Image# 201712229090330781				PAGE 1 / 19
	EPORT OF F ND DISBURS	SEMENTS	Offic	e Use Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	-	
		N		
ADDRESS (number and street)				
Check if different	SUITE 202			
than previously reported. (ACC)				202
2. FEC IDENTIFICATION NUM	IBER ▼ CITY		STATE 🔺	ZIP CODE
C C00584482	3. IS RE		OR × AMENDE	ED
 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) 	Report Mar 2 Due On: Mar 2 Apr 2 Apr 2 (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	General (30G)	(M6) Sep 20 (M M7) Oct 20 (M General (12G) Special (12S)	(Non-Election Year Only) 10) Dec 20 (M12) (Non-Election Year Only) 10) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the
5. Covering Period 01	Election	Y)3 / D D / Y 31	State of 2016
I certify that I have examined this Type or Print Name of Treasurer	Hornaday, Alexander, , ,	ny knowledge and belief it	is true, correct and com	plete.
Signature of Treasurer	lay, Alexander, , ,	[Electronically Filed]	Date 12	22 2017
NOTE: Submission of false, erroneo	us, or incomplete information	may subject the person sign	ning this Report to the per	nalties of 52 U.S.C. § 3010
Office Use Only			FI	EC FORM 3X Rev. 05/2016

12/22/2017 15 : 43

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name **RESTORE THE CONSTITUTION COALITION** MM D D M D Y T. 01 01 2016 03 31 2016 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 9250.46 January 1, 2016 (b) Cash on Hand at 9250.46 Beginning of Reporting Period..... 41305.06 41305.06 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 50555.52 50555.52 6(a) and 6(c) for Column B)..... 4795.90 4795.90 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 45759.62 45759.62 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Schedule C and/or Schedule D)

For further information contact:

11473.00

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

RESTORE THE CONSTITUTION COALITION

I. Receipts	COLUMN A	COLUMN B				
	Total This Period	Calendar Year-to-Date				
. Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees	0075 00	0075.00				
(i) Itemized (use Schedule A)	9875.00	9875.00				
(ii) Unitemized	31430.06	31430.06				
(iii) TOTAL (add	44005-00	41305.06				
Lines 11(a)(i) and (ii)	41305.06	41303.00				
	0.00	0.00				
(b) Political Party Committees	0.00					
(c) Other Political Committees	0.00	0.00				
(such as PACs)						
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry	41305.06	41305.06				
Totals to Line 33, page 5)						
. Transfers From Affiliated/Other	0.00	0.00				
Party Committees	0.00	0.00				
	0.00	0.00				
. All Loans Received	0.00					
. Loan Repayments Received	0.00	0.00				
. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
. Refunds of Contributions Made						
to Federal Candidates and Other						
Political Committees	0.00	0.00				
. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
. 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				
. Total Receipts (add Lines 11(d),	41205.06	41305.06				
12, 13, 14, 15, 16, 17, and 18(c))▶	41305.06	41303.00				
Total Endoral Pagainta						
. Total Federal Receipts	41305.06	41305.06				
(subtract Line 18(c) from Line 19)▶	41303.00	41303.00				

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	3195.90	3195.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3195.90	3195.90
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees		0.00
and Other Political Committees Independent Expenditures	0.00	
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	1500.00	1500.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(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))	▶ 100.00	100.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 301 (a) Allocated Federal Election Activity (from Schedule H6)	01(20))	
(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
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4795.90	4795.90
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	4795.90	4795.90

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))▶
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

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		7			-7	
						100.00
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						41205.06
a series and s	1	-	1	1	-	
						3195.90
a series and the	1	7	1	1	-7	
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						3195.90
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				400.00
1.1.1	 -		 -	100.00
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1.00	 7		 7	3195.90
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	 -7		 -7-	0.00
				2105.00
1.1				3195.90

COLUMN B

Calendar Year-to-Date

Page 5

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

Form/Schedule: F3XA Transaction ID :

The report has been amended as part of an internal audit and reconciliation. Changes include carry forward from 2015 year end, as well as removal of duplicate contributions. It was further Amedned to include some obligations owed for independent expenditures, which were not settled during the period.

