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FEC FORM 3X

07/11/2016 14 : 01

PAGE 1 / 32

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

								Office Us	se Only	
1.	NAME OF COMMITTEE (in fu		e or print ▼		mple: If typi r the lines.	ng, type	12FE4	M5		
, C	itizens For Re	storing US	SA							1
	DRESS (number and	street)	39 Cocoanut Row							
	Check if differ than previousl reported. (AC	rent L	Palm Beach				FL	33480) 	
2.	FEC IDENTIFICA	TION NUMB	ER V	CITY 🔺		S			ZIP COE	DE 🔺
	C C00575993			3. IS THIS REPORT		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPO (Choose One)	ORT	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	ļ	Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Repo	orts:	Due On:	Mar 20 (M3)		Jun 20 (M6)	5	Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)		Jul 20 (M7)	(Oct 20 (M10)		Jan 31 (YE)
		Report (Q1)	(c) 12-Day		Primary (12F	²)	Gene	eral (12G)		Runoff (12R)
	Quarterly	Report (Q2)	PRE-Elect Report for		Convention ((12C)	Spec	ial (12S)		
	October 1 Quarterly	5 Report (Q3)								
	January 3 Year-End	31 Report (YE)		Election on	M M /	D D /	Y Y Y	Y	in the State of	
	July 31 M Report (N Year Only	lon-election	(d) 30-Day POST -Elea Report for		General (300	G)	Runo	ff (30R)		Special (30S)
	Terminatic (TER)	on Report		ule.	M M /	D D /	Y = Y = Y	Y	in the	
	()			Election on				_	State of	
5.	Covering Period	04	01 / Y	2016	through	M M 06	/ D D 30	/ Y Y 201	6 Y	
l ce	ertify that I have exa	amined this R	eport and to the t	best of my know	wledge and	belief it is tru	e, correct	and complet	te.	
Тур	e or Print Name of	Treasurer F	Robert Kiger							
							M	M / D	D /	Y Y Y Y
Sigi	nature of Treasurer	Robert Kiş 	ger		[Electronicall	y Filed]	ate 0	7 11		2016
NO	TE: Submission of fa	lse, erroneous	, or incomplete info	ormation may su	bject the per	son signing th	is Report	to the penaltie	es of 2 U	.S.C. §437g.
	Office							FEC	FOR	M 3X
	Use Only								ev. 12/20	

Γ	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
(Citizens For Restoring USA		
R	eport Covering the Period: From:	04 01 / Y Y Y Y Y 2016 7	To: 06 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		2.32
	(b) Cash on Hand at Beginning of Reporting Period	3.05	
	(c) Total Receipts (from Line 19)	2431.00	3036.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	2434.05	3038.32
7.	Total Disbursements (from Line 31)	2149.34	2753.61
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	284.71	284.71
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)	1017.00	

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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Citizens For Restoring USA

Report Covering the Period: From: 04	/ D / Y Y Y Y 01 2016	To: 06 30 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	250.00	250.00
	1000.00	
(ii) Unitemized	1926.00	1956.00
(iii) TOTAL (add	2176.00	2206.00
Lines 11(a)(i) and (ii)	7 7 2176.00	7 7 7
(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)	2176.00	2206.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	255.00	830.00
. All Loans Received	200.00	
Lean Denoumente Dessived	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures		7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	7 7	7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds 🔚	7 7	7 7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transford (add 19(a) and 19(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	7 7 7
. Total Receipts (add Lines 11(d),		2000.00
12, 13, 14, 15, 16, 17, and 18(c))	2431.00	3036.00
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	2431.00	3036.00

I

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)		Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. O (a	perating Expenditures:) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Tear-to-Dale
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
	Expenditures	1121.34	1705.61
(C	, 1 5 1	1121.34	1705.61
т	(add 21(a)(i), (a)(ii), and (b))► ransfers to Affiliated/Other Party	1121.34	1703.01
	ommittees	0.00	0.00
Č	ontributions to		
ar	ederal Candidates/Committees nd Other Political Committees	0.00	0.00
	dependent Expenditures		
(u	se Schedule E) oordinated Party Expenditures	0.00	0.00
(2	se Schedule F)	0.00	0.00
(u	se Schedule F)		7 7 7 0.00
Lo	oan Repayments Made	1028.00	1048.00
	pans Made	0.00	0.00
	efunds of Contributions To:) Individuals/Persons Other		
(0	Than Political Committees	0.00	0.00
4		0.00	0.00
(b	· · · · · · · · · · · · · · · · · · ·	0.00	
(c	(such as PACs)	0.00	0.00
		7 7 7	
(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c)) ►	0.00	0.00
_			
0	ther Disbursements	0.00	0.00
E	ederal Election Activity (2 U.S.C. §431(20))		
(a			
(-	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b	,	0.00	0.00
1-	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
Тс	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	2149.34	2753.61
		7 7 7	7 7 7
	otal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)		
fro	om Line 31)	2149.34	2753.61

