FEC FORM 1	STATEMEN ORGANIZA	_	Office Use	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Citizens United t	o Repeal Citizens	United		
ADDRESS (number and street)	3207 Deer Ct			
(Check if address is changed)				
	Brandon └────────────────────────────────────		FL 33511 STATE ▲	
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	cutrcu@aol.com			
	Optional Second E-Mail Addre	255		1
COMMITTEE'S WEB PAGE AU	DDRESS (URL)			
	12 / Y Y Y Y 2018			
3. FEC IDENTIFICATION N	IUMBER ► C COO	674424		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined	this Statement and to the best of	my knowledge and belief it i	s true, correct and comp	lete.
Type or Print Name of Treasur	er Haynes, Charles, N, Mr,			
Signature of Treasurer	nes, Charles, N, Mr,	[Electronically Filed]	Date 04 / 13	
NOTE: Submission of false, error	neous, or incomplete information ma ANY CHANGE IN INFORMATION			es of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FORM 1 sed 06/2012)

Image# 201804139108019415

04/13/2018 11 : 19

•		-
FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE	
Candidate	Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Completinformation below.)	te the candidate
Name of Candidate		
Candidate Party Affiliati	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee:	
(d)		emocratic, publican, etc.) Pa
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization
	Corporation Corporation w/o Capital Stock	abor Organizatio
		cooperative
		ooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or pa
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Citizens United to Repeal Citizens United

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N																									
	Mailing Address																								
																				ļ		- [
						С	ITY								STA	ΤE				ZIF	P C(DDE			
	Relationship: C	onne	cted	Organization	Affi	liated	Con	nmitte	e	J	oint	Fund	raisir	ng F	Repre	esen	tativ	e	Le	ade	rship) PA	C S	pons	sor
7.	Custodian of Record books and records.	rds: I	den	tify by name,	address	s (pho	one r	numbe	er	opti	onal) and	l pos	sitio	n of	the	pers	on ii	1 ро	sses	ssior	ı of	com	nmitt	ee
		aynes	s, Cl	narles, N, Mr,																					
	Full Name																								
	Mailing Address			3207 Deer C																					
				Brandon											FL			335	511 			- [_			
	Title or Position					CI	ΤY							ç	STAT	E				ZIF	o co	DE			
	Treasurer										Tele	ephor	ne nu	umb	er	L	813		- [_	438	3	- [82	231	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Haynes, Charles, N, Mr,																	
of Treasurer																		
Mailing Address	3207 Deer Ct																	
	Brandon									FL		335	11			- _		
			CIT	Y					STA	ΛΤΕ				ZIF	P C	ODE		

Full Name of Designated Agent	Boyle, Kimberly, M, Ms,	
Mailing Address	807 Antler Ct	
	Brandon	
	CITY STATE ZIP CODE	
Title or Position Designated age	t 	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PNC B	ank		
Mailing Address	301 W. Brandon Blvd		
	Brandon	FL 33511	
_	CITY	STATE Z	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE Z	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v.FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: