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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auth	orized Committee	0	Office Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5			
Citizens For Restoring	USA					
ADDRESS (number and street)	339 Cocoanut Row					
▼	Rear					
Check if different than previously reported. (ACC)	Palm Beach		FL L	33480		
2. FEC IDENTIFICATION NU	MBER ▼ CITY	<b>A</b>	STATE ▲	ZIP CODE ▲		
C C00575993	3. IS	THIS NEW (N) OR	AMEN (A)	NDED		
4. TYPE OF REPORT (Choose One)	Report Due On:	0 (M2) May 20 (Ms		Year Only)		
(a) Quarterly Reports:		20 (M3) Jun 20 (M6		(Non-Election Year Only)		
April 15 Quarterly Report (Q:		0 (M4) Jul 20 (M7)	Oct 20	(M10) Jan 31 (YE)		
July 15	PRF-Flection	Primary (12P)	General (12	G) Runoff (12R)		
Quarterly Report (Q2  October 15  Output No. Report (Q2)	Report for the:	Convention (12C)	Special (125	5)		
January 31	Fleekien	M M / D D /	Y Y Y Y Y	in the		
Year-End Report (YE  July 31 Mid-Year		on		State of		
Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R	Special (30S)		
Termination Report (TER)	Election	on//	Y = Y = Y	in the State of		
5. Covering Period 07	01 2018	through 09	30 /	2018		
I certify that I have examined this Type or Print Name of Treasurer	Kiger, Robert, , ,	ny knowledge and belief it is	true, correct and co	omplete.		
Signature of Treasurer  Kiger,	Robert, , ,	[Electronically Filed]	Date 10	13 / Y Y Y Y Y Y 2018		
NOTE: Submission of false, errone	ous, or incomplete information	may subject the person signing	this Report to the p	penalties of 52 U.S.C. § 3010		
Office Use				FEC FORM 3X Rev. 05/2016		

#### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Citizens For Restoring USA 07 01 2018 09 30 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.64 January 1, 2018 (b) Cash on Hand at - 10.69 Beginning of Reporting Period..... 35.00 1620.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1620.64 24.31 6(a) and 6(c) for Column B)..... 36.00 1632.33 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period - 11.69 - 11.69 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 709.00 Schedule C and/or Schedule D) ..... 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Citizens	For	Restoring	USA
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07 01 2018 09 30 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 1500.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized ..... (iii) TOTAL (add 1500.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 1500.00 0.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 35.00 120.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 1620.00 12, 13, 14, 15, 16, 17, and 18(c))....... 35.00 20. Total Federal Receipts 35.00 1620.00 (subtract Line 18(c) from Line 19) .......▶

#### **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  Expenditures	36.00	612.33		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	36.00	612.33		
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees 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		
, ,	4 4	0.00		
Loan Repayments Made	0.00	1020.00		
Loans MadeRefunds of Contributions To:  (a) Individuals/Persons Other	0.00	0.00		
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		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(20)  (a) Allocated Federal Election Activity  (from Schedule H6)	0))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	36.00	1632.33		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	36.00	1632.33		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page <b>5</b>
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)	0.00	1500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	1500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	36.00	612.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36.00	612.33

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

25 FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the 11b 11a 11c 12 Detailed Summary Page **X** 13 14 15

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) Citizens For Restoring USA Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kiger, Robert, , , Date of Receipt Mailing Address 339 Cocoanut Row 2018 15 City Zip Code State Transaction ID: SA13.4835 FL Palm Beach 33480 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Loan From Robert Kiger Receipt For: Aggregate Year-to-Date ▼ Primary General 110.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kiger, Robert, , , Date of Receipt Mailing Address 339 Cocoanut Row 2018 City State Zip Code Transaction ID: SA13.4836 FL Palm Beach 33480 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Loan From Robert Kiger Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 120.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 35.00 SUBTOTAL of Receipts This Page (optional)..... 35.00 TOTAL This Period (last page this line number only).....