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	2176.00	2206.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2176.00	2206.00
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	1121.34	1705.61
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1121.34	1705.61

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 32 (check only one) I1a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Citizens For Restoring USA										
Full Name (Last, First, Middle Initial) A. Sherrin Pelton			Date of Receipt							
Mailing Address 1111 SIGNATURE DRIVE			05 26 _ 2016 _							
City SUN CITY CENTER	State FL	Zip Code 33573	Transaction ID : SA11AI.4526 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer Retired	Occupation Retired		— Memo Item							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	1							
Full Name (Last, First, Middle Initial) B. Mailing Address	· · · · · ·									
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer	Occupation		Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1							
Full Name (Last, First, Middle Initial)			Date of Receipt							
Mailing Address										
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C									
Name of Employer	Occupation		Memo Item							
Receipt For: Primary General Other (specify)		Year-to-Date ▼								
SUBTOTAL of Receipts This Page (optional).			250.00							

TOTAL This Desired (lead areas this line another such)						25	0.00
TOTAL This Period (last page this line number only)		 - 7	 _	_			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 32 (check only one)										
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $										
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) Citizens For Restoring USA													
A .	Full Name (Last, First, Middle Initial) Robert Kiger			Date of Receipt										
	Mailing Address 339 Cocoanut Row			05 18 2016										
	City Palm Beach	State FL	Zip Code 33480	Transaction ID : SA13.4575										
	FEC ID number of contributing	C	33400	Amount of Each Receipt this Period										
	federal political committee.			Memo Item										
	Name of Employer Self	Occupation Self		Loan From R. Kiger										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00											
В.	Full Name (Last, First, Middle Initial) Robert Kiger			Date of Receipt										
	Mailing Address 339 Cocoanut Row			05 18 2016										
	City Palm Beach	State FL	Zip Code 33480	Transaction ID : SA13.4576										
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period											
	Name of Employer Self	Occupation Self	I	Memo Item Loan From R. Kiger										
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 675.00											
<u> </u>	Full Name (Last, First, Middle Initial) Robert Kiger			Date of Receipt										
	Mailing Address 339 Cocoanut Row			05 25 2016										
	City Palm Beach	State FL	Zip Code 33480	Transaction ID : SA13.4577 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		25.00										
	Name of Employer Self	Occupation Self	I	Loan From R. Kiger										
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 700.00	1										
s	UBTOTAL of Receipts This Page (optional)			125.00										

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

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page ay not be sold or used by any pe	FOR LINE NUMBER: PAGE 8 OF 32 (check only one) 11a 11b 11c 12 X 13 14 15 16 17			
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Citizens For Restoring USA Full Name (Last, First, Middle Initial) Robert Kiger	e name and a	ddress of any political committee	e to solicit contributions from such committee.			
Α.	Mailing Address 339 Cocoanut Row	State	Zip Code	Date of Receipt 05 26 2016 Transaction ID : SA13.4578			
	Palm Beach FEC ID number of contributing federal political committee.	FL C	33480	Amount of Each Receipt this Period			
	Name of Employer Self Receipt For: Primary General Other (specify)	Occupation Self Aggregate	Year-to-Date ▼ 810.00	Loan From R. Kiger			
В.	Full Name (Last, First, Middle Initial) Robert Kiger Mailing Address 339 Cocoanut Row City Palm Beach	State	Zip Code 33480	Date of Receipt 05 / 31 / 2016 Transaction ID : SA13.4579			
	FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	Occupation Self	Year-to-Date ▼	Amount of Each Receipt this Period 20.00 Memo Item Loan From R. Kiger			
 C.	Full Name (Last, First, Middle Initial)	her (specify) ▼ 830.00 ne (Last, First, Middle Initial)					
	Mailing Address City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee. Name of Employer	Occupation		Memo Item			
	Receipt For: Primary General Other (specify)		Year-to-Date ▼				
s	UBTOTAL of Receipts This Page (optional)			130.00			