Form/Schedule: Transaction ID:

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)

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19

		Detailed Summary Page	×	11a	1	11b	11c		12						
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Any information copied from such R or for commercial purposes, other th															
NAME OF COMMITTEE (In Full)															
	STITUTION COAL	ITION													
Full Name of Individual (Last, Fir A. beryl, goldman, , ,	st, Middle Initial) or Full O	rganization Name	D	Date of Receipt											
Mailing Address 3610 lindenwood	d Ave		02 / 04 / 2016 Transaction ID : SA11AI.6744												
City	State	Zip Code													
dallas	TX	75205	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		250.00												
Name of Employer (for Individual	,	upation (for Individual) ident	Memo Item Contribution												
pcms Receipt For: 2016	I.			minbui	lion										
Primary General	Aggregate	Year-to-Date V	_												
Other (specify)		250.00													
Full Name of Individual (Last, Fir B. Bradley, West, , ,	st, Middle Initial) or Full O	rganization Name		ate of	Ree	oint									
Mailing Address 24503 birdie Rdg			_		nec	•									
	-			02 12 2016											
City	State TX	Zip Code					SA11AI.								
San antonio		78260	Ai	mount	of E	ach R	eceipt th	is P	eriod						
FEC ID number of contributing federal political committee.	C	С					500.00								
Name of Employer (for Individual Self		Occupation (for Individual) Business owner					Memo Item Contribution								
Receipt For: 2016	Aggregate	Year-to-Date ▼													
× Primary General	/ iggi oguto		1.1												
Other (specify) ▼		500.00	4												
Full Name of Individual (Last, Fir C. Charles, Hess, , ,	st, Middle Initial) or Full O	rganization Name	D	ate of	Rec	eipt									
Mailing Address 70 Kendall Dr				^M 02	1	D D 27	/ Y)16)16	Y					
City	State	Zip Code		Trans	actio	n ID :	SA11AI.	636	2						
Ringwood	NJ	07456	A	mount	of E	ach R	eceipt th	is P	'eriod						
FEC ID number of contributing federal political committee.	C		ļ	_	,		. ,	_	100.0	00					
Name of Employer (for Individual) Occi	upation (for Individual)	11	Me	emo	ltem									
Self Employed	Nucl	ear Engineer	Co	ontribut	tion										
Receipt For: 2016	Aggregate	Year-to-Date ▼													
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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19

