

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

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 Gen2 Solutions LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address 3001 Washington Blvd 7th Floor			Amount 700000.00		
City Arlington		State VA	Zip Code 22201		Transaction ID : SE.23239
Purpose of Expenditure TV advertising		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2024	
Name of Federal Candidate GOLDEN, JARED, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: ME
Calendar Year-To-Date Per Election for Office Sought			3126919.28 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Harris Media, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address 6500 Manor Drive			Amount 50000.00		
City Austin		State TX	Zip Code 78723		Transaction ID : SE.23241
Purpose of Expenditure Social media advertising		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2024	
Name of Federal Candidate TRUMP, DONALD J., , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			23773577.45 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			750000.00		
(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, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		

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Full Name of Payee MudShare			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2024		
Mailing Address 888 Brickell Avenue Suite 300			Amount 7015.99		
City Miami	State FL	Zip Code 33131	Transaction ID : SE.23243		
Purpose of Expenditure Text messaging (estimate)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate HARRIS, KAMALA, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		23723577.45	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
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) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7015.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	757015.99

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

Date

MM / DD / YYYY
10 / 18 / 2024