

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Citizens For Restoring USA

ADDRESS (number and street) 339 Cocoanut Row Rear Palm Beach FL 33480 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00575993 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2017 through 09 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Kiger, Robert, , , Type or Print Name of Treasurer

Signature of Treasurer Kiger, Robert, , , [Electronically Filed] Date 10 / 13 / 2017

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Citizens For Restoring USA**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period              | COLUMN B<br>Calendar Year-to-Date    |
|--|--------------------------------------|--------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2017"/>  | <input type="text" value="97.39"/>   | <input type="text" value="97.39"/>   |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="- 20.36"/> |                                      |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="33.00"/>   | <input type="text" value="100.00"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="12.64"/>   | <input type="text" value="197.39"/>  |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="36.00"/>   | <input type="text" value="220.75"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="- 23.36"/> | <input type="text" value="- 23.36"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>    |                                      |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="1549.00"/> |                                      |

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Citizens For Restoring USA**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 0.00                          | 0.00                              |
| (ii) Unitemized .....   | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 0.00                          | 0.00                              |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 33.00                         | 100.00                            |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 33.00                         | 100.00                            |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 33.00                         | 100.00                            |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 36.00                         | 220.75                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 36.00                         | 220.75                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 36.00                         | 220.75                            |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 36.00                         | 220.75                            |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 0.00                                  | 0.00                                      |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 0.00                                  | 0.00                                      |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 36.00                                 | 220.75                                    |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 36.00                                 | 220.75                                    |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 6 OF 29  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input checked="" type="checkbox"/> 13                                  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens For Restoring USA**

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

Mailing Address 339 Coconut Row

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Palm Beach | State<br>FL | Zip Code<br>33480 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                     |
|---|-------------------------------------|
| Name of Employer (for Individual)<br>Self | Occupation (for Individual)<br>Self |
|---|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
88.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 11    |   | 2017        |

**Transaction ID : SA13.4759**

Amount of Each Receipt this Period  
21.00

Memo Item  
Loan From Robert Kiger

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

Mailing Address 339 Coconut Row

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Palm Beach | State<br>FL | Zip Code<br>33480 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                     |
|---|-------------------------------------|
| Name of Employer (for Individual)<br>Self | Occupation (for Individual)<br>Self |
|---|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 24    |   | 2017        |

**Transaction ID : SA13.4760**

Amount of Each Receipt this Period  
12.00

Memo Item  
Loan From Robert Kiger

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

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 33.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 33.00 |

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4142**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                   |                                    |   |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan<br>900.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>900.00 |
|-----------------------------------|------------------------------------|---|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>08 / 12 / 2015 | Date Due<br>MM / DD / YYYY<br>12/31/2016 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |        |
|---|---|--------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | 900.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4143**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                   |                                     |   |
|-----------------------------------|-------------------------------------|---|
| Original Amount of Loan<br>300.00 | Cumulative Payment To Date<br>76.00 | Balance Outstanding at Close of This Period<br>224.00 |
|-----------------------------------|-------------------------------------|---|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>09 / 16 / 2015 | Date Due<br>MM / DD / YYYY<br>12/31/2016 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |            |
|---|---|------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | [ ] 224.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4150**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                   |                                    |   |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan<br>200.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>200.00 |
|-----------------------------------|------------------------------------|---|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>09 / 28 / 2015 | Date Due<br>MM / DD / YYYY<br>12/31/2016 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |        |
|---|---|--------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | 200.00 |
| <b>TOTALS</b> 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.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4155**

|  |             |   |
|--|-------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>N</b> <input type="checkbox"/> Memo Item<br>Kiger, Robert, , , |             | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480   |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5.00                    | 980.00                     | - 975.00                                    |

