

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 MM / DD / YYYYYY 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 MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

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 MM / DD / YYYYYY

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 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"/>	<input type="text" value="39717.06"/>	<input type="text" value="39717.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39717.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="82062.64"/>	<input type="text" value="82062.64"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="121779.70"/>	<input type="text" value="121779.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="81428.07"/>	<input type="text" value="81428.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40351.63"/>	<input type="text" value="40351.63"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: 07 / 01 / 2016 To: 09 / 30 / 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).....	34416.00	34416.00
(ii) Unitemized	47646.64	47646.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	82062.64	82062.64
(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)	82062.64	82062.64
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)).....▶	82062.64	82062.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	82062.64	82062.64

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	66458.07	66458.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	66458.07	66458.07
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)	14970.00	14970.00
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)) ..	81428.07	81428.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81428.07	81428.07

DETAILED SUMMARY PAGE
of Disbursements

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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)	82062.64	82062.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	82062.64	82062.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	66458.07	66458.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	66458.07	66458.07

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 35
	<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	

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, Pennie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 Beach Manor Ter

City Venice	State FL	Zip Code 34285
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
---	--

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		22		2016

Transaction ID : SA11AI.4883

Amount of Each Receipt this Period
500.00

Memo Item
Independent expenditures

B. Bacon, Jeremiah, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 Cooke St

City Charleston,	State SC	Zip Code 29492
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

Transaction ID : SA11AI.4560

Amount of Each Receipt this Period
25.00

Memo Item
Independent expenditures

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

Mailing Address 109 Cooke St

City Charleston,	State SC	Zip Code 29492
---------------------	-------------	-------------------

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

Name of Employer (for Individual) None	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
09		10		2016

Transaction ID : SA11AI.4556

Amount of Each Receipt this Period
25.00

Memo Item
Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	550.00
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 35
	<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. Bacon, Jeremiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Cooke St
 City Charleston, State SC Zip Code 29492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : SA11AI.4563
 Amount of Each Receipt this Period 25.00
 Memo Item
 Independent expenditures

B. Bacon, Jeremiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Cooke St
 City Charleston, State SC Zip Code 29492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 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
 09 / 30 / 2016
Transaction ID : SA11AI.4564
 Amount of Each Receipt this Period 25.00
 Memo Item
 Independent expenditures

C. Bauman, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Chestnut St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 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 / 22 / 2016
Transaction ID : SA11AI.4129
 Amount of Each Receipt this Period 500.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 35
<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. Bauman, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Chestnut St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA11AI.4132
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

B. Beckstead, Rob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1626 E 6520 South
 City Salt Lake City State UT Zip Code 84121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A 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
 09 / 11 / 2016
Transaction ID : SA11AI.5640
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

C. bennetts, kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5511 weston Dr
 City fulshear State TX Zip Code 77441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) presco inc Occupation (for Individual) geologist
 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
 09 / 08 / 2016
Transaction ID : SA11AI.5449
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	750.00
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 9 OF 35
<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. bostic, robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 742 Golf Dr
 City venice State FL Zip Code 34285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) capatlantic 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
 08 / 05 / 2016
Transaction ID : SA11AI.4879
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

B. Bozic, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Trimont Lane
 City Pittsburgh State PA Zip Code 15212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 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 / 30 / 2016
Transaction ID : SA11AI.4314
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Independent expenditures

C. Brannan, james, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address pob 10250
 City Torrance State CA Zip Code 90505
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : SA11AI.5790
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 10 OF 35
<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. Brown, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 C Patriot Ridge Dr
 City Wheelersburg State OH Zip Code 45694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Proactive Occupational Medicine, Inc Occupation (for Individual) Small Business Owner
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA11AI.5017
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

B. Burton, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304281 E 1800 Rd
 City Ratliff City State OK Zip Code 73481
 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 08 / 02 / 2016
Transaction ID : SA11AI.5324
 Amount of Each Receipt this Period 500.00
 Memo Item
 Independent expenditures

C. Carlisle, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO 267
 City Stratham State NH Zip Code 03885-0267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leveraged Developments LLC Occupation (for Individual) Medical Systems Designer
 Receipt For: 2016
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : SA11AI.6106
 Amount of Each Receipt this Period 500.00
 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 11 OF 35
	<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. Caston, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4648 Boyd Ave
 City Groves State TX Zip Code 77619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aker Solutions Occupation (for Individual) Vice President | BD| MMO/AIM
 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
 08 / 20 / 2016
Transaction ID : SA11AI.5467
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