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

PAGE 7 OF 25

		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4142
LOAN SOURCE Full Name (Last, First, M Kiger, Robert, , ,	iddle Initial)	N
Mailing Address 339 Cocoanut Row		General Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
900.00		0.00 900.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 08 M / D 12 D / Y 2015	M = M / D = D	/ 12/31/2016 5.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any)	to Loan Source	
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	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)		900.00
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 8 OF 25

		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4143
LOAN SOURCE Full Name (Last, First, M Kiger, Robert, , ,	iddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
300.00	-	76.00 224.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 09 M / D 16 D / Y 2015	M = M / D = D	/ 12/31/2016 5.00 % (apr) Yes <b>x</b> No
List All Endorsers or Guarantors (if any)	to Loan Source	
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 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)		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sc	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 9 OF 25

		Detailed Suffillary Fage FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4150
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	/liddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		General Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period
200.00	4	155.00 45.00
TERMS  Date Incurred	D	ate Due Interest Rate Secured:
M 09	M = M / D = D	/ 12/31/2016 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
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 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 (optiona	•	, 45.00
TOTALS This Period (last page in this line or		
Carry outstanding balance only to LINE 3. S	cnedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 10 OF 25

			Detailed Summary Page FOR LINE	13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transaction ID : SC/10.4	155
Citizens For Restoring US	A			
LOAN SOURCE Full Name (Last, First, Middle Initial)			N ☐ Memo Item Election: Primary	
Riger, Robert, , ,	Kiger, Robert, , ,			
Mailing Address 339 Cocoanut Ro	214		General Other (specify	) <b>▼</b>
Maining Address 339 Cocoanut Ro	OW		caller (speedily	, •
City		State	P Code	
Palm Beach		FL	33480	
Original Amount of Loan		Cumulative Pay	ent To Date Balance Outstanding at	Close of This Period
7 7	5.00	4	980.00	<b>-</b> 975.00
TERMS		_		
Date Incurred	Y Y	D M M / D D	Due Interest Rate	Secured:
12" 30 201	15		12/31/2016 5.00 % (apr)	Yes X No
List All Endorsers or Guaranto	rs (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:	
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Pag	e (optional)		<b>&gt;</b>	- 975.00
FOTALS This Period (last page in	this line on	ly)	······	
Carry outstanding balance only to	LINE 3. Sc	hedule D. for this	ne. If no Schedule D, carry forward to appropriate	line of Summary
,	_ 5, 50	_,		

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

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FOR LINE 13 OF FORM 3X

			Potation Carrinary Lago   Fort Elive 15 of Fortivi 5X
AME OF COMMITTEE (In Full Citizens For Restoring			Transaction ID: SC/10.4712
onizens i or itestoring	00/		
LOAN SOURCE Full Name Kiger, Robert, , ,	e (Last, First, M	iddle Initial)	Memo Item Election: Primary General
Mailing Address 339 Cocoan	ut Row		Other (specify) ▼
City		State	ZIP Code
Palm Beach		FL	33480
Original Amount of Loan		Cumulative Pa	ment To Date  Balance Outstanding at Close of This Period
	150.00		0.00 150.00
TERMS  Date Incurred	I	[	ate Due Interest Rate Secured:
M 08 / 18 / Y	2016 Y	M = M / D = D	/ 08/18/2017 5.00
List All Endorsers or Guara	antors (if any)	to Loan Source	
1. Full Name (Last, First, Mi	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mi	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mi	iddle Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This	Page (optional)		450.00
OTALS This Period (last page			130.00
arry outstanding balance onl	v to LINE 3 Sc	hedule D. for thi	s line. If no Schedule D. carry forward to appropriate line of Summary

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

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		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4714
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
35.00		0.00 35.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 09 M / D 23 D / Y 2016 Y	10 / 03	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
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 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)		35.00
TOTALS This Period (last page in this line only		
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 13 OF 25

		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4740
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	liddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		General  Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
70.00	-	0.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 12 / D 30 / Y 2016 Y	08 / 31	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
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 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)		70.00
TOTALS This Period (last page in this line on		line. If no Schedule D, carry forward to appropriate line of Summary.
Carry outstanding palance only to LINE 3. 50	nequie D. for this	ille, if no achequie D. Carry forward to appropriate line of Summary.

