

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**
FAIR COURTS AMERICA

ADDRESS (number and street) **1901 BUTTERFIELD ROAD**
SUITE 120
 Check if different than previously reported. (ACC) **DOWNERS GROVE** **IL** **60515**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00805283** 3. IS THIS REPORT NEW (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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2022 through / / 2022

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

Signature of Treasurer **Gaskill, Sherry, , ,** [Electronically Filed] Date / / 2022

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

FAIR COURTS AMERICA

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="2022"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="707453.44"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="5144.51"/> | <input type="text" value="4662422.69"/> |
| (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="712597.95"/> | <input type="text" value="4662422.69"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="87678.91"/> | <input type="text" value="4037503.65"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="624919.04"/> | <input type="text" value="624919.04"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="660997.00"/> | |

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

FAIR COURTS AMERICA

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)..... | 550.00 | 3550550.00 |
| (ii) Unitemized | 4594.51 | 8191.69 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 5144.51 | 3558741.69 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 450000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 5144.51 | 4008741.69 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 647000.00 |
| 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 | 6681.00 |
| 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)).....▶ | 5144.51 | 4662422.69 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 5144.51 | 4662422.69 |

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 | 87678.91 | 331789.34 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 87678.91 | 331789.34 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 13997.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 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 | 5.00 |
| (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 | 5.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 3691712.31 |
| 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)) .. | 87678.91 | 4037503.65 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 87678.91 | 4037503.65 |

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) | 5144.51 | 4008741.69 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 5.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5144.51 | 4008736.69 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 87678.91 | 331789.34 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 6681.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 87678.91 | 325108.34 |

**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 16
(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)
FAIR COURTS AMERICA

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Robinson, Karen, , ,

Mailing Address 7075 Poco Senda

| | | |
|-------------------|-------------|-------------------|
| City Riverside | State CA | Zip Code 92504 |
|-------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) retired | Occupation (for Individual) retired |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 06 | / | 2022 |

Transaction ID : SA11AI.6550

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Robinson, Karen, , ,

Mailing Address 7075 Poco Senda

| | | |
|-------------------|-------------|-------------------|
| City Riverside | State CA | Zip Code 92504 |
|-------------------|-------------|-------------------|

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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 06 | / | 2022 |

Transaction ID : SA11AI.6551

Amount of Each Receipt this Period
50.00

Memo Item Contribution

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

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).....▶ | 550.00 |
| TOTAL This Period (last page this line number only).....▶ | 550.00 |

**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)
FAIR COURTS AMERICA

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 21 / 2022

FEC Identification Number

C [Redacted]
Transaction ID : SB21B.5602
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 22 / 2022

FEC Identification Number

C [Redacted]
Transaction ID : SB21B.5603
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Imge LLC

Mailing Address 108 South Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 15 / 2022

FEC Identification Number

C [Redacted]
Transaction ID : SB21B.6790
Amount of Each Disbursement this Period
6418.70

Memo Item

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

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

6468.70

[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 |

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)
FAIR COURTS AMERICA

Full Name (Last, First, Middle Initial)

A. Imge LLC

Mailing Address 108 South Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 29 / 2022

FEC Identification Number
C
Transaction ID : SB21B.5606
Amount of Each Disbursement this Period
6178.95

Memo Item

Full Name (Last, First, Middle Initial)

B. Matchstick Media

Mailing Address P.O Box 124

City Dublin State OH Zip Code 43017

Purpose of Disbursement
Advertising

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY
12 / 22 / 2022

FEC Identification Number
C
Transaction ID : SB21B.5610
Amount of Each Disbursement this Period
27500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tarrance Group

Mailing Address 201 N. Union Street
Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Polling consulting

005
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 21 / 2022

FEC Identification Number
C
Transaction ID : SB21B.5604
Amount of Each Disbursement this Period
43963.00

Memo Item

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

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

77641.95

**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)
FAIR COURTS AMERICA

A. WinRED

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement Partner fees and adjustments

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2022

FEC Identification Number: C

Transaction ID : SB21B.5601

Amount of Each Disbursement this Period: 3568.26

Memo Item

B.