B. Comer, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24608A Brighton Dr
 City Valencia State CA Zip Code 91355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Print Broker
 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
 07 / 06 / 2016
Transaction ID : SA11AI.5805
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Independent expenditures

C. Crowson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5611 Jordan Rd
 City Bethesda State MD Zip Code 20816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Teacher Occupation (for Individual) Self Employed
 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
 08 / 08 / 2016
Transaction ID : SA11AI.4424
 Amount of Each Receipt this Period 500.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 12 OF 35
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Cudzewicz, Alexander, , ,

Mailing Address 10659 E Karen Dr

City Scottsdale	State AZ	Zip Code 85255
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Financial Advisor
--	--

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		27		2016

Transaction ID : SA11AI.5665

Amount of Each Receipt this Period
250.00

Memo Item
Independent expenditures

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Davis, Philip, , ,

Mailing Address 11655 Gold Country Blvd

City Gold River	State CA	Zip Code 95670
--------------------	-------------	-------------------

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

Name of Employer (for Individual) None	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
08		08		2016

Transaction ID : SA11AI.6014

Amount of Each Receipt this Period
250.00

Memo Item
Independent expenditures

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

Mailing Address 517 Gunsmoke Trl

City Lusby	State MD	Zip Code 20657
---------------	-------------	-------------------

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

Name of Employer (for Individual) Wyle Laboratories	Occupation (for Individual) Engineering Manager
--	--

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
07		11		2016

Transaction ID : SA11AI.4418

Amount of Each Receipt this Period
1000.00

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 13 OF 35
	<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 American Freedom and Liberty

A. dossey, patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 basswood Dr
 City san antonio State TX Zip Code 78213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) unemployed Occupation (for Individual) unemployed
 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
 09 / 29 / 2016
Transaction ID : SA11AI.5494
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

B. Fiscus, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 Kincaid Ave NW
 City Wilson State NC Zip Code 27893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilson Ob/Gyn Occupation (for Individual) Physician
 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 / 26 / 2016
Transaction ID : SA11AI.4511
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

C. fisher, mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3606 tangley Rd
 City houston State TX Zip Code 77005
 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
 08 / 04 / 2016
Transaction ID : SA11AI.5409
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	750.00
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 14 OF 35
(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. Goodman, Marsha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5364 chandley farm Cir
 City Centreville State VA Zip Code 20120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Giant food Cashier
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 05 / 2016
Transaction ID : SA11AI.4403
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

B. Goodstein, Jeanine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9198 SW 128th Ln
 City Miami State FL Zip Code 33176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UTA EX. VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 04 / 2016
Transaction ID : SA11AI.4786
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

C. Green, W Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 194 Bonner Rd
 City Carrollton State GA Zip Code 30117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Retired Retired
 Receipt For: 2016
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 09 / 27 / 2016
Transaction ID : SA11AI.4632
 Amount of Each Receipt this Period
 1000.00
 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 15 OF 35
<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. Grilliot, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 Murrell Dr
 City Kettering State OH Zip Code 45429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APEC Occupation (for Individual) Consultant
 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
 09 / 12 / 2016
Transaction ID : SA11AI.5011
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

B. Harris, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1389
 City Brazoria, Tx State TX Zip Code 77422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Consultant pharmacist
 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
 08 / 02 / 2016
Transaction ID : SA11AI.5445
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

C. Harris, Randall, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 755 Nautilus Ct
 City Marco Island State FL Zip Code 34145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None 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 / 13 / 2016
Transaction ID : SA11AI.4867
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	750.00
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 16 OF 35
<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. Hickman, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5007 Field and Stream Rd

City Raleigh	State NC	Zip Code 27613
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NA	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	/	14	/	2016

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period
250.00

Memo Item
Independent expenditures

B. Hillman, Tatnall, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 W Bleeker St

City Aspen	State CO	Zip Code 81611
---------------	-------------	-------------------

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

Name of Employer (for Individual) None	Occupation (for Individual) Retired
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2016

