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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3A	For Other	er Than An Aut	horized Com	mittee	Offic	ce Use Only
1. NAME OF COMMITTEE (in	_	PRINT ▼	Example: over the line	f typing, type nes.	12FE4M5	
Citizens For Re	storing USA					
ADDRESS (number and Check if differentian previous reported. (AC)	rent Rear	coanut Row			FL 33	3480
2. FEC IDENTIFIC	ATION NUMBER \	7 CI	TY▲		STATE ▲	ZIP CODE ▲
C C00575993			S THIS REPORT	NEW (N) OR	AMEND (A)	ED
July 15 Quarterly October Quarterly January : Year-End July 31	orts: Report (Q1) (c) Report (Q2) 15 Report (Q3) 31 Report (YE) //id-Year Jon-election (d)	eport Ma	on on	May 20 (M5) Jun 20 (M6) Jul 20 (M7) (12P) Intion (12C)	Aug 20 (M Sep 20 (M Oct 20 (M General (12G) Special (12S)	M9) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Terminati (TER)	on Report	Election	on on	M / D D /	Y	in the State of
5. Covering Period		D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	thro	ugh 12	31	2017
I certify that I have ex Type or Print Name of	Kiger,	and to the best of Robert, , ,	f my knowledge	and belief it is tr	ue, correct and con	nplete.
Signature of Treasurer	Kiger, Robert, , ,		[Electro	nically Filed]	Date 01	11 2018
NOTE: Submission of fa	alse, erroneous, or in	complete informatio	n may subject th	e person signing t	this Report to the per	nalties of 52 U.S.C. § 30109
Office Use					F	EC FORM 3X Rev. 05/2016

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Citizens For Restoring USA 10 01 2017 12 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 97.39 January 1, 2017 (b) Cash on Hand at -23.36Beginning of Reporting Period..... 60.00 160.00 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 257.39 36.64 6(a) and 6(c) for Column B)..... 36.00 256.75 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 0.64 0.64 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 1609.00 Schedule C and/or Schedule D) 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

01 10 2017 31 2017 12 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 0.00 0.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 60.00 160.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 160.00 12, 13, 14, 15, 16, 17, and 18(c))....... 60.00 20. Total Federal Receipts 60.00 160.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal	10.00 11110 1 0.1100	Galeridai Teal-to-Date		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	. 0.00	0.00		
(b) Other Federal Operating				
Expenditures	36.00	256.75		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36.00	256.75		
Transfers to Affiliated/Other Party				
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures	0.00	0.00		
(use Schedule E)	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Lean Dangymente Made				
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
man i ondoar 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		0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30	101(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	4 4 4			
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	4 4	4 4		
Total Disbursements (add Lines 21(c), 22				
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	36.00	256.75		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)				
non Line Oi,	36.00	256.75		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	36.00	256.75
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	36.00	256.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the 11b 11a 11c 12 Detailed Summary Page **X** 13 14 15

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) Citizens For Restoring USA Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kiger, Robert, , , Date of Receipt Mailing Address 339 Cocoanut Row 2017 City Zip Code State Transaction ID: SA13.4767 FL Palm Beach 33480 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LOAN FROM ROBERT KIGER Self Receipt For: Aggregate Year-to-Date ▼ Primary General 125.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kiger, Robert, , , Date of Receipt Mailing Address 339 Cocoanut Row 2017 City State Zip Code Transaction ID: SA13.4768 FL Palm Beach 33480 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self LOAN FROM ROBERT KIGER Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 140.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kiger, Robert, , , Date of Receipt Mailing Address 339 Cocoanut Row 19 2017 City State Zip Code Transaction ID: SA13.4769 FL Palm Beach 33480 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LOAN FROM ROBERT KIGER Self Self Receipt For: Aggregate Year-to-Date ▼ Primary General 160.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... 60.00 TOTAL This Period (last page this line number only).....