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

- J

 255.00

SCHEDULE B (FEC Form 3X)				NUMBER:		PA	GE 9	OF 32						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		c only 21b 27	one) 22 28a	23 28b	24 28c	25	26						
Any information copied from such Reports and State or for commercial purposes, other than using the na														
NAME OF COMMITTEE (In Full) Citizens For Restoring USA														
Full Name (Last, First, Middle Initial) A. AT&T				Date of	Disburse		/	Y						
Mailing Address P.O. Box 5014				05 27 2016 Transaction ID : SB21B.4616										
City Carol Stream	State Zip Code IL 60197													
Purpose of Disbursement Internet and Video Connection Candidate Name				Amount of Each Disbursement this Period										
	ment For:	Category Type	y/				126	.81						
Senate President	Primary General Other (specify)			Mem	io Item									
State: District: Full Name (Last, First, Middle Initial) B. Robert Kiger Mailing Address 339 Cocoanut Row				Date of	/ D	ement 7	2016	Y						
City Palm Beach	State Zip Code FL 33480			Transaction ID : SB21B.4604										
Purpose of Disbursement Reinbursement for Paper - Office Depot Candidate Name		y/	Amount of Each Disbursement this Peri 31.26											
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			Memo Item										
Full Name (Last, First, Middle Initial) C. T Mobile	Full Name (Last, First, Middle Initial)													
Mailing Address PO Box 37380				M M 06		0	2016	Y						
City Albuquerque Purpose of Disbursement	StateZip CodeNM87176			Transa	action ID	: SB21B	.4621							
Wireless Service Candidate Name		Category	v/	Amount	of Each	Disburse	ment this							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) v	Туре		Mem	io Item	1 7	244	.32						
SUBTOTAL of Disbursements This Page (optional).			•		- 7	- 1	402	.39						
TOTAL This Period (last page this line number only	/)		•				402	.39						

S	CHEDULE B (FEC Form 3X)	wote och address			LINE N			:			PA	GE	10	OF 32				
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(c	hec	k only 21b		22		23	Г	24	—	25	26			
		Detailed	Summary Page		-	27		22 28a	-	23 28b	ł	24	\vdash	29	× ²⁶ 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nan																	
$\left \right\rangle$	NAME OF COMMITTEE (In Full)																	
	Citizens For Restoring USA																	
Α.	Full Name (Last, First, Middle Initial) Robert Kiger						Da	ate o	f Di	sburs	en	nent						
	Mailing Address 339 Cocoanut Row					1	04	/	D (08			016	Y				
	City S				Transaction ID : SB26.4580													
	Palm Beach Purpose of Disbursement	FL	33480															
	Repay of Loan						Ar	noun	t of	Each	ם ו	Disburse	men	t this	Period			
	Candidate Name			Cate T	egoi ype					,	2	. ,		3	.00			
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼					Me	mo l	tem								
	State: District:																	
B.	Full Name (Last, First, Middle Initial) Robert Kiger						_	ate o	_	sburs				/ Y	Y			
	Mailing Address 339 Cocoanut Row						04 / D D / Y Y Y Y 15 / 2016											
	City Seach	State FL	Zip Code 33480				Transaction ID : SB26.4566											
	Purpose of Disbursement Repyment of Loan			—			Amount of Each Disbursement this Period 20.00							Period				
	Candidate Name			Cate	egoi ype									.00				
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General		300		Memo Item											
	State: District:	(- <u> </u> -																
C.	Full Name (Last, First, Middle Initial) Robert Kiger								f Di	sburs	en	nent						
	Mailing Address 339 Cocoanut Row						P	04	/		17			016	Y			
	City S Palm Beach	State FL	Zip Code 33480				-	Frans	sact	ion II	D :	SB26.4	564					
	Purpose of Disbursement Repyment of Loan			—			۸	2011	+ ~*	East	、 F)ichura-	mer	+ +hia	Doriod			
	Candidate Name			Category/						Each	1 L	Disburse	men		.00			
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼						mo l	tem								
_	State: District:																	
⊢	UBTOTAL of Disbursements This Page (optional)							_	-	7		- 7		63	.00			
IΤ	OTAL This Period (last page this line number only))				•	1.			7								

