

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

RESTORE THE CONSTITUTION COALITION

ADDRESS (number and street)

1624 MARKET STREET

Check if different than previously reported. (ACC)

SUITE 202

DENVER

CO

80202

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00584482

3. IS THIS REPORT NEW OR AMENDED

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), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY

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

Hornaday, Alexander, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Hornaday, Alexander, , ,

[Electronically Filed]

Date

MM/DD/YYYY

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

Table with 7 columns for Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**RESTORE THE CONSTITUTION COALITION**

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"/>		45759.62
(b) Cash on Hand at Beginning of Reporting Period.....	45759.62	
(c) Total Receipts (from Line 19) .....	34634.82	34634.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	80394.44	80394.44
7. Total Disbursements (from Line 31).....	39688.08	39688.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	40706.36	40706.36
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	19583.00	

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

**RESTORE THE CONSTITUTION COALITION**

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).....	15355.00	15355.00
(ii) Unitemized .....	19279.82	19279.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	34634.82	34634.82
(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) .....	34634.82	34634.82
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	0.00
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)).....▶	34634.82	34634.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	34634.82	34634.82

**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 .....	29688.08	29688.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	29688.08	29688.08
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) .....	10000.00	10000.00
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	0.00
(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	0.00
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)) ..	39688.08	39688.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39688.08	39688.08

**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) .....	34634.82	34634.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34634.82	34634.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	29688.08	29688.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	29688.08	29688.08

**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 18
<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

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)  
**RESTORE THE CONSTITUTION COALITION**

**A. Albert, Janice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5149 Harper's Farm Road  
 City Columbia State MD Zip Code 21044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Healthcare strategies Occupation (for Individual) Executive  
 Receipt For: 2016  
 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  
 04 / 03 / 2016  
**Transaction ID : SA11AI.5504**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Conduit for Ted Cruz

**B. Antle, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15270 Riding Club Dr  
 City Haymarket State VA Zip Code 20169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salient CRGT Occupation (for Individual) Executive  
 Receipt For: 2016  
 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  
 04 / 02 / 2016  
**Transaction ID : SA11AI.5502**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Conduit for Ted Cruz

**C. Bundrant, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Largent Ave  
 City Ballinger State TX Zip Code 76821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brady Bundrant, M.D., P.A. Occupation (for Individual) Physician  
 Receipt For: 2016  
 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  
 04 / 05 / 2016  
**Transaction ID : SA11AI.5236**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Independent Expenditure Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

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

Mailing Address 1700 Lncoln St  
ste 2550

City Denver State CO Zip Code 80203

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

Name of Employer (for Individual) self Occupation (for Individual) Christian Science Practitioner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2016

**Transaction ID : SA11AI.5285**

Amount of Each Receipt this Period  
25.00

Memo Item  
Independent Expenditure Contribution

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

Mailing Address 1700 Lncoln St  
ste 2550

City Denver State CO Zip Code 80203

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

Name of Employer (for Individual) self Occupation (for Individual) Christian Science Practitioner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2016

**Transaction ID : SA11AI.5286**

Amount of Each Receipt this Period  
25.00

Memo Item  
Independent Expenditure Contribution

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

Mailing Address 1700 Lncoln St  
ste 2550

City Denver State CO Zip Code 80203

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

Name of Employer (for Individual) self Occupation (for Individual) Christian Science Practitioner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : SA11AI.5287**

Amount of Each Receipt this Period  
25.00

Memo Item  
Independent Expenditure Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<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 8 OF 18
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

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

Mailing Address 1700 Lncoln St  
ste 2550

City Denver State CO Zip Code 80203

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

Name of Employer (for Individual) self Occupation (for Individual) Christian Science Practitioner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2016

Transaction ID : **SA11AI.5288**

Amount of Each Receipt this Period  
25.00

Memo Item  
Independent Expenditure Contribution

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

Mailing Address 1700 Lncoln St  
ste 2550

City Denver State CO Zip Code 80203

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

Name of Employer (for Individual) self Occupation (for Individual) Christian Science Practitioner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2016

Transaction ID : **SA11AI.5289**

Amount of Each Receipt this Period  
25.00

Memo Item  
Independent Expenditure Contribution

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

Mailing Address 115 S.HELBERTA Ave. #A

City Redondo Beach State CA Zip Code 90277

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

Name of Employer (for Individual) None Occupation (for Individual) Electronics engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2016

Transaction ID : **SA11AI.5667**

Amount of Each Receipt this Period  
250.00

Memo Item  
Conduit for Ted Cruz

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 9 OF 18
<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)  
**RESTORE THE CONSTITUTION COALITION**

**A. Dullmeyer, John & Caroline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 396 E Woodladner Ct  
 City Eagle State ID Zip Code 83616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) Retired  
 Receipt For: 2016  
 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  
 06 / 03 / 2016  
**Transaction ID : SA11AI.5303**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Independent Expenditure Contribution

**B. Dullmeyer, John & Caroline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 396 E. Woodladner Ct  
 City Eagle State ID Zip Code 83616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For: 2016  
 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  
 06 / 08 / 2016  
**Transaction ID : SA11AI.5634**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Conduit for Mike Lee

**C. McNeely, Milton L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2495 E FM 1151  
 City Amarillo State TX Zip Code 79118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent Investment Corp Inc Occupation (for Individual) General Manager  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2016  
**Transaction ID : SA11AI.5270**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Independent Expenditure Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 10 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

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

Mailing Address 1479 SW Shoreline Drive

City Palm City	State FL	Zip Code 34990
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) N/A
--	------------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2016

**Transaction ID : SA11AI.5545**

Amount of Each Receipt this Period  
250.00

Memo Item  
Conduit for Ted Cruz

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

Mailing Address 4822 Snowden Ave

City Lakewood	State CA	Zip Code 90713
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) none	Occupation (for Individual) student
---	--

Receipt For: 2016  
 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
05		02		2016

**Transaction ID : SA11AI.5670**

Amount of Each Receipt this Period  
300.00

Memo Item  
Conduit for Ted Cruz

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

Mailing Address 6210 San Jose Blvd W

City Jacksonville	State FL	Zip Code 32217
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) forestry
---	---

Receipt For: 2016  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : SA11AI.5089**

Amount of Each Receipt this Period  
250.00

Memo Item  
Independent Expenditure Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 11 OF 18
<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)  
**RESTORE THE CONSTITUTION COALITION**

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

Mailing Address 906 snowberry ln

City sanibel	State FL	Zip Code 33957
-----------------	-------------	-------------------

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

Name of Employer (for Individual) none	Occupation (for Individual) retired
---	--

Receipt For: 2016  
 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
04	/	06	/	2016

**Transaction ID : SA11AI.5543**

Amount of Each Receipt this Period  
500.00

Memo Item  
Conduit for Ted Cruz

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

Mailing Address 183 great hill Rd

City Ridgefield	State CT	Zip Code 06877
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

**Transaction ID : SA11AI.4997**

Amount of Each Receipt this Period  
180.00

Memo Item  
Independent Expenditure Contribution

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

Mailing Address 1240 Gambier Rd

City Mount Vernon	State OH	Zip Code 43050
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ariel Corporation	Occupation (for Individual) President and CEO
--	--

Receipt For: 2016  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2016

**Transaction ID : SA11AI.5143**

Amount of Each Receipt this Period  
10000.00

Memo Item  
Independent Expenditure Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10680.00
<b>TOTAL</b> This Period (last page this line number only).....	15355.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

Full Name (Last, First, Middle Initial)

**A. Amagi Strategies**

Mailing Address 424 10th St  
#4C

City New York State NY Zip Code 10009

Purpose of Disbursement  
Payment to Amagi for accounts payable

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.5714  
Amount of Each Disbursement this Period  
9493.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Amagi Strategies**

Mailing Address 424 10th St  
#4C

City New York State NY Zip Code 10009

Purpose of Disbursement  
Payment To Amagi for account owed

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.5720  
Amount of Each Disbursement this Period  
3034.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Amagi Strategies**