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

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FOR LINE 13 OF FORM 3X

			Potation cultimary rage Torr Elive 15 or Fortivi 5X
AME OF COMMITTEE (In Full Citizens For Restoring			Transaction ID: SC/10.4142
Auzens i or ivestoring	<u> </u>		
LOAN SOURCE Full Name Kiger, Robert, , ,	(Last, First, M	iddle Initial)	N
Mailing Address 339 Cocoan	ut Row		Other (specify) ▼
City		State	ZIP Code
Palm Beach		FL	33480
Original Amount of Loan		Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
7	900.00	4	0.00 900.00
TERMS Date Incurred		[Pate Due Interest Rate Secured:
M 08 / D 12 / Y	2015	M = M / D = D	12/31/2016 5.00 Yes X No
List All Endorsers or Guara	antors (if any)	to Loan Source	
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mi	ddle Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This	Page (optional)		900.00
OTALS This Period (last page			300.00
carry outstanding balance only	v to LINE 3 Sc	hedule D. for thi	s line. If no Schedule D. carry forward to appropriate line of Summary

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

PAGE	8	OF	32
FOR	I INE	13 OE	FORM 3Y

				Detailed Suffilliary	rage FOR	R LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) Transaction ID : SC/10.4143						
Citizens For Restoring USA						
LOAN SOURCE Full Name (Last, Kiger, Robert, , ,	First, Mi	ddle Initial)		N Memo	tem Election: Primar Genera	•
Mailing Address 339 Cocoanut Row						(specify) ▼
City		State	ZIP Co	de		
Palm Beach		FL	3348	0		
Original Amount of Loan		Cumulative Pay	ment To	Date	Balance Outstan	ding at Close of This Period
300	.00			76.00	7	224.00
TERMS Date Incurred		D	ate Due	Interest	Rate	Secured:
M 09 M / D 16 D / Y 2015	Y	M = M / D = D	/ 12	/31/2016	5.00 %	(apr) Yes X No
List All Endorsers or Guarantors	(if any) t	to Loan Source				
1. Full Name (Last, First, Middle In	itial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		71171
2. Full Name (Last, First, Middle Ini	itial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		7.1.7.1
3. Full Name (Last, First, Middle In	3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	4 1 4 1
4. Full Name (Last, First, Middle In	itial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	4	T T.
SUBTOTALS This Period This Page (optional)			······		224.00
TOTALS This Period (last page in this	line onl	y)		······	,	. ,
Carry outstanding balance only to LIN	NE 3, Scl	hedule D, for this	line. If	no Schedule D, carry	forward to appi	ropriate line of Summarv.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4150
LOAN SOURCE Full Name (Last, First, M Kiger, Robert, , ,	iddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
200.00	-	0.00 200.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 09 M / D 28 D / Y 2015 Y	M = M / D = D	12/31/2016 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		200.00
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sc	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 10 OF 32

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4155
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	liddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
5.00	-	980.00 - 975.00
TERMS Date Incurred	Di	ate Due Interest Rate Secured:
M 12 M / 30 J Y 2015	M = M / D = D	/ 12/31/2016 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		- 373.00
TOTALS This Period (last page in this line on		
Carry outstanding balance only to LINE 3. So	nequie D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 11 OF 32