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period
2500.00

Memo Item
Independent expenditures

C. Holson III, Richard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1885 S James Ct

City Lake Forest	State IL	Zip Code 60045
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Guarantee Trust Life	Occupation (for Individual) Executive
---	--

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
09	/	19	/	2016

Transaction ID : SA11AI.5172

Amount of Each Receipt this Period
1000.00

Memo Item
Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 17 OF 35
	<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. Huang, Ruth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5711 Deloache Ave
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) none
 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
 09 / 29 / 2016
Transaction ID : SA11AI.5347
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

B. Keller, Paul W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15911 Edwards Dr
 City Austin State TX Zip Code 78734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Engineering Co. Inc Occupation (for Individual) Engineer
 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 / 12 / 2016
Transaction ID : SA11AI.5514
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

C. Keller, Paul W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15911 Edwards Dr
 City Austin State TX Zip Code 78734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Engineering Co. Inc Occupation (for Individual) Engineer
 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
 08 / 03 / 2016
Transaction ID : SA11AI.5517
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	750.00
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 18 OF 35
	<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 American Freedom and Liberty

A. Kerr, Albert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5206 W 98th Ter
 City Overland Park Ks State KS Zip Code 66207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Engineer
 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
 09 / 08 / 2016
Transaction ID : SA11AI.5252
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

B. Kyle, Kirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1018 SW 14th St
 City Boca Raton State FL Zip Code 33486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kyle Plumbing II, Inc. Occupation (for Individual) Plumbing Contractor
 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.4812
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

C. Leonard, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2067
 City Edgewood State NM Zip Code 87015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) RETIRED
 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 / 12 / 2016
Transaction ID : SA11AI.5721
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 19 OF 35
	<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. Lowrance, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 NE Clifton Rd
 City Atlanta State GA Zip Code 30307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none 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 / 09 / 2016
Transaction ID : SA11AI.4661
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

B. Mattison, Philip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 808 Prospect Ave
 City Osceola State WI Zip Code 54020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Core Products Occupation (for Individual) President
 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 / 14 / 2016
Transaction ID : SA11AI.5119
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

C. Mcgivaren, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4233 wilderness Rd
 City birmingham State AL Zip Code 35213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) lawyer
 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
 08 / 02 / 2016
Transaction ID : SA11AI.4909
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	750.00
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 20 OF 35
	<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 American Freedom and Liberty

A. McIntyre, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Salvi Dr

City Framingham	State MA	Zip Code 01701
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Housewife
---	--

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		15		2016

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period
250.00

Memo Item
Independent expenditures

B. Miller, Harry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5648 Shady Riv

City Houston	State TX	Zip Code 77056
-----------------	-------------	-------------------

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

Name of Employer (for Individual) HFF, L.P.	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		02		2016

Transaction ID : SA11AI.5417

Amount of Each Receipt this Period
250.00

Memo Item
Independent expenditures

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

Mailing Address 93 Poplar St

City Franklin	State TN	Zip Code 37064
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MNA	Occupation (for Individual) Owner
--	--------------------------------------

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
08		04		2016

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period
250.00

Memo Item
Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	750.00
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 21 OF 35
<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. Newell, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 Foster Ln
 City Somerset State KY Zip Code 42503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Sales
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11AI.4987
 Amount of Each Receipt this Period 500.00
 Memo Item
 Independent expenditures

B. Pagano, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5084 Chedworth Dr
 City Stone Mountain State GA Zip Code 30087
 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 09 / 12 / 2016
Transaction ID : SA11AI.4619
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

C. Peavy, Vicki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1003 Bethel Rd
 City Conyers State GA Zip Code 30012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Housewife
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2016
Transaction ID : SA11AI.4599
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 22 OF 35
<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. Pfister, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3987 Southwoods Dr
 City Howell State MI Zip Code 48843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 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 / 08 / 2016
Transaction ID : SA11AI.5090
 Amount of Each Receipt this Period 500.00
 Memo Item
 Independent expenditures

B. Radcliffe, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Passaic Ave
 City Fairfield State NJ Zip Code 07004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dentistry Today Occupation (for Individual) Sales
 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
 08 / 09 / 2016
Transaction ID : SA11AI.4207
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

C. Reynolds, Sherry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6217 Mori St
 City McLean State VA Zip Code 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) N/A
 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
 09 / 25 / 2016
Transaction ID : SA11AI.4441
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 23 OF 35
	<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. Rinestone, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6001 E Caron Circle Dr
 City Paradise Valley State AZ Zip Code 85253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) Sales
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2016
Transaction ID : SA11AI.5663
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

