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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	Other Than An Add	ionzea committee	Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
, Restore American Freedo	om and Liberty		
ADDRESS (number and street)	1624 Market Street		
	Suite 202		
Check if different than previously reported. (ACC)	Denver		CO 80202 -
2. FEC IDENTIFICATION NUMBER	BER ▼ CIT	Υ▲	STATE ▲ ZIP CODE ▲
C C00570903		S THIS NEW EPORT (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (Q1)	Д Арг	20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)	Election	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	✗ General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on 11 / 08	in the State of
5. Covering Period 10	20 2016	through 11	M / D D / Y Y Y Y Y Y Z Y Z 2016
I certify that I have examined this F		my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Hornaday, Alexander, , ,		
Signature of Treasurer Hornada	y, Alexander, , ,	[Electronically Filed]	Date 01 25 2018
NOTE: Submission of false, erroneous	s, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE

OF FEC Form 3X (Rev. 05/2016)	RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Restore American Freedom and Libe	erty	
Report Covering the Period: From: 10	/ 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 11 28 2016
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		51605.30
(b) Cash on Hand at Beginning of Reporting Period	51605.30	
(c) Total Receipts (from Line 19)	18827.00	18827.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70432.30	70432.30
7. Total Disbursements (from Line 31)	5615.18	5615.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64817.12	64817.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	62500.00	
This committee has qualified as a multicandi	lidate committee. (see FEC FORM 1M)	
Fo	r further information contact:	
ı	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Restore American Freedom and Liberty

R		10 / 20 / 2016 To:	11 28 2016
	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)	3550.00	3550.00
	(ii) Unitemized	10277.00	10277.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	13827.00	13827.00
	(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		
10	Totals to Line 33, page 5) Transfers From Affiliated/Other	13827.00	13827.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
13.	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made	4 4	4 4
	to Federal Candidates and Other		
	Political Committees	0.00	0.00
17.	Other Federal Receipts		
40	(Dividends, Interest, etc.)	5000.00	5000.00
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	S	
	(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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ Total Federal Receipts	18827.00	18827.00
_~.	(subtract Line 18(c) from Line 19)▶	18827.00	18827.00

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
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	1 1 4 1 1 4 1 1 4 1	1 1 1 1 1 1 1 1
Expenditures	5510.18	5510.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5510.18	5510.18
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	105.00	105.00
4	4 4 4	
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	105.00	105.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5615.18	5615.18
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5615.18	50/5/0
	3013.16	5615.18

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)	13827.00	13827.00
34. Total Contribution Refunds (from Line 28(d))	105.00	105.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13722.00	13722.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5510.18	5510.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5510.18	5510.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 6 OF Use for e Detai

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			13		14	15		16			17

	ly information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Restore American Freedom and Liberty										
Α.	Full Name of Individual (Last, First, Middle Initi Anderson, Claudia, , , Mailing Address 1625 W Lois meadows Ct	Date of Receipt									
		10 22 2016									
	City Bluffdale	Transaction ID : SA11AI.4422									
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 500.00									
	Name of Employer (for Individual)		tion (for Individual)	Memo Item							
	Retired	Retired	<u> </u>	Independent expenditures							
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 500.00								
В.	Full Name of Individual (Last, First, Middle Initicavanaugh, patt, , ,	al) or Full Orga	nization Name	Date of Receipt							
	Mailing Address 7850 el sendero number 10			10 28 2016							
	City	State	Zip Code	Transaction ID : SA11AI.4430							
	scottsdale	AZ	85266	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer (for Individual) retired	Occupa retired	ation (for Individual)	Memo Item Independent expenditures							
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 500.00								
<u> </u>	Full Name of Individual (Last, First, Middle Initi Dox, Joseph, , ,	al) or Full Orga	nization Name	Date of Receipt							
	Mailing Address 14603 El Puente Way			10 22 2016							
	City Saratoga	State CA	Zip Code 95070	Transaction ID : SA11AI.4502 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer (for Individual) retired	Memo Item Independent expenditures									
	Receipt For: 2016	Aggregate Ye	ar-to-Date ▼								
	Primary	7	250.00								
H	UBTOTAL of Receipts This Page (optional)			1250.00							
T	OTAL This Period (last page this line number of	only)	·····								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