AME OF COMMITTEE (in Full) Citizens For Restoring USA LOAN SQURCE Full Name (Last, First, Middle Initial) Mailing Address 339 Cocoanut Row City Palm Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Personal Transaction of			Detailed Suffilliary Fage	FOR LINE 13 OF FORM 3X
LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Address 339 Cocoanut Row			Trans	saction ID : SC/10.4575
Kiger, Robert, Primary General Mailing Address 339 Coccanut Row City State ZIP Code Palm Beach FL 33480 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Person Companies and Park Payment To Date TERMS Date Incurred Date Due Interest Rate Secured: ™ 05 " 18" / 2016 " 2016 " 2016 " 3" / 50" / 5/18/2017 " 5.00 % (apr)	Sitizens For Restoring USA			
Mailing Address 339 Coccanut Row City Palm Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Pe 20.00 TERMS Date Incurred Date Due Interest Rate Secured: 55.00 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation Name of Employer Mailing Address Occupation Name of Employer	LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	/liddle Initial)	N	Primary
Palm Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Pe 75.00 TERMS Date Incurred Date Due Interest Rate Secured: 0.05	Mailing Address 339 Cocoanut Row			
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Periods 75.00 TERMS Date Incurred Date Due Interest Rate Secured: "05" / "18" / 2016 / """ / 5/18/2017 5.00 % (apr) Yes x List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Occupation Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Occupation Name of Employer Mailing Address Occupation Name of Employer	City	State ZIP Co	ode	
TERMS Date Incurred Date Due Interest Rate Secured: "05" / D18" / Z016 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer	Palm Beach	FL 3348	80	
TERMS Date Incurred Date Due Interest Rate Secured: 5/18/2017 5.00 6/ (apr) Ves X List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Name of Employer	Original Amount of Loan	Cumulative Payment To	Date Balar	nce Outstanding at Close of This Period
Date Incurred Date Due Interest Rate Secured: Mos Pab Pas Pas	75.00		55.00	20.00
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Name of Employer		Date Due	Interest Rate	Secured:
1. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Name of Employer	M M / D D / Y Y Y	M M / D D / Y	, Y , Y , Y , F 00	
Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer	List All Endorsers or Guarantors (if any)	to Loan Source		
City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer	Full Name (Last, First, Middle Initial)		Name of Employer	
City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer	Moiling Addross		Occupation	
Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	Mailing Address		Occupation	
Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	City State	ZIP Code	Guaranteed	T
City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	2. Full Name (Last, First, Middle Initial)		Name of Employer	
Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	Mailing Address	<u> </u>	Occupation	
Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	City State	ZIP Code	Guaranteed	7
City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	3. Full Name (Last, First, Middle Initial)		Name of Employer	
Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	Mailing Address		Occupation	
, , , , , , , , , , , , , , , , , , , ,	City State	ZIP Code	Guaranteed	7 1 7 1 7
Mailing Address Occupation	4. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
City State ZIP Code Amount Guaranteed Outstanding:	City State	ZIP Code	Guaranteed	7
SUBTOTALS This Period This Page (optional)		•		20.00
TOTALS This Period (last page in this line only)				yard to appropriate line of Summer:

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4578
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N ☐ Memo Item Election: Primary General
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Paym	ent To Date Balance Outstanding at Close of This Period
110.00	7	0.00
TERMS Date Incurred	Det	e Due Interest Rate Secured:
M 05	M M / D D	5/26/2017 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only	y)	······································
Carry outstanding balance only to LINE 3 Sci	hadula D for this li	ine If no Schedule D. carry forward to appropriate line of Summary

