

# 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 the Constitution Coalition

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

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

C C00584482

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 type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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 07 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 09 / 30 / 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 10 / 16 / 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)

Page 2

Write or Type Committee Name

**Restore the Constitution Coalition**

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"/>		57559.00
(b) Cash on Hand at Beginning of Reporting Period.....	57559.00	
(c) Total Receipts (from Line 19) .....	18429.98	18429.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	75988.98	75988.98
7. Total Disbursements (from Line 31).....	15097.16	15097.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	60891.82	60891.82
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Restore the Constitution Coalition**

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

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).....	3190.00	3190.00
(ii) Unitemized .....	15239.98	15239.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18429.98	18429.98
(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) .....	18429.98	18429.98
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)).....▶	18429.98	18429.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18429.98	18429.98

**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 .....	1500.00	1500.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1500.00	1500.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2597.16	2597.16
24. Independent Expenditures (use Schedule E) .....	11000.00	11000.00
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)) ..	15097.16	15097.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15097.16	15097.16

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18429.98	18429.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18429.98	18429.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1500.00	1500.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1500.00	1500.00

**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 13
<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 the Constitution Coalition**

**A. cuba, philip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 misty ridge Mnr  
 City atlanta State GA Zip Code 30327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Systems Improvement Group, Inc. Occupation (for Individual) software developer  
 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  
 09 / 15 / 2016  
**Transaction ID : SA11AI.4699**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Independent expenditures

**B. Gaines, Gay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Breakers Row N 35  
 City Palm Beach State FL Zip Code 33480  
 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 ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2016  
**Transaction ID : SA11AI.4535**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Independent expenditures

**C. Lorenz, Alonah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 40th Ave SE  
 City Benson State MN Zip Code 56215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2016  
**Transaction ID : SA11AI.4833**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 Conduit Contribution for Ward for Senate C00581843

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1540.00
<b>TOTAL</b> 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 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Restore the Constitution Coalition**

**A. Lorenz, Alonah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 40th Ave SE  
 City Benson State MN Zip Code 56215  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2016  
**Transaction ID : SA11AI.4718**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Independent expenditures

**B. Meyers, Colonel USA Ret, John V., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 Sandy Ridge Loop  
 City Pawleys Island State SC Zip Code 29585  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Colonel US Army Retiered Occupation (for Individual) Retiered  
 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  
 07 / 21 / 2016  
**Transaction ID : SA11AI.4353**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Independent expenditures

**C. pistorino, john, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6535 SW 123 St  
 City pinecrest State FL Zip Code 33156  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) pistorino and alam engineers Occupation (for Individual) professional engineer  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2016  
**Transaction ID : SA11AI.4278**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Independent expenditures

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> 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 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Restore the Constitution Coalition**

**A. pistorino, john, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6535 SW 123 St  
 City pinecrest State FL Zip Code 33156  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) pistorino and alam engineers Occupation (for Individual) professional engineer  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2016  
**Transaction ID : SA11AI.4395**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Independent expenditures

**B. Simpson, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 CARLISLE Rd  
 City Birmingham State AL Zip Code 35213  
 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 M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : SA11AI.4357**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Independent expenditures

**C. Weaver, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 82 skiff Ln  
 City port ludlow State WA Zip Code 98365  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2016  
**Transaction ID : SA11AI.4226**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Independent expenditures

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 9 OF 13
<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 the Constitution Coalition**

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

Mailing Address 82 skiff Ln

City port ludlow	State WA	Zip Code 98365
---------------------	-------------	-------------------

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.4271**

Amount of Each Receipt this Period  
100.00

Memo Item  
Independent expenditures

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

Mailing Address 82 skiff Ln

City port ludlow	State WA	Zip Code 98365
---------------------	-------------	-------------------

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
07		16		2016

**Transaction ID : SA11AI.4285**

Amount of Each Receipt this Period  
100.00

Memo Item  
Independent expenditures

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

Mailing Address 82 skiff Ln

City port ludlow	State WA	Zip Code 98365
---------------------	-------------	-------------------

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2016

**Transaction ID : SA11AI.4288**

Amount of Each Receipt this Period  
100.00

Memo Item  
Independent expenditures

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 10 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Restore the Constitution Coalition**

**A. Weaver, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 82 skiff Ln  
 City port ludlow State WA Zip Code 98365  
 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 ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2016  
**Transaction ID : SA11AI.4668**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Independent expenditures

**B. Weaver, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 82 skiff Ln  
 City port ludlow State WA Zip Code 98365  
 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 ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2016  
**Transaction ID : SA11AI.4722**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Independent expenditures

**C. Wilson, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6424 Pemberton Dr  
 City Dallas State TX Zip Code 75230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JLL Occupation (for Individual) Real Estate  
 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  
 07 / 25 / 2016  
**Transaction ID : SA11AI.4414**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Independent expenditures

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	3190.00

**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

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NAME OF COMMITTEE (In Full)  
**Restore the Constitution Coalition**

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:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4856**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4858**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4860**  
Amount of Each Disbursement this Period

Memo Item

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

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 the Constitution Coalition**

**A. Friends of Mike Lee**

Full Name (Last, First, Middle Initial)  
Mailing Address 10 West Broadway Suite 202  
City Salt Lake City State UT Zip Code 84101  
Purpose of Disbursement Conduit Contributions  
Candidate Name Lee, Mike, , ,  
Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: UT District:

Date of Disbursement 07 / 07 / 2016  
FEC Identification Number C00473827  
Transaction ID : SB23.4844  
Amount of Each Disbursement this Period 287.16  
 Memo Item

**B. Ward For Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address 1900 MCCULLOCH BLVD N 3D-228  
City Lake Havasu State AZ Zip Code 86403  
Purpose of Disbursement Conduit Contribution  
Candidate Name Ward For Senate  
Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: AZ District:

Date of Disbursement 07 / 07 / 2016  
FEC Identification Number C00581843  
Transaction ID : SB23.4847  
Amount of Each Disbursement this Period 1280.00  
 Memo Item

**C. Ward For Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address 1900 MCCULLOCH BLVD N 3D-228  
City Lake Havasu State AZ Zip Code 86403  
Purpose of Disbursement Conduit Contributions  
Candidate Name Ward, Kelli, , ,  
Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: AZ District:

Date of Disbursement 09 / 08 / 2016  
FEC Identification Number C00581843  
Transaction ID : SB23.4850  
Amount of Each Disbursement this Period 1030.00  
 Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2597.16
<b>TOTAL</b> This Period (last page this line number only).....▶	2597.16

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

NAME OF COMMITTEE (In Full) <b>Restore the Constitution Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00584482                 </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 <b>Amagi Strategies</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 23 / 2016
Mailing Address 424 E 10th Street 3D	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     10000.00                 </div> Transaction ID : <b>SE.4854</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 23 / 2016
City State Zip Code New York NY 20009	
Purpose of Expenditure Reimbursement for List Use for digital communications Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Ward, Kelli, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">10000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Facebook.com</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2016
Mailing Address Facebook Headquarters 1 Hacker Way	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     1000.00                 </div> Transaction ID : <b>SE.4851</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2016
City State Zip Code Menlo Park CA 94025	
Purpose of Expenditure Facebook Ads to Support Liz Cheney Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Cheney, Liz, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 11000.00             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 _____             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 11000.00             </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  
10 / 16 / 2016

Signature