13

Detailed Summary Page 13 14 15 16 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 American Freedom and Liberty Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hilton, Thomas, , , Date of Receipt Mailing Address 678 Lockette Ln 2016 City Zip Code State Transaction ID: SA11AI.4339 LA Shreveport 71106 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) N/A Independent expenditures Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hord, Allen, , , Date of Receipt Mailing Address 1057 Abington Ct 10 2016 City State Zip Code Transaction ID: SA11AI.4524 Brookhaven GA 30319-1129 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **ASPC** Physician Independent expenditures Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kubiak, Robert, , , Date of Receipt Mailing Address 2035 Rue De ST Germaine 28 2016 City Zip Code State Transaction ID: SA11AI.4393 TX Austin 78746 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Independent expenditures robert@millgroupusa.com Sales Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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(0	che	ck only	or	ne)					
	X	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) Restore American Freedom and Liberty Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Large, James, , , Date of Receipt Mailing Address 698 Mccowan St 2016 City Zip Code State Transaction ID: SA11AI.4271 KY Flatwoods 41139 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Oil and Gas Drilling Magnum Drilling Inc Independent expenditures Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** lohr, kenneth, , , Date of Receipt Mailing Address PO Box 55 10 2016 City State Zip Code Transaction ID: SA11AI.4132 NY cambridge 12816 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self Independent expenditures corp pres Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Trice, Marvin, , , Date of Receipt Mailing Address 6911 Cutten Pkwy 28 2016 City Zip Code State Transaction ID: SA11AI.4370 TX Houston 77069 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Independent expenditures Retired Retired Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 250.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional)..... 3550.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 13 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Restore American Freedom and	Liberty		
Α.	Full Name of Individual (Last, First, Middle Initi Pescio, Janet, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 2082 Idaho St			10 25 2016
	City Elko	State NV	Zip Code 89801	Transaction ID : SA17.4551 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5000.00
	Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) ▼	Bus	upation (for Individual) siness owner Year-to-Date ▼ 5000.00	Memo Item Non Contribution Account
В.	Full Name of Individual (Last, First, Middle Initi Mailing Address	al) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	Amount of Fools Descire this Device
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]
С .	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Organization Name	Date of Receipt
Ο.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
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	ame of Employer (for Individual)		upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			5000.00