**TERMS**

|                                       |                                   |               |   |
|---------------------------------------|-----------------------------------|---------------|---|
| Date Incurred                         | Date Due                          | Interest Rate | Secured:  |
| M M / D D / Y Y Y Y<br>12 / 30 / 2015 | M M / D D / Y Y Y Y<br>12/31/2016 | 5.00 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |

|   |          |
|---|----------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | - 975.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4575**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Cocoanut Row   |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|   |  |   |
|---|--|---|
| Original Amount of Loan<br><input type="text" value="75.00"/> | Cumulative Payment To Date<br><input type="text" value="55.00"/> | Balance Outstanding at Close of This Period<br><input type="text" value="20.00"/> |
|---|--|---|

**TERMS**

|  |  |  |   |
|--|--|--|---|
| Date Incurred<br><input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2016"/> | Date Due<br><input type="text" value="5/18/2017"/> | Interest Rate<br><input type="text" value="5.00"/> % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |          |   |
| Mailing Address                            | Occupation       |          |   |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |          |   |
| Mailing Address                            | Occupation       |          |   |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |   |
| Mailing Address                            | Occupation       |          |   |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

|   |                                    |
|---|------------------------------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <input type="text" value="20.00"/> |
| <b>TOTALS</b> This Period (last page in this line only) ..... | <input type="text"/>               |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4578**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Cocoanut Row   |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                   |                                    |   |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan<br>110.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>110.00 |
|-----------------------------------|------------------------------------|---|

**TERMS**

|   |   |                               |   |
|---|---|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>05 / 26 / 2016 | Date Due<br>MM / DD / YYYY<br>5/26/2017 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |        |
|---|---|--------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | 110.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4709**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                   |                                    |   |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan<br>140.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>140.00 |
|-----------------------------------|------------------------------------|---|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>07 / 18 / 2016 | Date Due<br>MM / DD / YYYY<br>07/18/2017 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |            |
|---|---|------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | [ ] 140.00 |
| <b>TOTALS</b> 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.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4710**

|  |             |   |
|--|-------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>N</b> <input type="checkbox"/> Memo Item<br>Kiger, Robert, , , |             | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480   |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 125.00                  | 0.00                       | 125.00                                      |

**TERMS**

|                                  |                              |               |   |
|----------------------------------|------------------------------|---------------|---|
| Date Incurred                    | Date Due                     | Interest Rate | Secured:  |
| MM / DD / YYYY<br>07 / 21 / 2016 | MM / DD / YYYY<br>07/21/2017 | 5.00 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |

|  |   |        |
|--|---|--------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....      | ▶ | 125.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4711**

|  |             |   |   |
|--|-------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480                             |   |

|                                   |                                    |   |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan<br>150.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>150.00 |
|-----------------------------------|------------------------------------|---|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>08 / 09 / 2016 | Date Due<br>MM / DD / YYYY<br>12 / 09 / 0007 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |        |
|---|---|--------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | 150.00 |
| <b>TOTALS</b> 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.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4712**

|  |             |   |
|--|-------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>N</b> <input type="checkbox"/> Memo Item<br>Kiger, Robert, , , |             | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |   |
| City<br>Palm Beach   | State<br>FL |   |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 150.00                  | 0.00                       | 150.00                                      |

**TERMS**

|                                  |                              |               |   |
|----------------------------------|------------------------------|---------------|---|
| Date Incurred                    | Date Due                     | Interest Rate | Secured:  |
| MM / DD / YYYY<br>08 / 18 / 2016 | MM / DD / YYYY<br>08/18/2017 | 5.00 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |

|   |   |        |
|---|---|--------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | 150.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4714**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Cocoanut Row   |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan<br>35.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>35.00 |
|----------------------------------|------------------------------------|--|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>09 / 23 / 2016 | Date Due<br>MM / DD / YYYY<br>10 / 03 / 0008 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |           |
|---|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | [ ] 35.00 |
| <b>TOTALS</b> 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.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4731**

|  |             |   |
|--|-------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>N</b> <input type="checkbox"/> Memo Item<br>Kiger, Robert, , , |             | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Cocoanut Row   |             |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480   |