S	CHEDULE B (FEC Form 3X)			FOR LINE				E NUMBER: PAGE 11 OF 32								
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(C	hec	k only	one	-		1.00				_		
			Summary Page		-	21b 27		22 28a	-	23 28b	24	L	25 29	×	26 30b	
	y information copied from such Reports and State for commercial purposes, other than using the nar														3	
\setminus	NAME OF COMMITTEE (In Full)															
	Citizens For Restoring USA															
Α.	Full Name (Last, First, Middle Initial) Robert Kiger						Г	Date of	Die	sburse	ement					
									/	D		Y	YY	Y		
	Mailing Address 339 Cocoanut Row							04		1	7		2016	_		
	City Palm Beach	State FL	Zip Code 33480					Trans	acti	ion ID	: SB26	.4567	7			
	Purpose of Disbursement		33460	_	_	_										
	Repyment of Loan						А	Amount	of	Each	Disbur	seme	nt this	Perio	bd	
	Candidate Name			Cate Ty	egoi /pe					,			20	.00		
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General				[Mer	no l	tem						
	State: District:	Other (spec	(iiy) 🔻													
_	Full Name (Last, First, Middle Initial)															
В.	Robert Kiger			Date of Disk					sburse		Y	YY	Y			
	Mailing Address 339 Cocoanut Row							04	Í		9		2016			
	City Palm Beach	State FL	Zip Code 33480							Transaction ID : SB26.4565						
	Purpose of Disbursement Repyment of Loan						Amount of Each Disbursement this Period									
	Candidate Name			Cate Ty	egoi /pe		40.00									
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General				[Men	no li	tem						
	State: District:		<i>,</i> , ,													
c.	Full Name (Last, First, Middle Initial) Robert Kiger						٦	Date of	Dis	sburse	ement					
	Mailing Address 339 Cocoanut Row							м м 04	1	D 2	D / 9		2016	Y		
	City Palm Beach	State FL	Zip Code 33480					Trans	act	ion ID	: SB26	.456	8			
	Purpose of Disbursement Repyment of Loan				-											
	Candidate Name			Cate	egoi /pe	ry/	Α	Amount	of	Each	Disbur	seme	nt this 100	_	bd	
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General Gify) ▼		ype		Ī	Men	no l	tem						
_	State: District:															
s	UBTOTAL of Disbursements This Page (optional).						ļ	-		7			160	.00		
т	OTAL This Period (last page this line number only)								,						

	CHEDULE B (FEC Form 3X)						E NUMBER: PAGE 12 OF 32									
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(c	hec	k only 21b 27	one) 22 28a		23 28b	F	24 28c	25	X 26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nam					/ perso	n for the		rpose		solicitin	g contrib	outions			
	NAME OF COMMITTEE (In Full)															
$\left \right\rangle$	Citizens For Restoring USA															
Α.	Full Name (Last, First, Middle Initial) Robert Kiger						Date	of Di	isburse	em	ent					
							М		D		/ Y	YY	Y			
	Mailing Address 339 Cocoanut Row						05		1	10		2016				
	City Seach	State FL	Zip Code 33480				Trar	sact	tion ID):	SB26.4	569				
	Purpose of Disbursement Repyment of Loan			-			Amou	nt of	Each		ieburear	nent this	Period			
	Candidate Name			Cate	eqoi	rv/	Amou		Lach		ISDUISEI		0.00			
	Office Sought: House Disburser	ment For:			ype						7	100	5.00			
	Senate	Primary	General					emo	item							
	State: District:	Other (spee	cify) 🔻													
_	Full Name (Last, First, Middle Initial)						Dete	- (D								
D.	Robert Kiger						Date		isburse	em		Y Y	Y			
	Mailing Address 339 Cocoanut Row						05			17	1	2016				
	City Seach	State FL	Zip Code 33480				Trai	nsac	tion IE) :	SB26.4	570				
	Purpose of Disbursement Repyment of Loan				-		A				: - -		Devied			
	Candidate Name			Cate	900	n/	Amou	nt of	Each		Isburser	ment this				
	Office Sought: House Disburser	mant Far			ype						,	10	0.00			
	Office Sought: House Disburser Senate	nent For: Primary	General				М	emo	ltem							
	State: District:	Other (spec	cify) 🔻													
_	Full Name (Last, First, Middle Initial)															
C.	Robert Kiger						Date		isburse	em		YY	Y			
	Mailing Address 339 Cocoanut Row						06			04		2016				
		State	Zip Code				Trar	nsac	tion ID):	SB26.4	563				
	Palm Beach Purpose of Disbursement	FL	33480	_												
	Repyment of Loan Candidate Name			Cate	egoi		Amou	nt of	Each	D	isburser	ment this	Period			
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼		ype		M	emo	ltem				<u> </u>			
	State: District:							_		_						
s	UBTOTAL of Disbursements This Page (optional)					•			,		,	21	0.00			
Т	OTAL This Period (last page this line number only))				. 🕨			,							

