

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P.O. Box 4808  
Check if different than previously reported. (ACC) Oak Brook IL 60522

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00571588 3. IS THIS REPORT NEW (N) OR AMENDED (A)  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2016 through 09 / 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 10 / 27 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Restoration PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="669805.52"/>	<input type="text" value="669805.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="83860.44"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1584188.99"/>	<input type="text" value="1630971.24"/>
(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="1668049.43"/>	<input type="text" value="2300776.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="947449.29"/>	<input type="text" value="1580176.62"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="720600.14"/>	<input type="text" value="720600.14"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Restoration PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1581699.99	1587733.31
(ii) Unitemized .....	2489.00	13731.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1584188.99	1601465.24
(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) .....	1584188.99	1601465.24
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	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)).....▶	1584188.99	1630971.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1584188.99	1630971.24

**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 .....	115549.29	281654.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	115549.29	281654.62
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) .....	831900.00	1298472.00
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)) ..	947449.29	1580176.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	947449.29	1580176.62

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1584188.99	1601465.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1584188.99	1601415.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	115549.29	281654.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	29506.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	115549.29	252148.62

**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 32
	<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**

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

Mailing Address 4582 S Ulster St Parkway #410

City Denver	State CO	Zip Code 80237
----------------	-------------	-------------------

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

Name of Employer (for Individual) Aimco	Occupation (for Individual) CEO
--	------------------------------------

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		12		2016

**Transaction ID : SA11AI.5730**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

Mailing Address 6700 RT 83

City Darien	State IL	Zip Code 60561
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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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : SA11AI.5538**

Amount of Each Receipt this Period  
50.00

Memo Item Contribution

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

Mailing Address 10042 Signet Circle

City Huntington Beach	State CA	Zip Code 92646
--------------------------	-------------	-------------------

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 ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : SA11AI.5539**

Amount of Each Receipt this Period  
100.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Restoration PAC**

**A. Goodyear, Priscilla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10042 Signet Circle  
 City Huntington Beach State CA Zip Code 92646  
 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 ▼ 375.00

Date of Receipt 08 / 30 / 2016  
**Transaction ID : SA11AI.5714**  
 Amount of Each Receipt this Period 100.00  
 Memo Item Contribution

**B. Haynes, Guy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Bassy St.  
 City Lebanon State NH Zip Code 03766  
 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 ▼ 550.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.5544**  
 Amount of Each Receipt this Period 100.00  
 Memo Item Contribution

**C. 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 08 / 31 / 2016  
**Transaction ID : SA11AI.5718**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 10200.00  
**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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Restoration PAC**

**A. Kline, Roy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10575 Dacre Place  
 City Lone Tree State CO Zip Code 80124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WDG, LLC Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.5709**  
 Amount of Each Receipt this Period 15000.00  
 Memo Item Contribution

**B. Rust, Robert, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1430 S. Dixie Highway Suite 31  
 City Coral Gables State FL Zip Code 33146  
 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 ▼ 5000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.5748**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**C. Smith, Sheila, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34620 Clayton Rd  
 City Dade City State FL Zip Code 33523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : SA11AI.5559**  
 Amount of Each Receipt this Period 50.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Restoration PAC**

**A. Smith, Sheila, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34620 Clayton Rd  
 City Dade City State FL Zip Code 33523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 05 / 2016  
**Transaction ID : SA11AI.5678**  
 Amount of Each Receipt this Period 50.00  
 Memo Item Contribution

**B. Uihlein, Richard, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1396 N. Waukegan Rd.  
 City Lake Forest State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Uline Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050000.00

Date of Receipt 07 / 08 / 2016  
**Transaction ID : SA11AI.5751**  
 Amount of Each Receipt this Period 1050000.00  
 Memo Item Contribution

**C. Uihlein, Richard, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1396 N. Waukegan Rd.  
 City Lake Forest State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Uline Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1550000.00

