

# 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  
Suite 202  
Denver CO 80202

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00584482

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 M M / 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 / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 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.

Hornaday, Alexander, , ,

Type or Print Name of Treasurer

Signature of Treasurer Hornaday, Alexander, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 24 / 2017

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

Office Use Only									
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**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"/>		40706.36
(b) Cash on Hand at Beginning of Reporting Period.....	40706.36	
(c) Total Receipts (from Line 19) .....	22929.98	22929.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	63636.34	63636.34
7. Total Disbursements (from Line 31).....	16319.57	16319.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	47316.77	47316.77
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) .....	18140.00	

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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4585.00	4585.00
(ii) Unitemized .....	18344.98	18344.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22929.98	22929.98
(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) .....	22929.98	22929.98
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)).....▶	22929.98	22929.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22929.98	22929.98

**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 .....	12539.57	12539.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12539.57	12539.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3780.00	3780.00
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	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)) ..	16319.57	16319.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16319.57	16319.57

**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) .....	22929.98	22929.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22929.98	22929.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	12539.57	12539.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12539.57	12539.57

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

Form/Schedule: F3XA  
Transaction ID :

This report is amended pursuant to an internal audit and reconcialition. Changes include carry forward amendemnds from prior reports, the removal of ducplicate entries and the proper calssifaciation of certain expendiitures are payable rather than paid.

Form/Schedule:  
Transaction ID:

**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 20
	<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)  
**Restore the Constitution Coalition**

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

Mailing Address 25 Chestnut St

City Dedham	State MA	Zip Code 02026
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NA	Occupation (for Individual) NA
---	-----------------------------------

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
07		19		2016

**Transaction ID : SA11AI.4990**

Amount of Each Receipt this Period  
250.00

Memo Item  
Independent expenditures

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

Mailing Address 25 Chestnut St

City Dedham	State MA	Zip Code 02026
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NA	Occupation (for Individual) NA
---	-----------------------------------

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
08		19		2016

**Transaction ID : SA11AI.4991**

Amount of Each Receipt this Period  
250.00

Memo Item  
Independent expenditures

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

Mailing Address 8 misty ridge Mnr

City atlanta	State GA	Zip Code 30327
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Systems Improvement Group, Inc.	Occupation (for Individual) software developer
--	---

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
09		15		2016

**Transaction ID : SA11AI.4699**

Amount of Each Receipt this Period  
500.00

Memo Item  
Independent expenditures

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 20
	<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)  
**Restore the Constitution Coalition**

**A. Gaines, Gay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Breakers Row N 35  
 City Palm Beach State FL Zip Code 33480  
 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 ▼  
 1000.00

Date of Receipt  
 08 / 19 / 2016  
**Transaction ID : SA11AI.4535**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Independent expenditures

**B. Lorenz, Alonah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 40th Ave SE  
 City Benson State MN Zip Code 56215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 08 / 26 / 2016  
**Transaction ID : SA11AI.4972**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 Conduit Contributions

**C. Lorenz, Alonah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 40th Ave SE  
 City Benson State MN Zip Code 56215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 08 / 30 / 2016  
**Transaction ID : SA11AI.4833**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 Conduit Contribution for Ward for Senate C00581843

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1080.00
<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 20
	<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. Lorenz, Alonah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 40th Ave SE  
 City Benson State MN Zip Code 56215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : SA11AI.4718**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Independent expenditures

**B. Meyers, Colonel USA Ret, John V., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 Sandy Ridge Loop  
 City Pawleys Island State SC Zip Code 29585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colonel US Army Retiered Occupation (for Individual) Retiered  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2016  
**Transaction ID : SA11AI.4353**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Independent expenditures

**C. Morgan, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21005 Woods Creek Rd  
 City Monroe State WA Zip Code 98272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 29 / 2016  
**Transaction ID : SA11AI.4807**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Conduit Contribution for Ward for Senate C00581843

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 20
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
pistorino, john, , ,

Mailing Address 6535 SW 123 St

City pinecrest	State FL	Zip Code 33156
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) pistorino and alam engineers	Occupation (for Individual) professional engineer
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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
07		06		2016