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

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5000.00

S 17

Use separate schedule(s) for each category of the Detailed Summary Page	SCHEDULE B (FEC Form 3						10 OF	13				
Detailed Summary Page	ITEMIZED DISBURSEMENTS	6			_ i `							
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. NAME OF COMMITTEE (In Full) Restore American Freedom and Liberty Full Name (Last, First, Middle Initial) A. Inbox First Mailing Address 1600 Amphitheater Way City Mountain View Candidate Name Candidate Name City State Disbursement For: Senate Primary Office Sought: House Disbursement For: Senate Primary Category/ Type Category/ Type Category/ Type Category/ Type Date of Disbursement benote the primary Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Date of Disbursement benote the primary Memo Item FEC Identification Number Category/ Type Category/					*]						
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 American Freedom and Liberty Full Name (Last, First, Middle Initial) A. Inbox First Mailing Address 1600 Amphitheater Way City Mountain View City Mountain View Candidate Name Category/ Office Sought: FEC Identification Number Category/ Type Disbursement For: Senate Primary Other (specify) FEC Identification Number Category/ Type Date of Disbursement in Period Transaction ID: SB21B.4583 Amount of Each Disbursement Email Send Fees Category/ Type Date of Disbursement Memo Item FEC Identification Number Category/ Type Date of Disbursement FEC Identification Number Category/ Type Transaction ID: SB21B.4581 Amount of Each Disbursement this Period Category/ Type Transaction ID: SB21B.4581 Amount of Each Disbursement this Period FEC Identification Number Category/ Type Transaction ID: SB21B.4581 Amount of Each Disbursement this Period FEC Identification Number Category/ Type Transaction ID: SB21B.4581 Amount of Each Disbursement Memo Item Fell Name (Last, First, Middle Initial) Date of Disbursement Full Name (Last, First, Middle Initial) Category/ Type Transaction ID: SB21B.4581 Amount of Each Disbursement Date of Disbursement Transaction ID: SB21B.4581 Amount of Each Disbursement FEC Identification Number Category/ Amount of Each Disbursement Category/ Amount of Each Disbursement this Period	Any information copied from such Reports	and States	nents may	not be sold or use	ed by any							
Restore American Freedom and Liberty Full Name (Last, First, Middle Initial) A. InDox First Mailing Address 1600 Amphitheater Way City Mountain View Purpose of Disbursement Email Send Fees Candidate Name Other (specify) Mailing Address 420 Montgomery Street City San Francsisco Purpose of Disbursement Mailing Address 420 Montgomery Street City San Francsisco Category/ San Francsisco Category/ Mountain View President Other (specify) Date of Disbursement Fell Name (Last, First, Middle Initial) Date of Disbursement Fell Category/ Type Date of Disbursement Memo Item Fell Category/ Transaction D: SB21B.4583 Amount of Each Disbursement Memo Item Fell Category/ Transaction D: SB21B.4581 Amount of Each Disbursement Memo Item Fell Category/ Transaction D: SB21B.4581 Amount of Each Disbursement his Period Category/ Type Other (specify) Fell Cidentification Number Category/ Transaction D: SB21B.4581 Amount of Each Disbursement his Period Date of Disbursement Memo Item Full Name (Last, First, Middle Initial) Category/ Amount of Each Disbursement Fell Name (Last, First, Middle Initial) Category/ Amount of Each Disbursement his Period Category/ Amount of Each Disbursement his Period												
Full Name (Last, First, Middle Initial) A. Inbox First Mailing Address 1600 Amphitheater Way City Mountain View Cty Mountain View Purpose of Disbursement Email Send Fees Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) B. Wells Fargo Mailing Address 420 Montgomery Street City San Francsisco Category/ Type Date of Disbursement FEC Identification Number Category/ Type Date of Disbursement this Period ### Amount of Each Disbursement ### Amount of Each Disbursement this Period Amount of Each Disbursement this Period	NAME OF COMMITTEE (In Full)											
A. Inbox First Mailing Address 1600 Amphitheater Way	<u>/</u>	and Li	berty									
Mailing Address 1600 Amphitheater Way City Mountain View CA Zip Code 94043 Purpose of Disbursement Email Send Fees Candidate Name Office Sought: House Disbursement For: Senate Primary General President District: Full Name (Last, First, Middle Initial) B. Wells Fargo Mailing Address 420 Montgomery Street City San Francisisco CA 94104 Purpose of Disbursement Merchant Processing Fees Candidate Name Category/ Office Sought: House Disbursement For: Sanate Primary General Primary General President District: Full Name (Last, First, Middle Initial) FEC Identification Number Category/ Memo Item FEC Identification Number Category/ Amount of Each Disbursement In	_						Data of	f Dioburo	omont			
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Mountain View Purpose of Disbursement Email Send Fees Candidate Name Office Sought: House Disbursement For: Senate Primary General President State: District: Full Name (Last, First, Middle Initial) B. Wells Fargo Mailing Address 420 Montgomery Street City San Francisico Purpose of Disbursement Merchant Processing Fees Candidate Name Office Sought: House Disbursement Merchant Processing Fees Candidate Name Disbursement For: Senate Primary General Prisident Other (specify) FEC Identification Number FEC Identification Number FEC Identification Number FEC Identification Number Category/ Type Transaction ID: SB218.4581 Amount of Each Disbursement Merchant Processing Fees Transaction ID: SB218.4581 Amount of Each Disbursement Merchant Processing Fees Transaction ID: SB218.4581 Amount of Each Disbursement Merchant Processing Fees Transaction ID: SB218.4581 Amount of Each Disbursement Merchant Processing Fees Transaction ID: SB218.4581 Amount of Each Disbursement Merchant Processing Fees Transaction ID: SB218.4583 Amount of Each Disbursement FEC Identification Number Category/ Amount of Each Disbursement this Period	Mailing Address 1600 Amphitheater Way											
Purpose of Disbursement Email Send Fees Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ B. Wells Fargo Mailing Address 420 Montgomery Street City San Francsisco Purpose of Disbursement Merchant Processing Fees Candidate Name Disbursement For: State Zip Code CA 94104 FEC Identification Number Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Date of Disbursement this Period FEC Identification Number Category/ Type Date of Disbursement For: Sanate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Primary General Other (specify) Date of Disbursement FEC Identification Number Category/ Amount of Each Disbursement this Period		(FEC Id	entification	n Numbe	er		
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Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. Wells Fargo Mailing Address 420 Montgomery Street City San Francsisco Purpose of Disbursement Merchant Processing Fees Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement FEC Identification Number Category/ Type Transaction ID : SB21B.4581 Amount of Each Disbursement this Period FEC Identification Number Category/ Type Transaction ID : SB21B.4581 Amount of Each Disbursement this Period Memo Item FEC Identification Number Category/ Type Transaction ID : SB21B.4581 Amount of Each Disbursement this Period Transaction ID : SB21B.4581 Amount of Each Disbursement Full Name (Last, First, Middle Initial) C. Date of Disbursement Category/ Each Category/ Amount of Each Disbursement this Period FEC Identification Number Category/ Each Category/ Amount of Each Disbursement this Period FEC Identification Number Category/ Category/ Amount of Each Disbursement this Period	•						C					
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State: District: Full Name (Last, First, Middle Initial) B. Wells Fargo Mailing Address 420 Montgomery Street City San Francsisco Purpose of Disbursement Merchant Processing Fees Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) C. Primary General State: District: Date of Disbursement Tit 01 2016 FEC Identification Number Category/ Type Other (specify) Date of Disbursement Tit 01 2016 FEC Identification Number Category/ Type Other (specify) Date of Disbursement FEC Identification Number Category/ Type Date of Disbursement FEC Identification Number Category/ Memo Item FEC Identification Number Category/ Amount of Each Disbursement Memo Item FEC Identification Number Category/ Amount of Each Disbursement Amount of Each Disbursement			•									
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Senate Primary General		Primary	General				-			-4-		
President Other (specify) ▼ Memo Item			Other (spe	cify) 🔻			Me	mo Item				
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SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)				•				5	451.18	
TOTAL This Period (last page this line number only)	TOTAL This Desired (feet a second sec	l ! `						-		5	451.18	寸