Date of Receipt 09 / 15 / 2016  
**Transaction ID : SA11AI.5752**  
 Amount of Each Receipt this Period 500000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Restoration PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Walsh, Bob, , ,</b>		Date of Receipt MM / DD / YYYY <b>07 / 05 / 2016</b>
Mailing Address <b>84 Waverly Avenue</b>		<b>Transaction ID : SA11AI.5564</b>
City <b>Clarendon Hills</b>	State <b>IL</b>	Zip Code <b>60514</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>83.33</b>
Name of Employer (for Individual) <b>1965</b>	Occupation (for Individual) <b>Consultant</b>	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>583.31</b>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Walsh, Bob, , ,</b>		Date of Receipt MM / DD / YYYY <b>08 / 05 / 2016</b>
Mailing Address <b>84 Waverly Avenue</b>		<b>Transaction ID : SA11AI.5679</b>
City <b>Clarendon Hills</b>	State <b>IL</b>	Zip Code <b>60514</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>83.33</b>
Name of Employer (for Individual) <b>1965</b>	Occupation (for Individual) <b>Consultant</b>	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>666.64</b>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Walsh, Bob, , ,</b>		Date of Receipt MM / DD / YYYY <b>09 / 05 / 2016</b>
Mailing Address <b>84 Waverly Avenue</b>		<b>Transaction ID : SA11AI.5726</b>
City <b>Clarendon Hills</b>	State <b>IL</b>	Zip Code <b>60514</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>83.33</b>
Name of Employer (for Individual) <b>1965</b>	Occupation (for Individual) <b>Consultant</b>	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>749.97</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>249.99</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1581699.99</b>

**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. Bluebonnet Fundraising**

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement  
Fundraising consulting

**003**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B.5793**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bluebonnet Fundraising**

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement  
Travel expense reimbursement

**002**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B.5795**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Brown Palace Hotel and Spa**

Mailing Address 321 17th Street

City Denver State CO Zip Code 80202

Purpose of Disbursement  
Travel expense reimbursement

**002**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B.5795.**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Frontier Airlines</b>			Date of Disbursement MM / DD / YYYY 08 / 17 / 2016	
Mailing Address 7001 Tower Road			FEC Identification Number C [REDACTED]	
City Denver	State CO	Zip Code 80249	Transaction ID : <b>SB21B.5795.</b>	
Purpose of Disbursement Travel expense reimbursement		Category/ Type 002	Amount of Each Disbursement this Period 402.20	
Candidate Name		Memo Item <input checked="" 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>B. Campaign Solutions</b>			Date of Disbursement MM / DD / YYYY 07 / 15 / 2016	
Mailing Address 117 North Saint Asaph Street			FEC Identification Number C [REDACTED]	
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SB21B.5574</b>	
Purpose of Disbursement Office expense reimbursement		Category/ Type 004	Amount of Each Disbursement this Period 16.00	
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>C. Campaign Solutions</b>			Date of Disbursement MM / DD / YYYY 08 / 08 / 2016	
Mailing Address 117 North Saint Asaph Street			FEC Identification Number C [REDACTED]	
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SB21B.5598</b>	
Purpose of Disbursement Website maintenance, email deployment		Category/ Type 004	Amount of Each Disbursement this Period 2538.26	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2554.26
<b>TOTAL</b> 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: 08 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5596

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: 09 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5782

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Chain Bridge Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement Bank fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5576

Amount of Each Disbursement this Period: 100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10100.00

**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 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) <b>A. Chain Bridge Bank</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5597</b> Amount of Each Disbursement this Period 40.00
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Bank fees		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chain Bridge Bank</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5778</b> Amount of Each Disbursement this Period 40.00
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Bank fees		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Clear Creek Strategies</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address PO Box 9865		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5779</b> Amount of Each Disbursement this Period 7500.00
City Denver	State CO	Zip Code 80209
Purpose of Disbursement Strategy 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)..... ▶

7580.00

**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**

**A. Communications Counsel, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 37 West Broad Street, Suite 325

City Columbus State OH Zip Code 43215

Purpose of Disbursement Polling expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5573

Amount of Each Disbursement this Period: 12000.00

Memo Item

**B. Communications Counsel, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 37 West Broad Street, Suite 325

City Columbus State OH Zip Code 43215

Purpose of Disbursement Polling expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 08 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5599

Amount of Each Disbursement this Period: 11250.00

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: 07 / 08 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5570

Amount of Each Disbursement this Period: 1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 24750.00

**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.5570

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) <b>A. Connell Donatelli, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016	
Mailing Address P.O. Box 1877		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5799</b>	
City Alexandria	State VA	Zip Code 22313	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement Digital Advertising		Category/ Type 004	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>B. Crowdskout</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016	
Mailing Address 1920 L St. NW Ste. 325		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5569</b>	
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Software licensing		Category/ Type 004	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>C. Crowdskout</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 1920 L St. NW Ste. 325		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5594</b>	
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Software licensing		Category/ Type 004	Memo Item <input type="checkbox"/>
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:			