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

PAGE	14	OF	25	
FOR	I INE	13 OE	FORM 3Y	

		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4746
LOAN SOURCE Full Name (Last, First, M Kiger, Robert, , ,	iddle Initial)	N
Mailing Address 339 Cocoanut Row		General Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
12.00	7	0.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 03 M / D 27 D / Y 2017 Y	M = M / D = D	<sup>1</sup> 03/27/2018 5.00 <b>%</b> (apr) Yes <b>x</b> No
List All Endorsers or Guarantors (if any)	to Loan Source	
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 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)		12.00
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sc	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4757
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	N	
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
35.00	-	0.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 04 M / 19 J Y 2017	11 / 09	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
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 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)		33.00
TOTALS This Period (last page in this line only		
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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				Detailed Summary	Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			•		Trans	action ID : SC/10.4759
Citizens For Restoring USA	١					
LOAN SOURCE Full Name (Last, First, Middle Initial)  N					Item	Election:
Riger, Robert, , ,						Primary  General
Mailing Address 339 Cocoanut Row	,					Other (specify) ▼
3 3 3 3 3 3 3 3 3 3 Cocoanut Now						
City		State	ZIP Code			
Palm Beach		FL	33480			
Original Amount of Loan		Cumulative Pay	ment To Da	ate	Balan	ce Outstanding at Close of This Period
2	1.00	7		0.00		21.00
TERMS		-	-t- D.	lata a a a	. D-4-	0
Date Incurred	Y	M M M / D D	ate Due	Interest	_	Secured:
07 11 2017			07/1	1/2018	5.00	% (apr) Yes X No
List All Endorsers or Guarantors	(if any)	to Loan Source				
1. Full Name (Last, First, Middle II	nitial)		N	lame of Employer		
Mailing Address			С	Occupation		
City	State	ZIP Code	Δ	mount		
City	Otato	211 0000	G	Guaranteed Outstanding:		7
2. Full Name (Last, First, Middle Initial)			N	lame of Employer		
Mailing Address			C	Occupation		
City	State	ZIP Code	G	Amount Guaranteed		
3. Full Name (Last, First, Middle II	nitial)			Outstanding:	_	7 7 7
,	intialy		I N	lame of Employer		
Mailing Address			C	Occupation		
City	State	ZIP Code	G	Amount Guaranteed Dutstanding:		71171171
4. Full Name (Last, First, Middle II	nitial)		N	lame of Employer		
Mailing Address			C	Occupation		
City	State	ZIP Code	G	Amount Guaranteed Outstanding:		7 1 7 1 7 1
CURTOTAL O This Desired This D	( 1 : 1 )				_	
SUBTOTALS This Period This Page	(optional)			······	L.	21.00
TOTALS This Period (last page in thi	is line on	y)				. , ,
Carry outstanding balance only to L	INE 3. Sc	hedule D for this	line. If no	Schedule D. carry	/ forws	ard to appropriate line of Summary
carry catalananing balance only to L	5, 50		11 110	Concadio D, carry	, 101116	a to appropriate fine or outfillary.

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

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		Detailed Suffillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4760
		T =:
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	fiddle Initial)	Memo Item Election: Primary General
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State ZII	Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period
12.00	45	0.00
TERMS  Date Incurred	Date	Due Interest Rate Secured:
M 07	M = M / D = D /	07/24/2018 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
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 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	)	12.00
TOTALS This Period (last page in this line or		
Carry outstanding balance only to LINE 3. So	chedule D. for this lin	e. If no Schedule D, carry forward to appropriate line of Summary.