**Transaction ID : SA11AI.4902**

Amount of Each Receipt this Period  
100.00

Memo Item  
Conduit Contributions

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

Mailing Address 6535 SW 123 St

City pinecrest	State FL	Zip Code 33156
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) pistorino and alam engineers	Occupation (for Individual) professional engineer
---	--

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2016

**Transaction ID : SA11AI.4278**

Amount of Each Receipt this Period  
100.00

Memo Item  
Independent expenditures

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

Mailing Address 6535 SW 123 St

City pinecrest	State FL	Zip Code 33156
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) pistorino and alam engineers	Occupation (for Individual) professional engineer
---	--

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2016

**Transaction ID : SA11AI.4395**

Amount of Each Receipt this Period  
50.00

Memo Item  
Independent expenditures

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 20
<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. Simpson, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 CARLISLE Rd  
 City Birmingham State AL Zip Code 35213  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : SA11AI.4357**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 Independent expenditures

**B. Sims, Harold, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 536 Bufflehead Drive  
 City Kiawah Island State SC Zip Code 29455  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2016  
**Transaction ID : SA11AI.4905**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 Conduit Contributions

**C. 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  
 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 ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2016  
**Transaction ID : SA11AI.5000**  
 Amount of Each Receipt this Period  
 180.00  
 Memo Item  
 Independent expenditures

<b>SUBTOTAL</b> of Receipts This Page (optional).....	730.00
<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 12 OF 20
<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. 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) Retired	Occupation (for Individual) Retired
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2016

**Transaction ID : SA11AI.5001**

Amount of Each Receipt this Period  
150.00

Memo Item  
Independent expenditures

**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) Retired	Occupation (for Individual) Retired
--	--

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
695.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

**Transaction ID : SA11AI.5002**

Amount of Each Receipt this Period  
175.00

Memo Item  
Independent expenditures

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

Mailing Address 82 skiff Ln

City port ludlow	State WA	Zip Code 98365
---------------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

**Transaction ID : SA11AI.4271**

Amount of Each Receipt this Period  
100.00

Memo Item  
Independent expenditures

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<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 13 OF 20
	<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

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

Mailing Address 82 skiff Ln

City port ludlow	State WA	Zip Code 98365
---------------------	-------------	-------------------

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2016

**Transaction ID : SA11AI.4285**

Amount of Each Receipt this Period  
100.00

Memo Item  
Independent expenditures

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

Mailing Address 82 skiff Ln

City port ludlow	State WA	Zip Code 98365
---------------------	-------------	-------------------

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2016

**Transaction ID : SA11AI.4288**

Amount of Each Receipt this Period  
100.00

Memo Item  
Independent expenditures

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

Mailing Address 82 skiff Ln

City port ludlow	State WA	Zip Code 98365
---------------------	-------------	-------------------

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 ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

**Transaction ID : SA11AI.4668**

Amount of Each Receipt this Period  
25.00

Memo Item  
Independent expenditures

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 14 OF 20
	<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)  
**Restore the Constitution Coalition**

**A. Weaver, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 82 skiff Ln  
 City port ludlow State WA Zip Code 98365  
 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2016  
**Transaction ID : SA11AI.4722**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Independent expenditures

**B. Wilson, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6424 Pemberton Dr  
 City Dallas State TX Zip Code 75230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JLL Occupation (for Individual) Real Estate  
 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  
 07 / 25 / 2016  
**Transaction ID : SA11AI.4414**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Independent expenditures

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	4585.00

**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 linc**

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

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 07 / 25 / 2016

FEC Identification Number C

Transaction ID : SB21B.4862

Amount of Each Disbursement this Period 11060.00

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

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 08 / 31 / 2016

FEC Identification Number C

Transaction ID : SB21B.5018

Amount of Each Disbursement this Period 184.27

Memo Item

**C. Wells Fargo**

Full Name (Last, First, Middle Initial)

Mailing Address 420 Montgomery St

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Mercahrt Processing Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 07 / 13 / 2016