Mailing Address 424 10th St  
#4C

City New York State NY Zip Code 10009

Purpose of Disbursement  
PAC Management Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.5722  
Amount of Each Disbursement this Period  
6966.00

Memo Item

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

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

19493.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

**A. Facere Solutions Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 7014 13th Avenue Ste 202

City Brooklyn State NY Zip Code 11228

Purpose of Disbursement Fundraising services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5723

Amount of Each Disbursement this Period: 8504.00

Memo Item

**B. Rally Pyrix LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street 2nd Floor

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Merchant Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5475

Amount of Each Disbursement this Period: 378.42

Memo Item

**C. Rally Pyrix LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street 2nd Floor

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Merchant Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5477

Amount of Each Disbursement this Period: 76.47

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8958.89

**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)  
**RESTORE THE CONSTITUTION COALITION**

Full Name (Last, First, Middle Initial) <b>A. Rally Pyrix LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 995 Market Street 2nd Floor		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5478</b> Amount of Each Disbursement this Period [ ] 165.41
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Merchant Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2016
Mailing Address 420 Montgomery Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5717</b> Amount of Each Disbursement this Period [ ] 507.32
City San Francisco	State CA	Zip Code 94104
Purpose of Disbursement Merchant Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address 420 Montgomery Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5718</b> Amount of Each Disbursement this Period [ ] 214.08
City San Francisco	State CA	Zip Code 94104
Purpose of Disbursement Merchant Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 886.81
<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)  
**RESTORE THE CONSTITUTION COALITION**

Full Name (Last, First, Middle Initial)

### A. Wells Fargo

Mailing Address 420 Montgomery Ave

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Merchant Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2016

FEC Identification Number

C

Transaction ID : SB21B.5719

Amount of Each Disbursement this Period

346.38

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

346.38

29685.08

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Amagi Strategies</b>			Nature of Debt (Purpose): Carry Forward from Q1 Accounts Payable to Amagi
Mailing Address 424 10th St #4C			
City New York	State NY	Zip Code 10009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5711</b>	
Amount Incurred This Period 11473.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11473.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Amagi Strategies</b>			Nature of Debt (Purpose): Amount owed to Amagi for Legal and Compliance
Mailing Address 424 10th St #4C			
City New York	State NY	Zip Code 10009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5713</b>	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Amagi Strategies</b>			Nature of Debt (Purpose): Amount Owed to amagi for Legal and Compliance
Mailing Address 424 10th St #4C			
City New York	State NY	Zip Code 10009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5732</b>	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	12473.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Amagi Strategies</b>			Nature of Debt (Purpose): Amount Owed to Amagi For Legal and compliance
Mailing Address 424 10th St #4C			
City New York	State NY	Zip Code 10009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5729</b>	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CRUZ FOR PRESIDENT</b>			Nature of Debt (Purpose): Conduit contributions owed (check never cashed)
Mailing Address PO BOX 25376			
City HOUSTON	State TX	Zip Code 77265	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5709</b>	
Amount Incurred This Period 5140.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5140.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>FRIENDS OF MIKE LEE INC</b>			Nature of Debt (Purpose): Check dated 6/22, not cashed by close of period
Mailing Address 10 WEST BROADWAY SUITE 500			
City SALT LAKE CITY	State UT	Zip Code 84101	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4673</b>	
Amount Incurred This Period 1470.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1470.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	7110.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	19583.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	19583.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) RESTORE THE CONSTITUTION COALITION
FEC IDENTIFICATION NUMBER C C00584482

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

Full Name of Payee Amagi Strategies
Mailing Address 424 10th St #4C
City New York State NY Zip Code 10009
Purpose of Expenditure Digital Advertising to support Ted Cruz
Date of Public Distribution/Dissemination 04/12/2017
Amount 10000.00
Transaction ID: SE.5726
Date of Disbursement or Obligation 05/24/2016

Name of Federal Candidate: CRUZ, RAFAEL EDWARD 'TED', , ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 Other (specify)

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

Name of Federal Candidate:
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 10000.00; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 10000.00

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.

Hornaday, Alexander, , ,

[Electronically Filed]

Date 12/24/2017

Signature