FEC FORM 1	STATEMEN ORGANIZA		PAG Office Use Only	E 1 / 5 —
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Citizens United to	o Repeal Citizens	United		
ADDRESS (number and street)	3207 Deer Ct			
Check if address is changed)	Brandon └ / / / / / / / / / / / / / / / / / / /		FL 33511   STATE ▲ ZIP COD	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	cutrcu@gmail.com			
	Optional Second E-Mail Add cnhaynes@gmail.con	ress 1 		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 03 / 20				
3. FEC IDENTIFICATION N	JMBER ► C CO	0674424		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best o	of my knowledge and belief it	is true, correct and complete.	
Type or Print Name of Treasure	r Boyle, Kimberly, M., Ms.,			
Signature of Treasurer	r, Kimberly, M., Ms.,	[Electronically Filed]	Date 03 / 27 / Y	y y y y 2018
NOTE: Submission of false, erron	eous, or incomplete information n ANY CHANGE IN INFORMATIO		this Statement to the penalties of 2 U.S /ITHIN 10 DAYS.	S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		

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TYP	E OF C	OMMITTEE	
Can	ndidate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
Nam Cano	ie of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	ie of didate		
Par	ty Con	nmittee:	
(d)			emocratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a
		Corporation Corporation w/o Capital Stock	_abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segr committee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Citizens United to Repeal Citizens United

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

N	ONE					
	Mailing Address					
		CITY			STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Co	ommittee Joi	nt Fundraising F	Representative Le	eadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	ify by name, address (phone	number option	nal) and positio	n of the person in po	ssession of committee
		perly, M., Ms.,				
	Full Name	807 Antler Ct.				
	Mailing Address					
		Brandon			FL 33511	
	Title or Position	CITY			STATE	ZIP CODE
	Treasurer		т	elephone numb	ber 813 –	485 4849

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

Full Name	Boyle, Kimberly, M., Ms.,																	
of Treasurer																		
Mailing Address	807 Antler Ct																	
	Brandon								FL		33	511						
	Brandon			/					FL ATE		33	511	Z	IP (				

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Full Name of Designated Agent								I	I																					
Mailing Address																														
																							L							
							СІЛ	ΓY											STA	ΤE					ZII	PC	COD	Ε		
Title or Position																														
														Tele	eph	ione	e ni	umt	ber											

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

Name of Bank, Depository, etc.

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

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

Form/Schedule: F1N Transaction ID :

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

Form/Schedule: Transaction ID: