

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
Restore American Freedom and Liberty

ADDRESS (number and street) 1624 Market Street
Suite 202
Denver CO 80202
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00570903

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

<input checked="" type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 through M M / D D / Y Y Y Y Y Y 11 / 28 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hornaday, Alexander, , ,

Type or Print Name of Treasurer

Signature of Treasurer Hornaday, Alexander, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 07 / 2016

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Restore American Freedom and Liberty

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		127449.57
(b) Cash on Hand at Beginning of Reporting Period.....	127449.57	
(c) Total Receipts (from Line 19)	18877.00	18877.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	146326.57	146326.57
7. Total Disbursements (from Line 31).....	63000.00	63000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	83326.57	83326.57
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Write or Type Committee Name

Restore American Freedom and Liberty

Report Covering the Period: From: MM / DD / YYYY 10 / 20 / 2016 To: MM / DD / YYYY 11 / 28 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8550.00	8550.00
(ii) Unitemized	10327.00	10327.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	18877.00	18877.00
(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)	18877.00	18877.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
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)).....▶	18877.00	18877.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18877.00	18877.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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	500.00	500.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	500.00	500.00
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)	62500.00	62500.00
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)) ..	63000.00	63000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63000.00	63000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18877.00	18877.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18877.00	18877.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	500.00	500.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	500.00	500.00

**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 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input 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)
Restore American Freedom and Liberty

A. Anderson, Claudia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1625 W Lois meadows Ct
 City Bluffdale State UT Zip Code 84065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2016
Transaction ID : SA11AI.4422
 Amount of Each Receipt this Period 500.00
 Memo Item
 Independent expenditures

B. cavanaugh, patt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7850 el sendero number 10
 City scottsdale State AZ Zip Code 85266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2016
Transaction ID : SA11AI.4430
 Amount of Each Receipt this Period 500.00
 Memo Item
 Independent expenditures

C. Dox, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14603 El Puente Way
 City Saratoga State CA Zip Code 95070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) sleeping
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2016
Transaction ID : SA11AI.4502
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**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 7 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Restore American Freedom and Liberty

A. Hilton, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 678 Lockette Ln
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2016
Transaction ID : SA11AI.4339
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Independent expenditures

B. Hord, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1057 Abington Ct
 City Brookhaven State GA Zip Code 30319-1129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ASPC Occupation (for Individual) Physician
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : SA11AI.4524
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Independent expenditures

C. Kubiak, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2035 Rue De ST Germaine
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) robert@millgroupusa.com Occupation (for Individual) Sales
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.4393
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**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 8 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Restore American Freedom and Liberty

A. Large, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 698 Mccowan St
 City Flatwoods State KY Zip Code 41139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Magnum Drilling Inc Oil and Gas Drilling
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2016
Transaction ID : SA11AI.4271
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

B. lohr, kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 55
 City cambridge State NY Zip Code 12816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 self corp pres
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : SA11AI.4132
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Independent expenditures

C. Pescio, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2082 Idaho St
 City Elko State NV Zip Code 89801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self employed Business owner
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2016
Transaction ID : SA11AI.4450
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Restore American Freedom and Liberty

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Trice, Marvin, , ,

Mailing Address 6911 Cutten Pkwy

City Houston State TX Zip Code 77069

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

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2016

Transaction ID : SA11AI.4370

Amount of Each Receipt this Period
 50.00

Memo Item
 Independent expenditures

B. 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	8550.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Restore American Freedom and Liberty

Full Name (Last, First, Middle Initial)

A. The Law Office of Alexander Hornaday

Mailing Address 1624 Market Street
Suite 202

City Denver State CO Zip Code 80202

Purpose of Disbursement
LEgal and Compliance

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4532
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Restore American Freedom and Liberty
FEC IDENTIFICATION NUMBER
C C00570903

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Amagi Strategies
Mailing Address 424 E 10th Ave 4C
City New York State NY Zip Code 10009
Purpose of Expenditure List Reimbursement and electron icelectioneering
Category/Type 004
Date of Public Distribution/Dissemination 11/02/2016
Amount 29000.00
Transaction ID: SE.4534
Date of Disbursement or Obligation 11/02/2016

Name of Federal Candidate: Trump, Donald, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee Amagi Strategies
Mailing Address 424 E 10th Ave 4C
City New York State NY Zip Code 10009
Purpose of Expenditure List reimbursement and electronic electioneering
Category/Type 004
Date of Public Distribution/Dissemination 11/02/2016
Amount 17500.00
Transaction ID: SE.4537
Date of Disbursement or Obligation 11/02/2016

Name of Federal Candidate: Lee, Mike, ,
Support Oppose
Office Sought: House Senate State: UT
President
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 46500.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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, , [Electronically Filed]
Signature Date 12/07/2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Restore American Freedom and Liberty	FEC IDENTIFICATION NUMBER ▼ C C00570903
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Amagi Strategies			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 424 E 10th Ave 4C			Amount <input type="text"/> 5000.00		
City New York	State NY	Zip Code 10009			
Purpose of Expenditure List reimbursment and electronic electioneering		Category/ Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Clinton, Hillary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5000.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Amagi Strategies			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 424 E 10th Ave 4C			Amount <input type="text"/> 3000.00		
City New York	State NY	Zip Code 10009			
Purpose of Expenditure List reimbursement and electronic electioneerings		Category/ Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Rubio, Marco, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 8000.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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, , , **[Electronically Filed]** Date / /
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Restore American Freedom and Liberty	FEC IDENTIFICATION NUMBER ▼ C C00570903
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Amagi Strategies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 424 E 10th Ave 4C	Amount <input type="text"/> 2000.00
City New York State NY Zip Code 10009	
Purpose of Expenditure List reimbursement and electronic electioneering	Transaction ID : SE.4543 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: lankford, James, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Amagi Strategies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 424 E 10th Ave 4C	Amount <input type="text"/> 2000.00
City New York State NY Zip Code 10009	
Purpose of Expenditure List reimbursment and elctronic elctioneering	Transaction ID : SE.4545 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Jordan, James, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 4000.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Restore American Freedom and Liberty	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00570903 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Amagi Strategies	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2016
Mailing Address 424 E 10th Ave 4C	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 2000.00 </div> Transaction ID : SE.4547 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2016
City State Zip Code New York NY 10009	
Purpose of Expenditure List reimbursement and electronic electioneering	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Love, Mia, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: UT
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 2000.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Amagi Strategies	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2016
Mailing Address 424 E 10th Ave 4C	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 2000.00 </div> Transaction ID : SE.4549 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2016
City State Zip Code New York NY 10009	
Purpose of Expenditure List reimbursement and electronic electioneering	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Toomey, Pat, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: PA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 2000.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 4000.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 62500.00 </div>

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, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 07 / 2016

Signature