S	CHEDULE B (FEC Form 3X)		F	OR	LINE N	E NUMBER: PAGE 13 OF 32									
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		-	k only	one)			1 00	г				
			Summary Page		$\left - \right $	21b 27	2	2 8a		23 28b	╞	24 28c	-	25 29	X 26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the name														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	Citizens For Restoring USA														
Α.	Full Name (Last, First, Middle Initial) Robert Kiger								_	sburs					
	Mailing Address 339 Cocoanut Row						06 / D / Y Y Y Y 06 07 / 2016								
	Palm Beach	State FL	Zip Code 33480				Т	ans	act	ion ID):	SB26.4	571		
	Purpose of Disbursement Repyment of Loan						Am	oun	t of	Each	D	isburse	men	t this	Period
	Candidate Name			Cate Ty	egor ype					,	2		i.	25	.00
		nent For: Primary Other (spec	General cify) ▼					Me	mo l	tem					
	State: District:														
B.	Full Name (Last, First, Middle Initial) Robert Kiger							e o	f Di	sburs	err	_		(Y	. V.
	Mailing Address 339 Cocoanut Row							06 09 2016							Y
	Palm Beach	State FL	Zip Code 33480				Т	rans	sact	ion II):	SB26.4	572		
	Purpose of Disbursement Repyment of Loan						۸m	oun	t of	Fach		isburse	mon	t thic	Period
	Candidate Name			Cate Ty	egor ype			oun		,		isbuise	men	50 ti	_
	President	nent For: Primary Other (spec	General cify) ▼					Mei	no l	tem					
	State: District:														
C.	Full Name (Last, First, Middle Initial) Robert Kiger						_	e o [.] M	f Di	sburs	em			(Y	N.
	Mailing Address 339 Cocoanut Row							06	Í		13			016	
	Palm Beach	State FL	Zip Code 33480				Т	ans	sact	ion IE):	SB26.4	573		
	Purpose of Disbursement Repyment of Loan										_				
	Candidate Name			Cate	egor ype		Am	oun	tor	Each		isburse	men		.00
		nent For: Primary Other (spec	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>			Me	mo l	tem					
							_	-	_	_		_	_	_	_
s	UBTOTAL of Disbursements This Page (optional)						Ļ	_	-	7			-	125	.00
т	OTAL This Period (last page this line number only)									7		7		_	

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IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(c		k only 21b 27	one	e) 22 28a		23 28b		24 28c		25 29	X	26 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar															;
	NAME OF COMMITTEE (In Full) Citizens For Restoring USA															
Α.	Full Name (Last, First, Middle Initial) Robert Kiger				Date of Disbursement											
	Mailing Address 339 Cocoanut Row							06			15			016		
	City Palm Beach Purpose of Disbursement	State FL	Zip Code 33480					Trans	act	ion ID):5	SB26.45	62			
	Repyment of Loan						А	moun	t of	Each	Dis	sbursem	nent	t this	Perio	bd
	Candidate Name			Cate T	ego ype					7		. ,		325.	00	
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼				[Me	mo l	tem						
	State: District:															
В.	Full Name (Last, First, Middle Initial) Robert Kiger			Date of Disbu					sburse			Y	Y	Y		
	Mailing Address 339 Cocoanut Row							06	Í		18	7		016		
	Palm Beach	State FL	Zip Code 33480					Trans	sact	ion ID): S	SB26.45	574			
	Purpose of Disbursement Repyment of Loan						A	moun	t of	Each	Di	sbursen	nent	t this	Perio	d
	Candidate Name			Category/ Type					25.00							
	Senate President	ment For: Primary Other (spec	General cify) ▼				Memo Item									
_	State: District: Full Name (Last, First, Middle Initial)							Date of	f Di	oburoc		opt				
0.	Robert Kiger						ľ	м м 06	/	D				016	Y	
	Mailing Address 339 Cocoanut Row	<u>.</u>	7.0.1				1	00		-			20			
	City Palm Beach Purpose of Disbursement	State FL	Zip Code 33480					Trans	sact	ion ID):8	SB26.46	32			
	Repayment of Loan Candidate Name			Cate	ego	ry/	Δ	moun	t of	Each	Dis	sbursen	nent	t this 100.		d
	Senate President	ment For: Primary Other (spec	General cify) ▼		ype		ĺ	Mei	mo l	tem		- 7				
	State: District:						-	_	_	_	_	_		_		_
s	UBTOTAL of Disbursements This Page (optional)					• ▶				7				450.	00	
т	OTAL This Period (last page this line number only)				•				7	_				_	

S	CHEDULE B (FEC Form 3X)		F	OR	LINE N	IUMBEI	۹:			PAGE	15	OF 32	
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			k only	one)		100		1 [
		Detailed Summary Page		$\left - \right $	21b 27	22 28a	\vdash	23 28b	2	+ Bc	25 29	× 26 30b	
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam												
\backslash	NAME OF COMMITTEE (In Full)												
	Citizens For Restoring USA												
<u> </u>	Full Name (Last, First, Middle Initial)												
Α.	Robert Kiger							sburse					
	Mailing Address 339 Cocoanut Row					м 06		2	9		2016	Y	
	,	State Zip Code				Trar	sact	ion ID	: SB2	6.4639	3		
	Palm Beach Purpose of Disbursement	FL 33480											
	Repayment of Loan from R. Kiger					Amou	nt of	Each	Disbur	seme	nt this	Period	
	Candidate Name		Cate Ty	egor ype	ry/			,		,	20	.00	
		Primary General				M	emo	ltem					
	State: District:	Other (specify)											
_	Full Name (Last, First, Middle Initial)												
В.						Date	_	sburse		Y	Y Y	Y	
	Mailing Address					Ľ.		L		Ľ.			
	City S	State Zip Code											
	Purpose of Disbursement			-		•		E l.	Disk			Devied	
	Candidate Name		Cate		ry/	Amount of Each Disbursement this Period							
	Office Sought: House Disbursen	nent For:	- 13	ype		м				,			
	Senate	Primary General Other (specify)				Memo Item							
	State: District:												
C.	Full Name (Last, First, Middle Initial)					Date	of Di	sburse					
	Mailing Address					M	M /	D	D /	Y	Y Y	Y	
	City	State Zip Code											
	Purpose of Disbursement		_										
	Candidate Name		Cate Ty	egor ype	ry/	Amou	nt of		Disbur			Period	
		nent For: Primary General Other (specify) v				M	emo			,			
	State: District:												
s	UBTOTAL of Disbursements This Page (optional)				•			,		,	20	.00	
т	OTAL This Period (last page this line number only)				►			,		, ,	1028	.00	

