24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		
RESTORE THE CONSTITUTION COALITION		C C00584482
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Amagi Strategies		Date of Public Distribution/Dissemination
		08 / 23 / 2016
Mailing Address 424 E 10th Street		Amount
City State	Zip Code	10000.00
New York NY	20009	Transaction ID : WFT20167231443-1 Date of Disbursement or Obligation
Purpose of Expenditure Reimbursment for list purchase for email communications	Category/ Type	08 / 23 / 2016
Name of Federal Candidate	Support (Office Sought: House District:
Ward Kelli	Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	·	Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
City State	Zip Code	
Purpose of Expenditure		Date of Disbursement or Obligation
ruipose oi Experialtare	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
		Guier (specify) P
(a) SUBTOTAL of Itemized Independent Expenditures		10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		10000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Hornaday Alexander [Electron	ically Filed] Date	08 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y