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

13

NAME OF COMMITTEE (In Full) Restore American Freedom and Libe	erty							
A. Full Name (Last, First, Middle Initial) of Debtor Amagi Strategies	Nature of Debt (Purpose): Amount owed for 11/2/2016 IE supporting Lankford							
Mailing Address 424 E 10th Ave 4C								
City New York	ity State Zip Code							
Outstanding Balance Beginning This Period			Transaction ID : SD10.4563					
0.00 Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period					
2000.00		0.00	2000.00					
B. Full Name (Last, First, Middle Initial) of Debtor Amagi Strategies	or Creditor		Nature of Debt (Purpose): Amouont owed for 11/2/2016 IE for Rubio					
Mailing Address 424 E 10th Ave 4C City	State	Zip Code						
New York	NY	10009						
Outstanding Balance Beginning This Period 0.00	0.00							
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period					
3000.00	117	0.00	3000.00					
C. Full Name (Last, First, Middle Initial) of Debto Amagi Strategies	r or Creditor		Nature of Debt (Purpose): Amount owed for 11/2/2016 IE for Jordan James					
Mailing Address 424 E 10th Ave 4C								
City New York	State NY	Zip Code 10009						
Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4565							
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period					
2000.00	7	0.00	2000.00					
1) SUBTOTALS This Period This Page (optional)			7000.00					
2) TOTALS This Period (last page this line number	only)							
3) TOTAL OUTSTANDING LOANS from Schedule (
	(last page of	riiy)						

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12
FOR LINE NUMBER: (check only one)

9 **X** 10

OF

13

NAME OF COMMITTEE (In Full) Restore American Freedom and Liberty A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Amount owed for 11/2/2016 IE for Mia Love Amagi Strategies Mailing Address 424 E 10th Ave 4C City State Zip Code New York NY 10009 Transaction ID: SD10.4566 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2000.00 2000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Amount owed for 11/2/2016 IE for Donald Amagi Strategies Trump Mailing Address 424 E 10th Ave 4C City State Zip Code New York 10009 NY Outstanding Balance Beginning This Period Transaction ID: SD10.4567 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 29000.00 0.00 29000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Amount owed for 11/2/2016 Toomey Indep **Amagi Strategies** Expenditure Mailing Address 424 E 10th Ave City State Zip Code NY 10009 New York Outstanding Balance Beginning This Period Transaction ID: SD10.4568 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 2000.00 2000.00 0.00 33000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) 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 13 OF 13 FOR LINE NUMBER: (check only one)

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3			aniboroa iirio)	X 10				
NAME OF COMMITTEE (In Full) Restore American Freedom and	Liberty							
1			1					
A. Full Name (Last, First, Middle Initial) of D	Nature of Debt (Purpose): Amount owed for 11/2/2016 anti-Clinton I							
Amagi Strategies	Mailing Address 424 E 10th Ave							
Mailing Address 424 E 10th Ave 4C								
City	State	Zip Code						
New York	NY	10009						
Outstanding Balance Beginning This Period	d		Transaction ID : SD1	0.4569				
0.00								
Amount Incurred This Period	_ Pa	yment This Period	Outstanding Balance	at Close of This Period				
5000.00		0.00		5000.00				
B. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor		Nature of Debt (Purpos	ξΦ).				
Amagi Strategies	obtor or oround		Amount owed for 11/2/ Expenditure	•				
Mailing Address 424 E 10th Ave 4C								
City	State	Zip Code						
New York	NY	10009						
Outstanding Balance Beginning This Period	d		Transaction ID : SD	10.4571				
0.00								
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Peri					
17500.00	17500.00 0.00							
C. Full Name (Last, First, Middle Initial) of [Debtor or Creditor		Nature of Debt (Purpos	se):				
Mailing Address								
City	State	Zip Code	_					
Outstanding Balance Beginning This Perior	d							
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance	at Close of This Period				
				7				
				22522.00				
1) SUBTOTALS This Period This Page (option	al)	>		22500.00				
2) TOTALS This Period (last page this line num	mber only)	>		62500.00				
3) TOTAL OUTSTANDING LOANS from Schee	dule C (last page c	only)		0.00				
4) ADD 2) and 3) and carry forward to approp	riate line of Summ	ary Page (last page only) ▶		62500.00				