Use separate schedule(s)	PAGE	16	OF	32
for each category of the Detailed Summary Page	FOR	LINE	13 OF	FO

NAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4142
Ũ	
LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Kiger	Memo Item Election: Primary General
Mailing Address 339 Cocoanut Row	Other (specify)
City Palm Beach State FL ZIP C	Code 33480
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
900.00	0.00 900.00
TERMS Date Incurred Date Due	e Interest Rate Secured:
	12/31/2016 5.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. It	f no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	PAGE	17
for each category of the Detailed Summary Page	FOR	LINE

OR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens For Restoring USA		Trans	saction ID : SC/10.4143
LOAN SOURCE Full Name (Last, First, Mic Robert Kiger Mailing Address 339 Cocoanut Row	ddle Initial)	Memo Item	Election: Primary General Other (specify)
City Palm Beach	State FL ZIP Co	de 33480	
Original Amount of Loan	Cumulative Payment To		nce Outstanding at Close of This Period
300.00		3.00	297.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
09 / 16 / Y Y Y Y 2015	M M / D D / Y	2/31/2016 5.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any) t	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 1 1 1
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation Amount	
City State	ZIP Code	Guaranteed Outstanding:	л
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 7 7
SUBTOTALS This Period This Page (optional)			297.00
			and to appropriate line of Comments
Carry outstanding balance only to LINE 3, Sci	nequie D, for this line. If	no Schedule D, carry forw	ard to appropriate line of Summary.

Use separate schedule(s)	PAGE	18
for each category of the Detailed Summary Page	FOR	LINE

OR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4148
LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Kiger Mailing Address 339 Cocoanut Row	☐ Memo Item Election: ☐ Primary General ☐ Other (specify) ▼
City Palm Beach State FL ZIP	Code 33480
Original Amount of Loan Cumulative Paymen	
100.00	100.00 0.00
TERMS Date Incurred Date I	Due Interest Rate Secured:
M m / D m / Y	12/31/2016 5.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amazurt
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	PAGE	19	OF	32
for each category of the Detailed Summary Page	FOR	LINE	13 OF	FO

NAME OF COMMITTEE (In Full) Citizens For Restoring USA		Tran	saction ID : SC/10.4150
LOAN SOURCE Full Name (Last, First, Mid Robert Kiger	dle Initial)	🗌 Memo Item	Election: Primary General Other (specify)
Mailing Address 339 Cocoanut Row			
		de 33480	
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
200.00	,	0.00	200.00
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
09 / 28 / 2015		2/31/2016 5.00	
List All Endorsers or Guarantors (if any) to	Loan Source	_	
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	A)
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		······	, 200.00
TOTALS This Period (last page in this line only))	····· •	
Carry outstanding balance only to LINE 3, School	edule D, for this line. If	no Schedule D, carry for	vard to appropriate line of Summary.

Use separate schedule(s)	PAGE	20	OF	32
for each category of the Detailed Summary Page	FOR	LINE	13 OF	FO

NAME OF COMMITTEE (In Full) Citizens For Restoring USA		Tran	saction ID : SC/10.4151
LOAN SOURCE Full Name (Last, First, Midd Robert Kiger Mailing Address 339 Cocoanut Row	lle Initial)	🗌 Memo Item	Election: Primary General Other (specify)
City Palm Beach	State FL ZIP Co	de 33480	
Original Amount of Loan	Cumulative Payment To		nce Outstanding at Close of This Period
100.00		100.00	0.00
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
	M / D D / Y	2/31/2016 5.00	
List All Endorsers or Guarantors (if any) to	Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	A A
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		E	0.00
TOTALS This Period (last page in this line only).		····· L	
Carry outstanding balance only to LINE 3, Sche	dule D, for this line. If	no Schedule D, carry forv	vard to appropriate line of Summary.