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

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4709
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	liddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
140.00	-	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 07	M = M / D = D	7 07/18/2017 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional))	140.00
TOTALS This Period (last page in this line on		
Carry outstanding balance only to LINE 3. So	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		, , , , , , , , , , , , , , , , , , , ,
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4710
LOAN SOURCE Full Name (Last, First Kiger, Robert, , ,	t, Middle Initial)	N
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
125.00		0.00 125.00
TERMS Date Incurred		ate Due Interest Rate Secured:
07 ^M / 21 / 2016	M M / D D	√ 07/21/2017 5.00 % (apr) Yes x No
List All Endorsers or Guarantors (if an	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	ze ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	te ZIP Code	Amount Guaranteed Outstanding:
		Name of Employer
Mailing Address		Occupation
City	te ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	125.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	, Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4711
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	iddle Initial)	N
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
150.00		0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 08	12 / 09	/ Y 0007 5.00 % (apr) Yes ★ No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line onl	y)	······································
Carry outstanding balance only to LINE 3. Sci	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4712
LOAN SOURCE Kiger, Robert, , , Full Name (Last, First, Middle Initial) N		
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
150.00	-	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 08	M = M / D = D	¹ 08/18/2017 5.00 % (apr) Yes x No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line on		
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4714
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
35.00	-	0.00 35.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 09 M / D 23 D / Y 2016 Y	10 / 03	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		35.00
TOTALS This Period (last page in this line only		
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4731
		N
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
115.00		0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 10 M / D 19 J Y 2016	M M / D D	/ 10/19/2017 5.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any) t	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
O. Full Name (Lost First Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		115.00
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sci	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Suffillary Fage FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4732
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, First Kiger, Robert, , ,	st, Middle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
25.00		0.00 25.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
10 19 2016	M = M / D = D	10/19/2017 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a	nny) to Loan Source	
1. Full Name (Last, First, Middle Initial)	1	Name of Employer
Markey Addison		Occupation
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	·	23.00
FOTALS This Period (last page in this line		line. If no Schedule D, carry forward to appropriate line of Summary.
Carry outstanding palatice only to LINE (o, ochequie D, for this	inie. ii no ochedule di carry lorward to appropriate line di Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4733
LOAN SOURCE Full Name (Last, First, Middle Initial) N		
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
100.00		0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 10 M / D 29 D / Y 2016	M = M / D = D	/ 10/29/2017 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		100.00
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4738
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Payr	nent To Date Balance Outstanding at Close of This Period
20.00	7	0.00 20.00
TERMS Date Incurred	Da	te Due Interest Rate Secured:
M 12 M / D 02 D / Y 2016	12 / 02	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4739
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
40.00		0.00 40.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 12 M / 19 / Y 2016	11 / 03	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		40.00
TOTALS This Period (last page in this line only		
Carry outstanding balance only to LINE 3. Sch	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4740
LOAN SOURCE Kiger, Robert, , , Memo Item Election: Primary		
Mailing Address 339 Cocoanut Row		General Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
70.00	-	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 12	08 / 31	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		70.00
TOTALS This Period (last page in this line on		line. If no Schedule D, carry forward to appropriate line of Summary.
Carry outstanding palance only to LINE 3. 50	nequie D. for this	ille, if no achequie D. Carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4744
LOAN SOURCE Full Name (Last, First, N Kiger, Robert, , ,	liddle Initial)	N
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
10.00	-	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 02 / D 15 / Y Y 2017 Y	M = M / D = D	/ 02/15/2018 5.00 % (apr) Yes x No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional))	10.00
TOTALS This Period (last page in this line on		
Carry outstanding balance only to LINE 3. So	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4745
		Γ=: :
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
10.00	7	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M03 M / D15 D / Y 2017 Y	M M / D D	¹ 03/15/2018 5.00 % (apr) Yes x No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		10.00
TOTALS This Period (last page in this line only		
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4746
LOAN SOURCE Full Name (Last, First, M Kiger, Robert, , ,	iddle Initial)	N
Mailing Address 339 Cocoanut Row		General Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan Cumulative Payment To		ment To Date Balance Outstanding at Close of This Period
12.00	-	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 03 M / D 27 D / Y 2017 Y	M M / D D	¹ 03/27/2018 5.00 % (apr) Yes x No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		, 12.00
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sc	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4757			
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N ☐ Memo Item		
Mailing Address 339 Cocoanut Row	Other (specify) ▼			
City	State	ZIP Code		
Palm Beach	FL	33480		
Original Amount of Loan Cumulative Payment To		ment To Date Balance Outstanding at Close of This Period		
35.00		0.00 35.00		
TERMS Date Incurred	Da	te Due Interest Rate Secured:		
M 04 M / D 19 J Y Y 2017	11 / 09	/ 0003 5.00 % (apr) Yes x No		
List All Endorsers or Guarantors (if any) t	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only	y)	• • • • • • • • • • • • • • • • • • •		
Carry outstanding balance only to LINE 3, Sci	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4759		
		T=: .		
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	fiddle Initial)	Memo Item Election: Primary General		
Mailing Address 339 Cocoanut Row	Other (specify) ▼			
City	State Z	IP Code		
Palm Beach	FL	33480		
Original Amount of Loan Cumulative Payment To		ent To Date Balance Outstanding at Close of This Period		
21.00		0.00 21.00		
TERMS Date Incurred	Date	Due Interest Rate Secured:		
M 07	M = M / D = D /	07/11/2018 5.00		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line or				
Carry outstanding balance only to LINE 3. So	chedule D. for this li	ne. If no Schedule D, carry forward to appropriate line of Summary.		