|                                   |                                    |   |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan<br>115.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>115.00 |
|-----------------------------------|------------------------------------|---|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>10 / 19 / 2016 | Date Due<br>MM / DD / YYYY<br>10/19/2017 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |            |
|---|---|------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | [ ] 115.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4732**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan<br>25.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>25.00 |
|----------------------------------|------------------------------------|--|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>10 / 19 / 2016 | Date Due<br>MM / DD / YYYY<br>10/19/2017 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |           |
|---|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | [ ] 25.00 |
| <b>TOTALS</b> 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.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4733**

|  |             |   |   |
|--|-------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Cocoanut Row   |             |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480                             |   |

|                                   |                                    |   |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan<br>100.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>100.00 |
|-----------------------------------|------------------------------------|---|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>10 / 29 / 2016 | Date Due<br>MM / DD / YYYY<br>10/29/2017 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |            |
|---|---|------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | [ ] 100.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4738**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Cocoanut Row   |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan<br>20.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>20.00 |
|----------------------------------|------------------------------------|--|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>12 / 02 / 2016 | Date Due<br>MM / DD / YYYY<br>12 / 02 / 0011 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |           |
|---|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | [ ] 20.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4739**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Cocoanut Row   |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan<br>40.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>40.00 |
|----------------------------------|------------------------------------|--|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>12 / 19 / 2016 | Date Due<br>MM / DD / YYYY<br>11 / 03 / 0011 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |       |
|---|---|-------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | 40.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4740**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan<br>70.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>70.00 |
|----------------------------------|------------------------------------|--|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>12 / 30 / 2016 | Date Due<br>MM / DD / YYYY<br>08 / 31 / 0011 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |           |
|---|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | [ ] 70.00 |
| <b>TOTALS</b> 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.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4744**

|  |             |   |
|--|-------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>N</b> <input type="checkbox"/> Memo Item<br>Kiger, Robert, , , |             | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |   |
| City<br>Palm Beach   | State<br>FL |   |

|                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan<br>10.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>10.00 |
|----------------------------------|------------------------------------|--|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>02 / 15 / 2017 | Date Due<br>MM / DD / YYYY<br>02 / 15 / 2018 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |           |
|---|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | [ ] 10.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4745**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Cocoanut Row   |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan<br>10.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>10.00 |
|----------------------------------|------------------------------------|--|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>03 / 15 / 2017 | Date Due<br>MM / DD / YYYY<br>03 / 15 / 2018 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |           |
|---|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | [ ] 10.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4746**

|  |             |                   |  |   |
|--|-------------|-------------------|--|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> N <input type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Cocoanut Row   |             |                   |  |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |  |   |

|                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan<br>12.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>12.00 |
|----------------------------------|------------------------------------|--|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>03 / 27 / 2017 | Date Due<br>MM / DD / YYYY<br>03/27/2018 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |           |
|---|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | [ ] 12.00 |
| <b>TOTALS</b> 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.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4757**

|  |             |   |   |
|--|-------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             | <b>N</b> <input type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480                           |   |

|                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan<br>35.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>35.00 |
|----------------------------------|------------------------------------|--|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>04 / 19 / 2017 | Date Due<br>MM / DD / YYYY<br>11 / 09 / 0003 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |       |
|---|---|-------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | 35.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4759**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan<br>21.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>21.00 |
|----------------------------------|------------------------------------|--|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>07 / 11 / 2017 | Date Due<br>MM / DD / YYYY<br>07/11/2018 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |           |
|---|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | [ ] 21.00 |
| <b>TOTALS</b> 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.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Citizens For Restoring USA** Transaction ID : **SC/10.4760**

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Kiger, Robert, , , |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 339 Coconut Row  |             |                   |   |   |
| City<br>Palm Beach   | State<br>FL | ZIP Code<br>33480 |   |   |

|                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan<br>12.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>12.00 |
|----------------------------------|------------------------------------|--|

**TERMS**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Date Incurred<br>MM / DD / YYYY<br>07 / 24 / 2017 | Date Due<br>MM / DD / YYYY<br>07/24/2018 | Interest Rate<br>5.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|  |   |         |
|--|---|---------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....      | ▶ | 12.00   |
| <b>TOTALS</b> This Period (last page in this line only)..... | ▶ | 1549.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.