Use separate schedule(s)	PAGE	21
for each category of the Detailed Summary Page	FOR	LINE 1

OR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens For Restoring USA		Tran	saction ID : SC/10.4152
LOAN SOURCE Full Name (Last, First, Mide Robert Kiger	dle Initial)	🗌 Memo Item	Election: Primary General
Mailing Address 339 Cocoanut Row			Other (specify)
City Palm Beach	State FL ZIP Co	de 33480	
Original Amount of Loan	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
200.00		0.00	200.00
TERMS	Data Data	latered Dat	
Date Incurred	Date Due	Interest Rate 2/31/2016 5.00	
List All Endorsers or Guarantors (if any) to	Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · ·
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	1 1 1 1 1 1 1 1 1 1 17 1 1 1 1 1 1 1 1 1
SUBTOTALS This Period This Page (optional)			200.00
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Sche	eaule D, for this line. If	no schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s)	PAGE	22
for each category of the Detailed Summary Page	FOR	LINE

OR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens For Restoring USA		Tran	saction ID : SC/10.4153
LOAN SOURCE Full Name (Last, First, Middle Robert Kiger Mailing Address 339 Cocoanut Row	e Initial)	🗌 Memo Item	Election: Primary General Other (specify)
City Palm Beach Sta	ate FL ZIP Code	33480	·
	Cumulative Payment To D		ance Outstanding at Close of This Period
100.00	· · · · · · ·	100.00	0.00
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
	M / D D / Y Y	31/2016 5.00	
List All Endorsers or Guarantors (if any) to L	oan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	ZIP Code	Amount Guaranteed Outstanding:	g
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State 2	ZIP Code	Amount Guaranteed Outstanding:	л. н. н. н. н. н. н. Долаган (долаган)
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State 2		Guaranteed Outstanding:	g
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State 2		Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		······ •	0.00
TOTALS This Period (last page in this line only)		····· L	
Carry outstanding balance only to LINE 3, Schedu	ule D, for this line. If no	o Schedule D, carry forv	ward to appropriate line of Summary.

Use separate schedule(s)	PAGE	23	OF	32
for each category of the Detailed Summary Page	FOR	LINE	13 OF	FO

NE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4154
LOAN SOURCE Full Name (Last, First, Middle Init Robert Kiger Mailing Address 339 Cocoanut Row	Primary General Other (specify) ▼
City Palm Beach State	FL ZIP Code 33480
Original Amount of Loan Cumu	lative Payment To Date Balance Outstanding at Close of This Period
310.00	160.00 150.00
TERMS	Data Data data data data data data data
Date Incurred	Date Due Interest Rate Secured:
List All Endorsers or Guarantors (if any) to Loan	Source
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP	Code Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP	Code Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP	Code Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	

Use separate schedule(s)	PAGE	24	OF	32
for each category of the Detailed Summary Page	FOR	LINE	13 OF	FO

NAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4155
LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Kiger Mailing Address 339 Cocoanut Row	☐ Memo Item Election: ☐ Primary General ☐ Other (specify) ▼
City Palm Beach State FL ZIP Co	ode 33480
Original Amount of Loan Cumulative Payment To	D Date Balance Outstanding at Close of This Period
5.00	980.00 -975.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	Y Y Secured. 12/31/2016 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	PAGE	25	OF	32
for each category of the Detailed Summary Page	FOR	LINE	13 OF	FO

NE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4399
LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Kiger Mailing Address 339 Cocoanut Row	☐ Memo Item Election: ☐ Primary General ☐ Other (specify) ▼
City Palm Beach State FL ZIP Co	ode 33480
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
10.00	0.00
TERMS	Interest Rate Secured:
Date Incurred Date Due	Y Y 10.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	PAGE	26
for each category of the Detailed Summary Page	FOR	LINE

OR LINE 13 OF FORM 3X

	IE OF COMMITTEE (In Full) izens For Restoring USA		Tran	saction ID : SC/10.4400
	-OAN SOURCE Full Name (Last, First, M Robert Kiger	iddle Initial)	🗌 Memo Item	Election: Primary General
N	Aailing Address 339 Cocoanut Row			Other (specify)
C	City Palm Beach	State FL ZIP Co	de 33480	
Γ	Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
	525.00		525.00	0.00
ī	TERMS			
	Date Incurred 02 / 29 / 2016	Date Due	V V V Interest Rate 0005 10.00	
1	List All Endorsers or Guarantors (if any)	to Loan Source		
	1. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed Outstanding:	т. т
2	2. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
_	City State	ZIP Code	Amount Guaranteed Outstanding:	A)
3	3. Full Name (Last, First, Middle Initial)		Name of Employer	
-	Mailing Address		Occupation	
			American	
	City State	ZIP Code	Amount Guaranteed	
			Outstanding:	y
4	4. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
			Amount	
	City State	ZIP Code	Guaranteed Outstanding:	gg
SUI	BTOTALS This Period This Page (optional)		······································	0.00
то	TALS This Period (last page in this line on	ly)	····· L.	
Ca	rry outstanding balance only to LINE 3, Sc	hedule D, for this line. If	no Schedule D, carry forv	vard to appropriate line of Summary.