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3568.26 |
| TOTAL This Period (last page this line number only).....▶ | 87678.91 |

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **FAIR COURTS AMERICA** Transaction ID : **SC/10.4109**

| | | | |
|---|-------------|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) RESTORATION PAC | | <input checked="" type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1901 BUTTERFIELD ROAD STE. 120 | | | |
| City DOWNERS GROVE | State IL | ZIP Code 60515 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 250000.00 | 0.00 | 250000.00 |

TERMS

| | | | |
|----------------------------------|----------------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| MM / DD / YYYY 03 / 04 / 2022 | MM / DD / YYYY 12/31/22 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | | | |
|--|------------------|----------|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|-----------|
| SUBTOTALS This Period This Page (optional) | ▶ | 250000.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **FAIR COURTS AMERICA** Transaction ID : **SC/10.4107**

| | | | | |
|---|-------------|-------------------|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) RESTORATION PAC | | | <input checked="" type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1901 BUTTERFIELD ROAD STE. 120 | | | | |
| City DOWNERS GROVE | State IL | ZIP Code 60515 | | |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 16000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 16000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|---|--|-------------------------------|---|
| Date Incurred MM / DD / YYYY 03 / 25 / 2022 | Date Due MM / DD / YYYY 12/31/22 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | | | |
|--|------------------|----------|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|--------------|
| SUBTOTALS This Period This Page (optional) | ▶ | [] 16000.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | |

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **FAIR COURTS AMERICA** Transaction ID : **SC/10.4130**

| | | | | |
|---|-------------|-------------------|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) RESTORATION PAC | | | <input checked="" type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1901 BUTTERFIELD ROAD STE. 120 | | | | |
| City DOWNERS GROVE | State IL | ZIP Code 60515 | | |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 6000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 6000.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---|--|-------------------------------|---|
| Date Incurred MM / DD / YYYY 05 / 04 / 2022 | Date Due MM / DD / YYYY 12/31/2022 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | | | |
|--|------------------|----------|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|-------------|
| SUBTOTALS This Period This Page (optional) | ▶ | [] 6000.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | |

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **FAIR COURTS AMERICA** Transaction ID : **SC/10.4194**

| | | | | |
|---|-------------|-------------------|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) RESTORATION PAC | | | <input checked="" type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1901 BUTTERFIELD ROAD STE. 120 | | | | |
| City DOWNERS GROVE | State IL | ZIP Code 60515 | | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 50000.00 | 0.00 | 50000.00 |

TERMS

| | | | |
|----------------------------------|----------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| MM / DD / YYYY 08 / 17 / 2022 | MM / DD / YYYY | % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | | | |
|--|------------------|----------|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional) | 50000.00 |
| TOTALS This Period (last page in this line only) | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4195**
FAIR COURTS AMERICA

| | | | | |
|---|-------------|-------------------|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) RESTORATION PAC | | | <input checked="" type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1901 BUTTERFIELD ROAD STE. 120 | | | | |
| City DOWNERS GROVE | State IL | ZIP Code 60515 | | |

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 125000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 125000.00 |
|--------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---|----------------------------|--------------------------|---|
| Date Incurred MM / DD / YYYY 09 / 12 / 2022 | Date Due MM / DD / YYYY | Interest Rate % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|----------------------------|--------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | | | |
|--|------------------|----------|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|---------------|
| SUBTOTALS This Period This Page (optional) | ▶ | [] 125000.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **FAIR COURTS AMERICA** Transaction ID : **SC/10.4196**

| | | | | |
|---|-------------|-------------------|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) RESTORATION PAC | | | <input checked="" type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1901 BUTTERFIELD ROAD STE. 120 | | | | |
| City DOWNERS GROVE | State IL | ZIP Code 60515 | | |

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 200000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 200000.00 |
|--------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---|----------------------------|--------------------------|---|
| Date Incurred MM / DD / YYYY 09 / 27 / 2022 | Date Due MM / DD / YYYY | Interest Rate % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|----------------------------|--------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | | | |
|--|------------------|----------|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|-----------|
| SUBTOTALS This Period This Page (optional) | ▶ | 200000.00 |
| TOTALS This Period (last page in this line only) | ▶ | 647000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 16 OF 16 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
FAIR COURTS AMERICA

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RESTORATION PAC | | | Nature of Debt (Purpose): Non-federal independent expenditure |
| Mailing Address 1901 BUTTERFIELD ROAD STE. 120 | | | |
| City DOWNS GROVE | State IL | Zip Code 60515 | |

| | | |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period 1438.27 | Transaction ID : SD10.4211 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1438.27 |

| | | | |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RESTORATION PAC | | | Nature of Debt (Purpose): Non-federal independent expenditure |
| Mailing Address 1901 BUTTERFIELD ROAD STE. 120 | | | |
| City DOWNS GROVE | State IL | Zip Code 60515 | |

| | | |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period 1438.27 | Transaction ID : SD10.4212 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1438.27 |

| | | | |
|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RESTORATION PAC | | | Nature of Debt (Purpose): Non-federal independent expenditures |
| Mailing Address 1901 BUTTERFIELD ROAD STE. 120 | | | |
| City DOWNS GROVE | State IL | Zip Code 60515 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 11120.46 | Transaction ID : SD10.4210 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 11120.46 |

| | |
|--|-----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 13997.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | 13997.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | 647000.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 660997.00 |