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

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				Detailed Suffilliary	raye	FOR LINE I	3 OF FURIN 3X
AME OF COMMITTEE (In Full)					Transa	ction ID : SC/10.47	760
Citizens For Restoring USA							
LOAN SOURCE Full Name (Last, First, Middle Initial) Kiger, Robert, , ,			N ☐ Memo	Item E	Election: Primary General		
Mailing Address 339 Cocoanut Row						Other (specify)	▼
City	State ZIP C			de			
Palm Beach	FL 334		3348	80			
Original Amount of Loan Cumulative Payment To		ment To	Date	Balance	e Outstanding at (Close of This Period	
12.00			0.00			12.00	
TERMS Date Incurred		D	ate Due	Interes	t Rate		Secured:
M M / D D / Y Y Y Y M M / D D / Y		/ Y	/24/2018 ×	5.00	% (apr)	Yes X No	
List All Endorsers or Guarantors (if	any) to Lo	an Source					
1. Full Name (Last, First, Middle Initia	al)			Name of Employer			
Marillan Address				Occupation			
Mailing Address				Occupation			
City	State Z	IP Code		Amount Guaranteed Outstanding:		7 1 7 1	
2. Full Name (Last, First, Middle Initia	al)			Name of Employer			
Mailing Address				Occupation			
City	State Z	IP Code		Amount Guaranteed Outstanding:		71171	
3. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
City	State Z	IP Code		Amount Guaranteed Outstanding:		7 1 1 7 1	1 42 1
4. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address			Occupation				
City	State Z	IP Code		Amount Guaranteed Outstanding:		, , ,	1 4 1
SUBTOTALS This Period This Page (or					Ė		12.00
TOTALS This Period (last page in this I Carry outstanding balance only to LINE					, forms	ed to appropriate	line of Summer:
Carry Cutstantinu Dalance City (O LINE	_ J, Julieuul	וכ ט. וטו נוווצ	mile. If I	no ochedule D, Call	y ioiwdf	u to appropriate	inie di Julilliai V.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4767	
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
25.00		0.00 25.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 10 M / 04 D / Y 2017	01 / 21	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		25.00
TOTALS This Period (last page in this line only		
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X			
IAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4768				
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	N ☐ Memo Item				
Mailing Address 339 Cocoanut Row	Other (specify) ▼				
City	State	ZIP Code			
Palm Beach	FL	33480			
Original Amount of Loan Cumulative Payment To		ment To Date Balance Outstanding at Close of This Period			
15.00	7	0.00			
TERMS Date Incurred	Da	ate Due Interest Rate Secured:			
M 11 M / D 20 D / Y 2017	01 / 21	5.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) t	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	'	Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line onl	y)	······································			
Carry outstanding balance only to LINE 3, Sci	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.			

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

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			Detailed Summary Page FOR LINE 13 OF FORM 3X	
ME OF COMMITTEE (In Full) Transaction ID : SC/10.4769				
Citizens For Restoring US	SA			
LOAN SOURCE Full Name (Last, First, Middle Initial)				
Kiger, Robert, , ,			Primary General	
Mailing Address 339 Cocoanut R	2011		Other (specify) ▼	
Wailing Address 339 Cocoanut Row				
City		State	ZIP Code	
Palm Beach		FL	33480	
Original Amount of Loan Cumulative Payment To			yment To Date Balance Outstanding at Close of This Period	
20.00			0.00	
TERMS				
Date Incurred	YY	D M M / D D	Date Due Interest Rate Secured:	
12 / 19 / 2017 01 21 / 0004 5.00 % (apr) Yes 🗶				
List All Endorsers or Guaranto	ors (if any)	to Loan Source		
1. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in	this line on	y)	1609.00	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				
	•	•		