B. rodolf, stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 S Boston Ave
 City Tulsa State OK Zip Code 74103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rodolf & Todd PLLC Occupation (for Individual) attorney
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.5331
 Amount of Each Receipt this Period 500.00
 Memo Item
 Independent expenditures

C. Ryst, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address post office box 464
 City Verdi State NV Zip Code 89439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ryst01@sbcglobal.net Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 04 / 2016
Transaction ID : SA11AI.5759
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 24 OF 35
<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. Ryst, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address post office box 464
 City Verdi State NV Zip Code 89439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ryst01@sbcglobal.net Occupation (for Individual) Retired
 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
 08 / 24 / 2016
Transaction ID : SA11AI.5760
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

B. Salter, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 Shoreline Dr
 City Gulf Breeze State FL Zip Code 32561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cubic Corp Occupation (for Individual) Manager
 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
 07 / 08 / 2016
Transaction ID : SA11AI.4737
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Independent expenditures

C. Sanneman, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4080 Arrowwood Ct
 City Bonita Springs State FL Zip Code 34134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) Lisn, Inc
 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
 08 / 02 / 2016
Transaction ID : SA11AI.4863
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	6250.00
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 25 OF 35
<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. Scott, Robyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Throckmorton St
 City Fort Worth State TX Zip Code 76102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MiMedx Occupation (for Individual) Director
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2016
Transaction ID : SA11AI.5377
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

B. Smith, Blaine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4250 N 5th St
 City Duncan State OK Zip Code 73533-5536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2016
Transaction ID : SA11AI.6159
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

C. Smith, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4086 NW Salesman Rd
 City Portland State WA Zip Code 97229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Sales
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2016
Transaction ID : SA11AI.6032
 Amount of Each Receipt this Period 250.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	750.00
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 26 OF 35
	<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. Snowden, William E., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Clubhouse Dr
 City Winchester State KY Zip Code 40391
 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 09 / 11 / 2016
Transaction ID : SA11AI.4981
 Amount of Each Receipt this Period 150.00
 Memo Item
 Independent expenditures

B. Solberg, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2703 Mount Vernon Ln
 City Blacksburg State VA Zip Code 24060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 07 / 24 / 2016
Transaction ID : SA11AI.4480
 Amount of Each Receipt this Period 216.00
 Memo Item
 Independent expenditures

C. stahlberg, paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 W seeboth St
 City milwaukee State WI Zip Code 53204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) catalyst Occupation (for Individual) designer
 Receipt For: 2016
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 14 / 2016
Transaction ID : SA11AI.5117
 Amount of Each Receipt this Period 2500.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	2866.00
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 27 OF 35
	<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 American Freedom and Liberty

A. Stewart, Lionel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1529 parkland Dr
 City lancaster State OH Zip Code 43130
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 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
 09 / 10 / 2016
Transaction ID : SA11AI.4991
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Independent expenditures

B. Sumner, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8116 E Harvard Cir
 City Denver State CO Zip Code 80231
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Larry D Sumner, OD, PC Occupation (for Individual) Optometrist
 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 / 08 / 2016
Transaction ID : SA11AI.5576
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

C. Sumner, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8116 E Harvard Cir
 City Denver State CO Zip Code 80231
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Larry D Sumner, OD, PC Occupation (for Individual) Optometrist
 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
 09 / 26 / 2016
Transaction ID : SA11AI.5577
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 28 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Restore American Freedom and Liberty

A. Wasmer, Pedro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 642 Bougainvillea Rd
 City Naples State FL Zip Code 34102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None 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 / 26 / 2016
Transaction ID : SA11AI.4851
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

B. Werksman, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2440 hermosa Ave
 City Hermosa beach State CA Zip Code 90254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Lawyer
 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 / 09 / 2016
Transaction ID : SA11AI.5777
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

C. Werksman, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2440 hermosa Ave
 City Hermosa beach State CA Zip Code 90254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Lawyer
 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 / 23 / 2016
Transaction ID : SA11AI.5778
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	750.00
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 29 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Werksman, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2440 hermosa Ave
 City Hermosa beach State CA Zip Code 90254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Lawyer
 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
 08 / 07 / 2016
Transaction ID : SA11AI.5779
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Independent expenditures