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

1700.00

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

[REDACTED]

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

Form/Schedule: SB21B

Transaction ID : SB21B.5799

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**

**A. Delos Communications**

Full Name (Last, First, Middle Initial)

Mailing Address 2700 Patriot Blvd., Ste. 250

City Glenview State IL Zip Code 60026

Purpose of Disbursement Strategic planning consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5777

Amount of Each Disbursement this Period: 12000.00

Memo Item

**B. Downes and Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 1560 West Briarwood

City Littleton State CO Zip Code 80120

Purpose of Disbursement Press release distribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5589

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. eDonation.com**

Full Name (Last, First, Middle Initial)

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement Online fundraising fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5568

Amount of Each Disbursement this Period: 292.37

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 17292.37

**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. eDonation.com**

Full Name (Last, First, Middle Initial)

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement Online fundraising fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5595

Amount of Each Disbursement this Period: 128.80

Memo Item

**B. eDonation.com**

Full Name (Last, First, Middle Initial)

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22315

Purpose of Disbursement Online fundraising fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5661

Amount of Each Disbursement this Period: 159.21

Memo Item

**C. Gadsden Media Group**

Full Name (Last, First, Middle Initial)

Mailing Address 3575 Maybank Highway Ste. D #253

City John Island State SC Zip Code 02945

Purpose of Disbursement Advertising expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5587

Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5288.01

**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.5587

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. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement  
Office Expense

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
07 / 21 / 2016

FEC Identification Number  
C  
Transaction ID : SB21B.5579  
Amount of Each Disbursement this Period  
31.37

Memo Item

Full Name (Last, First, Middle Initial)

### B. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement  
Office Expense

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number  
C  
Transaction ID : SB21B.5636  
Amount of Each Disbursement this Period  
31.37

Memo Item

Full Name (Last, First, Middle Initial)

### C. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement  
Office Expense

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
09 / 28 / 2016

FEC Identification Number  
C  
Transaction ID : SB21B.5802  
Amount of Each Disbursement this Period  
31.37

Memo Item

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

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

94.11



**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. Langdon Law LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement Legal fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5580

Amount of Each Disbursement this Period: 5850.13

Memo Item

**B. Langdon Law LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement Legal fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5798

Amount of Each Disbursement this Period: 2195.45

Memo Item

**C. Regus Management Group, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement Rent expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5586

Amount of Each Disbursement this Period: 752.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8797.88

**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. Regus Management Group, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement Rent expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5657

Amount of Each Disbursement this Period: 267.50

Memo Item

**B. Truax, Doug, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1900 Spring Road, Ste. 530

City Oak Brook State IL Zip Code 60523

Purpose of Disbursement Travel expense reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5637

Amount of Each Disbursement this Period: 983.64

Memo Item

**C. American Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement Travel expense reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5637.

Amount of Each Disbursement this Period: 266.20

Memo Item

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

1251.14

**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. American Airlines**

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement  
Travel expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

002  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number  
C  
**Transaction ID : SB21B.5637.3**  
Amount of Each Disbursement this Period  
131.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. The Brown Palace Hotel and Spa**

Mailing Address 321 17th Street

City Denver State CO Zip Code 80202

Purpose of Disbursement  
Lodging expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

002  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
08 / 25 / 2016

FEC Identification Number  
C  
**Transaction ID : SB21B.5637.3**  
Amount of Each Disbursement this Period  
452.12

Memo Item

Full Name (Last, First, Middle Initial)

**C. Truax, Doug, , ,**

Mailing Address 1900 Spring Road, Ste. 530

City Oak Brook State IL Zip Code 60523

Purpose of Disbursement  
Travel expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

002  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 21 / 2016

FEC Identification Number  
C  
**Transaction ID : SB21B.5783**  
Amount of Each Disbursement this Period  
1341.84

Memo Item

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

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

1341.84

**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. Renaissance Denver Hotel**

Mailing Address 3801 Quebec Street

City Denver State CO Zip Code 80207

Purpose of Disbursement  
Travel expense reimbursement

**002**  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 14 / 2016

FEC Identification Number  
**C**  
**Transaction ID : SB21B.5783.4**  
Amount of Each Disbursement this Period  
525.20

Memo Item

Full Name (Last, First, Middle Initial)  
**B. American Airlines**

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement  
Travel expense reimbursement

**002**  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 05 / 2016

FEC Identification Number  
**C**  
**Transaction ID : SB21B.5783.5**  
Amount of Each Disbursement this Period  
173.20

Memo Item

Full Name (Last, First, Middle Initial)  
**C. United Airlines**

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Travel expense reimbursement

**002**  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number  
**C**  
**Transaction ID : SB21B.5783.**  
Amount of Each Disbursement this Period  
298.10

Memo Item

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

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

0.00

**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

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

NAME OF COMMITTEE (In Full)  
**Restoration PAC**

Full Name (Last, First, Middle Initial)  
**A. US Post Office**

Mailing Address 1314 Kensington Rd.