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

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			Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transaction ID : SC/10.4767
Citizens For Restoring l	JSA 		
LOAN SOURCE Full Name Kiger, Robert, , ,	(Last, First, Mi	ddle Initial)	N ☐ Memo Item Election:
Riger, Robert, , ,			Primary General
Mailing Address 339 Cocoanu	ıt Pow		Other (specify) ▼
3 3 3 3 3 GOLDANIC	it itow		
City		State	ZIP Code
Palm Beach		FL	33480
Original Amount of Loan		Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period
7 7	25.00	7	0.00 25.00
TERMS		5	ata Dua - Internat Data - Casurado
Date Incurred	2017 Y	M / D D D 21	ate Due Interest Rate Secured:  5.00  Yes Value
			0004
List All Endorsers or Guara	, ,,	o Loan Source	100 (5)
1. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This F	Page (optional)		25.00
TOTALS This Period (last page	in this line onl	y)	······
Carry outstanding balance only	to LINE 3, Sci	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4768
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, First Kiger, Robert, , ,	st, Middle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period
15.00		0.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 11	01 / 21	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Mailing Address		Cocupation
City	ziP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option		13.00
TOTALS This Period (last page in this line		
Carry outstanging palance only to LINE 3	s, scneaule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4769
3		
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	N ☐ Memo Item	
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
20.00		0.00 20.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 12 M / D 19 D / Y 2017	01 / 21	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
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 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)		20.00
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4818
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	liddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
35.00	-	0.00 35.00
TERMS  Date Incurred	Di	ate Due Interest Rate Secured:
M 05 / D 02 / Y Y 2018	M   M / D   D	/ 05/2/2019 5.00 % (apr) Yes <b>x</b> No
List All Endorsers or Guarantors (if any)	to Loan Source	
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 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)		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line on		line. If no Schedule D, carry forward to appropriate line of Summary.
Carry Outstanding Dalance Only to LINE 3. 50	neuule D. IOF INIS	inie. Il no ochequie di carry forward to appropriate line of Summary.

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		Detailed Suffillary Fage FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4820
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, First, Kiger, Robert, , ,	Middle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
15.00	1	0.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 05	M   M / D   D	5/17/2019 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
Mailing Address		Cocapation
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 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	l)	15.00
FOTALS This Period (last page in this line of		
Carry outstanging palance only to LINE 3. S	cneaule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) Citizens For Restoring US	A		Transaction ID : SC/10.4819
LOAN SOURCE Full Name (La Kiger, Robert, , ,	st, First, M	liddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row			Other (specify) ▼
City		State	ZIP Code
Palm Beach		FL	33480
Original Amount of Loan	35.00	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period  0.00  35.00
Date Incurred  M 05 / 22 / 201		M M / D D	ate Due Interest Rate Secured:  5.00 % (apr) Yes X No
List All Endorsers or Guaranto  1. Full Name (Last, First, Middle		to Loan Source	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 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 Pag			33.00
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4835
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	iddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
25.00	-	0.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 08 M / D 15 D / Y 2018	M M / D D	/ 9/15/2019 5.00 % (apr) Yes <b>x</b> No
List All Endorsers or Guarantors (if any)	to Loan Source	
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 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)		23.00
TOTALS This Period (last page in this line onl		
carry outstanding balance only to LINE 3. Sc	nequie D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.

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FOR LINE 13 OF FORM 3X

				Botanoa Garrinary	TOTALINE TO OF TOTAL SX
IAME OF COMMITTEE (In Full) Citizens For Restoring USA					Transaction ID : SC/10.4836
LOAN SOURCE Full Name (Last, Kiger, Robert, , ,	First, Mic	ddle Initial)		<b>N</b> Memo	Item Election: Primary General
Mailing Address 339 Cocoanut Row					Other (specify) ▼
City		State	ZIP Co	de	
Palm Beach		FL	3348	0	
Original Amount of Loan		Cumulative Pay	ment To	Date	Balance Outstanding at Close of This Period
10.	00			0.00	10.00
TERMS  Date Incurred		Da	ate Due	Interest	t Rate Secured:
M 09  / 19  / Y 2018	Y	M = M / D = D	/ Y 9/	15/2019	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (	• ,	Loan Source			
1. Full Name (Last, First, Middle Init	tial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	1 1 7 1 7 1 7 1
2. Full Name (Last, First, Middle Init	tial)	-		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	1171171171
3. Full Name (Last, First, Middle Init	tial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Init	tial)	-		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (c	optional) .			·····	10.00
FOTALS This Period (last page in this	line only	·)		<b>&gt;</b>	709.00
Carry outstanding balance only to LIN	IF 3 Sch	edule D for this	line If	no Schedule D. carry	y forward to appropriate line of Summary