B. Williams, Dr David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2412 Hialeah Dr
 City Anchorage State AK Zip Code 99517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Physician
 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
 08 / 07 / 2016
Transaction ID : SA11AI.6102
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Independent expenditures

C. Wirt, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1313 Riverside Ave
 City Fort Collins State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Front Range Center for Brain & Spi Occupation (for Individual) Neurosurgeon
 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
 09 / 16 / 2016
Transaction ID : SA11AI.5585
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Independent expenditures

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	34416.00

**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 American Freedom and Liberty

Full Name (Last, First, Middle Initial)

A. Amagi Strategies

Mailing Address 424 W 10th St
3D

City New York State NY Zip Code 20009

Purpose of Disbursement Fundraising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2016

FEC Identification Number

C

Transaction ID : SB21B.6199

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Amagi Strategies

Mailing Address 424 W 10th St
3D

City New York State NY Zip Code 20009

Purpose of Disbursement PAC management

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2016

FEC Identification Number

C

Transaction ID : SB21B.6200

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Amagi Strategies

Mailing Address 424 W 10th St
3D

City New York State NY Zip Code 20009

Purpose of Disbursement Fundraising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2016

FEC Identification Number

C

Transaction ID : SB21B.6201

Amount of Each Disbursement this Period

10000.00

Memo Item

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

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

25000.00

**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 American Freedom and Liberty

Full Name (Last, First, Middle Initial)

A. Amagi Strategies

Mailing Address 424 W 10th St
3D

City New York State NY Zip Code 20009

Purpose of Disbursement
PAC management

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6205
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Amagi Strategies

Mailing Address 424 W 10th St
3D

City New York State NY Zip Code 20009

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6194
Amount of Each Disbursement this Period
30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Amagi Strategies

Mailing Address 424 W 10th St
3D

City New York State NY Zip Code 20009

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6208
Amount of Each Disbursement this Period
10000.00

Memo Item

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

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

15030.00

**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 American Freedom and Liberty

Full Name (Last, First, Middle Initial)

A. Amagi Strategies

Mailing Address 424 W 10th St
3D

City New York State NY Zip Code 20009

Purpose of Disbursement
PAC MAnagement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C []

Transaction ID : **SB21B.6211**
Amount of Each Disbursement this Period

[] 10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Inbox First

Mailing Address 1600 Amphitheater Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Email Send Fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2016

FEC Identification Number

C []

Transaction ID : **SB21B.6195**
Amount of Each Disbursement this Period

[] 2626.89

Memo Item

Full Name (Last, First, Middle Initial)

C. Inbox First

Mailing Address 1600 Amphitheater Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Email Send Fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2016

FEC Identification Number

C []

Transaction ID : **SB21B.6203**
Amount of Each Disbursement this Period

[] 3000.00

Memo Item

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

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

[] 15626.89

[]

**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 American Freedom and Liberty

Full Name (Last, First, Middle Initial)

A. Inbox First

Mailing Address 1600 Amphitheater Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Email Send Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6204
Amount of Each Disbursement this Period
3446.01

Memo Item

Full Name (Last, First, Middle Initial)

B. Inbox First

Mailing Address 1600 Amphitheater Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Email Send Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6207
Amount of Each Disbursement this Period
5079.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 410 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Mercahnt Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6217
Amount of Each Disbursement this Period
1207.47

Memo Item

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

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

9732.98

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. Wells Fargo

Mailing Address 410 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Mercahnt Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2016

FEC Identification Number

C

Transaction ID : SB21B.6218

Amount of Each Disbursement this Period

872.84

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 410 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.6209

Amount of Each Disbursement this Period

3.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

875.84

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

66265.71

**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 W 10th St 3D	Amount <input type="text"/> 9970.00
City New York State NY Zip Code 20009	
Purpose of Expenditure Reimbursement for List for Email Communications	Transaction ID : SE.6183 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: McCain, John, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 9970.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <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 W 10th St 3D	Amount <input type="text"/> 5000.00
City New York State NY Zip Code 20009	
Purpose of Expenditure License Fee for Communication List	Transaction ID : SE.6186 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: McCain, John, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 14970.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 14970.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/> 14970.00

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, , , [Electronically Filed] Date / /

Signature