Use separate schedule(s)	PAGE 27
for each category of the Detailed Summary Page	FOR LINE

OR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4401
LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Kiger Mailing Address 339 Cocoanut Row	☐ Memo Item Election: ☐ Primary General ☐ Other (specify) ▼
City Palm Beach State FL ZIP Co	ode 33480
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
40.00	40.00
TERMS	Interest Data Convert
Date Incurred Date Due	Interest Rate Secured: 0005 10.00 % (apr) Yes
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	PAGE	28	OF	32
for each category of the Detailed Summary Page	FOR	LINE	13 OF	FO

NAME OF COMMITTEE (In Full) Citizens For Restoring USA		Tran	saction ID : SC/10.4575
LOAN SOURCE Full Name (Last, First, Middle Robert Kiger Mailing Address 339 Cocoanut Row	e Initial)	🗌 Memo Item	Election: Primary General Other (specify)
City Palm Beach Sta	ate FL ZIP Cod	de 33480	· · · · · · · · · · · · · · · · · · ·
Original Amount of Loan C	Cumulative Payment To		ance Outstanding at Close of This Period
75.00		0.00	75.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
05 / 18 / Y Y Y Y Y 2016	M / D D / Y 5/	718/2017 5.00	
List All Endorsers or Guarantors (if any) to L	oan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State 2	ZIP Code	Amount Guaranteed Outstanding:	л. г. г. г. г. г. д. г. д. г. ж. г.
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State 2	ZIP Code	Amount Guaranteed Outstanding:	л. н. н. н. н. н. н. д. н. н. д. н. н. н. н.
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State 2	ZIP Code	Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State 2	ZIP Code	Guaranteed Outstanding:	g
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)			75.00
Carry outstanding balance only to LINE 3, Schedu	ule D, for this line. If	no Schedule D, carry forv	ward to appropriate line of Summary.

Use separate schedule(s)	PAGE	29
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OR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4576
LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Kiger Mailing Address 339 Cocoanut Row	☐ Memo Item Election: ☐ Primary General ☐ Other (specify) ▼
City Palm Beach State FL ZIP C	code 33480
Original Amount of Loan Cumulative Payment T	
25.00	0.00 25.00
TERMS Date Incurred Date Due	e Interest Rate Secured:
05 / 18 / 2016 M / D D / Y	5/18/2017 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, for this line.	f no Schedule D, carry forward to appropriate line of Summary.

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for each category of the Detailed Summary Page	FOR	LINE	13 OF	FO

NAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4577
Citizens For Restoring USA	
LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Kiger	Memo Item Election: Primary General
Mailing Address 339 Cocoanut Row	Other (specify)
City Palm Beach State FL ZIP	Code 33480
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
25.00	0.00 25.00
TERMS Date Incurred Date D	Due Interest Rate Secured:
M m / D d / Y Y Y Y M m / D d / 05 25 2016	Secured. Secured. 5/25/2017 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3. Schedule D. for this line	. If no Schedule D. carry forward to appropriate line of Summary.

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for each category of the Detailed Summary Page	FOR	LINE	13 OF	FO

NAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4578	
LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Kiger Mailing Address 339 Cocoanut Row	☐ Memo Item Election: ☐ Primary General ☐ Other (specify) ▼	
City Palm Beach State FL Z	IP Code 33480	
Original Amount of Loan Cumulative Payme		
	0.00 110.00	
TERMS Date Incurred Date	Due Interest Rate Secured:	
05 / 26 / 2016 / D D /	Y Y Secured. 5/26/2017 5.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional) 110.00 TOTALS This Period (last page in this line only) •		
Carry outstanding balance only to LINE 3, Schedule D, for this li	ne. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s)	PAGE	32
for each category of the Detailed Summary Page	FOR	LINE 1

OR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4579	
LOAN SOURCE Full Name (Last, First, Middle Initia Robert Kiger	Primary General	
Mailing Address 339 Cocoanut Row	Other (specify)	
City Palm Beach State F	ZIP Code 33480	
Original Amount of Loan Cumula	ative Payment To Date Balance Outstanding at Close of This Period	
20.00	20.00 0.00	
TERMS	Date Due laterat Date Occurred	
Date Incurred	Date Due Interest Rate Secured: D D / 5/31/2017 5.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan	Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP C	Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP C	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP C	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP C	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		