Gaskill, Sherry, , ,</u>			Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2020		

[Electronically Filed]