FEC Identification Number C

Transaction ID : SB21B.4868

Amount of Each Disbursement this Period 630.33

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11874.60
<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) <b>A. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016	
Mailing Address 420 Montgomery St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4872</b> Amount of Each Disbursement this Period [ ] 335.46	
City San Francisco	State CA	Zip Code 94104	Category/ Type [ ]
Purpose of Disbursement Merchant Processing Fees		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 09 / 13 / 2016	
Mailing Address 420 Montgomery St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4873</b> Amount of Each Disbursement this Period [ ] 219.03	
City San Francisco	State CA	Zip Code 94104	Category/ Type [ ]
Purpose of Disbursement Merchant Processing Fees		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.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		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).....▶	[ ] 554.49
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 12429.09



**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Friends of Mike Lee**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 07 / 07 / 2016

Mailing Address: 10 West Broadway Suite 202  
City: Salt Lake City, State: UT, Zip Code: 84101

Purpose of Disbursement: Conduit Contributions  
FEC Identification Number: C00473827  
Transaction ID: SB23.4844  
Amount of Each Disbursement this Period: 1470.00

Candidate Name: Lee, Mike, , ,  
Category/Type: 011

Office Sought:  House,  Senate,  President  
Disbursement For: 2016  
 Primary,  General,  Other (specify) ▼

State: UT, District: \_\_\_\_\_  
 Memo Item

**B. Ward For Senate**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 08 / 08 / 2016

Mailing Address: 1900 MCCULLOCH BLVD N 3D-228  
City: Lake Havasu, State: AZ, Zip Code: 86403

Purpose of Disbursement: Conduit Contribution  
FEC Identification Number: C00581843  
Transaction ID: SB23.4847  
Amount of Each Disbursement this Period: 1280.00

Candidate Name: Ward For Senate  
Category/Type: 011

Office Sought:  House,  Senate,  President  
Disbursement For: 2016  
 Primary,  General,  Other (specify) ▼

State: AZ, District: \_\_\_\_\_  
 Memo Item

**C. Ward For Senate**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 09 / 08 / 2016

Mailing Address: 1900 MCCULLOCH BLVD N 3D-228  
City: Lake Havasu, State: AZ, Zip Code: 86403

Purpose of Disbursement: Conduit Contributions  
FEC Identification Number: C00581843  
Transaction ID: SB23.4850  
Amount of Each Disbursement this Period: 1030.00

Candidate Name: Ward, Kelli, , ,  
Category/Type: 011

Office Sought:  House,  Senate,  President  
Disbursement For: 2016  
 Primary,  General,  Other (specify) ▼

State: AZ, District: \_\_\_\_\_  
 Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3780.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3780.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 20
	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 for amounts owed to Amagi
Mailing Address 424 E 10th Street 3D			
City New York	State NY	Zip Code 20009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4874</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>Amagi Strategies</b>			Nature of Debt (Purpose): Amounts owed to Amagi for legal and compliance
Mailing Address 424 E 10th Street 3D			
City New York	State NY	Zip Code 20009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4875</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): Amounts owed to amagi for legal compliance
Mailing Address 424 E 10th Street 3D			
City New York	State NY	Zip Code 20009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4876</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)..... ▶	1500.00
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 19 OF 20
	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): Amounts owed for facebook Ads to Support Liz Cheney
Mailing Address 424 E 10th Street 3D			
City New York	State NY	Zip Code 20009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4881</b>	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Amagi Strategies</b>			Nature of Debt (Purpose): Owed to amagi for Independent Expenditures supporting Kelli Ward
Mailing Address 424 E 10th Street 3D			
City New York	State NY	Zip Code 20009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4882</b>	
Amount Incurred This Period 10000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Amagi Strategies</b>			Nature of Debt (Purpose): Amounts owed to Amagi for legal compliance
Mailing Address 424 E 10th Street 3D			
City New York	State NY	Zip Code 20009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4877</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)..... ▶	11500.00
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 20 OF 20
	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>CRUZ FOR PRESIDENT</b>			Nature of Debt (Purpose): Conduit amounts owed to Committee, check never cashed
Mailing Address PO BOX 25376			
City HOUSTON	State TX	Zip Code 77265	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4878	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="5140.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5140.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="5140.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="18140.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="18140.00"/>