Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Repeal Citizens United 3207 Deer Ct ADDRESS (number and street) (Check if address is changed) Brandon 33511 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cnhaynes@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) cutrcu.cutrcu.biz (Check if address is changed) DATE 2018 C00674424 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Haynes, Charles, N, Mr, Type or Print Name of Treasurer Haynes, Charles, N, Mr, [Electronically Filed] 10 06 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| FF0 <b>=</b>   | 4 (Davided 00/0000)   | D <b>0</b>                             |  |
|--|---|--|--|
|  | orm 1 (Revised 02/2009)  COMMITTEE  | Page <b>2</b>                          |  |
|  | e Committee:  |  |  |
| (a)  | This committee is a principal campaign committee. (Complete the candidate information below.)   |  |  |
| (b)  | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)   |  |  |
| Name of<br>Candidate   |   |  |  |
| Candidate<br>Party Affiliat  | ion Office Sought: House Senate President   | State District                         |  |
| (c)  | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |  |
| Name of<br>Candidate   |   |  |  |
| Party Cor  |   | _                                      |  |
| (d)  |   | Democratic,<br>Republican, etc.) Party |  |
| Political A  | Action Committee (PAC):   |  |  |
| (e)  | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-   | nected organization is                 |  |
|  | Corporation Corporation w/o Capital Stock   | Labor Organization                     |  |
|  | Membership Organization Trade Association   | Cooperative                            |  |
|  | In addition, this committee is a Lobbyist/Registrant PAC.   |  |  |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee) |   |  |  |
|  | In addition, this committee is a Lobbyist/Registrant PAC.   |  |  |
|  | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |  |  |
| Joint Fund   | draising Representative:  |  |  |
| (g)  | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political                    |  |
| (h)  | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.        | o or more political                    |  |
| Com  | nmittees Participating in Joint Fundraiser  |  |  |
| 1.   | FEC ID number   |  |  |
| 2.   | FEC ID number   |  |  |
| 3.   | FEC ID number   |  |  |
| 4.   |   |  |  |

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|---|----------------------------|
| Write or Type Committee Name  |                            |
| Repeal Citizens United  |                            |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea   | adership PAC Sponsor       |
| NONE  |                            |
|   |                            |
| Mailing Address   |                            |
|   |                            |
| CITY  | 7ID CODE                   |
| CITY STATE  | ZIP CODE                   |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative  | Leadership PAC Sponsor     |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person books and records.   | in possession of committee |
| Haynes, Charles, N, Mr,  Full Name  |                            |
| 3207 Deer Ct  Mailing Address   |                            |
|   |                            |
| Brandon FL 333  | 511                        |
| Title or Position CITY STATE  | ZIP CODE                   |
| Treasurer 813 Telephone number  | - 438 - 8231               |
| 3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer). | he name and address of     |
| Full Name Haynes, Charles, N, Mr, of Treasurer  |                            |
| Mailing Address   3207 Deer Ct  |                            |
|   |                            |
| Brandon FL 335  |                            |
| CITY STATE Title or Position  | ZIP CODE                   |
| Treasurer 813 Telephone number  | - 438 - 8231               |

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|---|---|-------------------------------------|----------------------|--|--|
|   |   |                                     |                      |  |  |
| Full Name of Designated Agent Haynes,               | Charles, N, Mr., 33511  |                                     |                      |  |  |
| Mailing Address                                     | 3207 Deer Ct  |                                     |                      |  |  |
|   |   |                                     |                      |  |  |
|   | Brandon CITY  | STATE STATE                         | ZIP CODE             |  |  |
| Title or Position Treasurer                         |   | Telephone number 813 -              | 438 - 8231           |  |  |
| Banks or Other Depositor safety deposit boxes or ma | ies: List all banks or other depositories in which intains funds. | ch the committee deposits funds, ho | olds accounts, rents |  |  |
| Name of Bank, Depository, etc.                      |   |                                     |                      |  |  |
| Bmo H   | larris Bank   |                                     |                      |  |  |
| Mailing Address                                     | 103 Bloomingdale Ave  |                                     |                      |  |  |
|   |   |                                     |                      |  |  |
|   | Brandon   | FL 33511                            |                      |  |  |
|   | CITY  | STATE                               | ZIP CODE             |  |  |
| Name of Bank, Depository, etc.                      |   |                                     |                      |  |  |
| 1   |   |                                     | 1                    |  |  |
|   |   |                                     |                      |  |  |
| Mailing Address                                     |   |                                     |                      |  |  |
|   |   |                                     |                      |  |  |
|   |   |                                     |                      |  |  |
|   | CITY  | STATE                               | ZIP CODE             |  |  |
|   |   |                                     |                      |  |  |