City Oak Brook State IL Zip Code 60523

Purpose of Disbursement Office Expense Category/Type **001**

Candidate Name

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

State: District:

Date of Disbursement **07 / 18 / 2016**

FEC Identification Number **C**  
**Transaction ID : SB21B.5578**  
Amount of Each Disbursement this Period **400.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Veritas Risk Services**

Mailing Address 3025 Highland Parkway Ste. 650

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement Rent expense Category/Type **001**

Candidate Name

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

State: District:

Date of Disbursement **08 / 30 / 2016**

FEC Identification Number **C**  
**Transaction ID : SB21B.5655**  
Amount of Each Disbursement this Period **446.20**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Veritas Risk Services**

Mailing Address 3025 Highland Parkway Ste. 650

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement Rent expense Category/Type **001**

Candidate Name

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

State: District:

Date of Disbursement **09 / 30 / 2016**

FEC Identification Number **C**  
**Transaction ID : SB21B.5804**  
Amount of Each Disbursement this Period **446.20**

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>1292.40</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>115529.29</b>

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

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571588
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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 <input type="checkbox"/> Memo Item <b>Boulevard Design</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 23 / 2016	
Mailing Address 1320 N. Courthouse Rd. Suite 130		Amount 20000.00	
City Arlington	State VA	Zip Code 22201	<b>Transaction ID : SE.5757</b>
Purpose of Expenditure TV Advertising		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 23 / 2016
Name of Federal Candidate: Glenn, Darryl, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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		827900.00	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 <b>Campaign Solutions</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 25 / 2016	
Mailing Address 117 North Saint Asaph Street		Amount 1500.00	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : SE.5758</b>
Purpose of Expenditure Digital Advertising (production cost)		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 25 / 2016
Name of Federal Candidate: Glenn, Darryl, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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		829400.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	21500.00
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
<b>(a) TOTAL</b> 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.

Gaskill, Sherry, , ,  
Signature

**[Electronically Filed]**

Date M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

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

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571588</span> </div>
---	---

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 <input type="checkbox"/> Memo Item <b>Campaign Solutions</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 25 / 2016</div>			
Mailing Address <b>117 North Saint Asaph Street</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8500.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Alexandria</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 22314</td> </tr> </table>		City Alexandria	State VA	Zip Code 22314
City Alexandria		State VA	Zip Code 22314	
Purpose of Expenditure Digital advertising (production cost)	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: Glenn, Darryl, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: <u>00</u> State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">837900.00</div>	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 <b>Jamestown Associates</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 23 / 2016</div>			
Mailing Address <b>116 Craig Road</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1900.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Manalapan</td> <td style="width:17%; padding: 2px;">State NJ</td> <td style="width:50%; padding: 2px;">Zip Code 07726</td> </tr> </table>		City Manalapan	State NJ	Zip Code 07726
City Manalapan		State NJ	Zip Code 07726	
Purpose of Expenditure TV Advertising (production cost)	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: Glenn, Darryl, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: <u>00</u> State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">807900.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">10400.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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

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

10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee Strategic Media Services, Inc.
Mailing Address 1911 North Ft. Myer Drive Suite 400
City Arlington State VA Zip Code 22209
Purpose of Expenditure TV Advertising (placement cost)
Category/Type 004
Date of Public Distribution/Dissemination 07/23/2016
Amount 800000.00
Transaction ID: SE.5755
Date of Disbursement or Obligation 07/18/2016

Name of Federal Candidate: Glenn, Darryl, ,
Support Oppose
Office Sought: House District: 00
President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 806000.00
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

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

Table with 2 columns: Description and Amount. Rows include (a) SUBTOTAL of Itemized Independent Expenditures (800000.00), (a) SUBTOTAL of Unitemized Independent Expenditures, and (a) TOTAL Independent Expenditures (831900.00).

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

10/27/2016

Signature