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\backslash	NAME OF COMMITTEE (In Full)													
	RESTORE THE CONSTITUT	ION COAL	IIION											
Α.	Full Name of Individual (Last, First, Middle Charles, Hess, , ,	organization Name		Date of	f Rec	eipt								
	Mailing Address 70 Kendall Dr				02	/	D []) / Y	y y 2016	Y				
	City	State	Zip Code		Trans	actio	n ID :	SA11AL	7062					
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в.	Full Name of Individual (Last, First, Middle Daryl, Siders, , ,	Initial) or Full C	organization Name		Date of	f Rec	eipt							
	Mailing Address 1722 Jasper Rd				02	/	D [) / Y	2016	Ŷ				
	City	State	Zip Code		Trans	actio	n ID :	SA11AL	6596					
	Xenia	ОН	45385					Receipt th						
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	Name of Employer (for Individual) self	Occ	upation (for Individual) ner											
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с.	Full Name of Individual (Last, First, Middle Denis, Kerasotes, , ,	Initial) or Full C	organization Name		Date of	f Rec	eipt							
	Mailing Address 31 Fairview Ln				01	/	30		2016	Y				
	City	State	Zip Code		Trans	actio	n ID :	SA11AI.	6676					
	Springfield	IL	62711	_	Amount	t of E	ach F	Receipt thi	is Period					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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NAME OF COMMITTEE (In Full)		_												
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Full Name of Individual (Last, First, Middle I A. James & Georgia, Littlepage, , ,	nitial) or Full C	organization Name	[Date of	f Re	ceipt								
Mailing Address PO Box 1326				03	1	D D 02	/ Y	Y 20) 016	Y				
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Prosper	TX	75078	Amount of Each Receipt this Period											
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Name of Employer (for Individual) N/A	Occ	upation (for Individual) ired		M		Item								
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Other (specify) v		230.00	- L											
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Mailing Address 1040 Woodruff Plantation Pl	kwy			M M 03	/	04	/ Y	Y 20) 16	Y				
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Mailing Address 20702 US Highway 23				03	/	05	/ Y)16	Y				
City	State	Zip Code		Trans	act	ion ID :	SA11AI.	660	0					
Chillicothe	OH	45601	/	Amount	t of	Each R	eceipt th	is F	Period					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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\backslash	NAME OF COMMITTEE (In Full)			_														
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	City	State		Zip Code		Trar	sac	tio	n ID :	SA11AI.	696	5						
	Citrus Heights	CA		95621	_	Amou	nt of	f Ea	ach R	eceipt th	this Period							
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	Name of Employer (for Individual)	Occ	upati	ion (for Individual)			Лет	io l'	tem									
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B R	Full Name of Individual (Last, First, Middle Init Leslie, Garrett, , ,	ial) or Full O	Drgar	ization Name		Date	of R	ece	eint									
	Mailing Address 94 Ridgeview Trl SE								D D	/ Y	Y	Y	Y					
						02		·	28		20	016	·					
	City	State		Zip Code		Trar	sac	tior	n ID : :	SA11AL	648	3						
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	Name of Employer (for Individual) Homemaker/Small Home Business	Occ Cus		Memo Item Contribution														
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	rimary General	Aggregate	iea	I-IU-Dale V														
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с.	Full Name of Individual (Last, First, Middle Init Marti, Hoots, , ,	ial) or Full O	Drgar	nization Name		Date	of R	lece	eipt									
	Mailing Address Box 36					[™] 01	VI	/	D D 03	/ Y		016	Y					
	City	State		Zip Code		Tra	sac	tio	n ID :	SA11AI.	691	5						
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page		11a 13		1 ⁻	1b 4		11c 15		12 16	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the n													ions	
	NAME OF COMMITTEE (In Full) RESTORE THE CONSTITUTION	I COAL	ITI	NC											
Α.	Full Name of Individual (Last, First, Middle Initial Michael, Braun, , , Mailing Address 18 Wimbledon Dr	l) or Full O)rgan	ization Name		Date	of R	ece	•	_	_				
	City	State		Zip Code	_	03 T ror			09		A11AL	201	- 10 C	Y	
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В.	Full Name of Individual (Last, First, Middle Initial Michael, Ratke, , ,	l) or Full O	rgan	ization Name		Date	of R	ece	eipt						
	Mailing Address 1017 Avenue A					[™] 02	M	/	06		/ Y	y 201		Y	
	City Farwell	State TX		Zip Code 79325	_					-	11AI.6		eriod		
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		_	-7		250.0	00	
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	Receipt For: 2016	Aggregate	Year	r-to-Date ▼ 250.00											
C.	Full Name of Individual (Last, First, Middle Initial Peter, vonRosenberg, , ,	l) or Full O	rgan	ization Name		Date	of R	ece	ipt						
	Mailing Address 507 Angus Dr	1				[™] 02	М	/	23		/ Y	201	ү 16	Y	
	City Columbia	State SC		Zip Code 29223	_						A11AI.				
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	Name of Employer (for Individual) Computer Sciences Corporation		•	on (for Individual) er Programmer	- (l Contrib	Mem outior		em						
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SCHEDULE A (FEC Form 3X) ľ

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	NAME OF COMMITTEE (In Full) RESTORE THE CONSTITUTIO	N COAL	ITION											
Α.	Full Name of Individual (Last, First, Middle Initi Philip, Davis, , ,	al) or Full O	Organization Name		Date of Receipt									
	Mailing Address 11655 Gold Country Blvd				03	/ D	09	/ Y	ү 2016					
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	Receipt For: 2016	Aggregate	Year-to-Date ▼ 250.00											
в.	Full Name of Individual (Last, First, Middle Initi Raul, Gazmuri, , ,	al) or Full O	Organization Name		Date o	f Receip	ot							
	Mailing Address 505 N Lake Shore Dr Apt 3503				03		D 12	/ Y	2016	Y				
	City Chicago	State IL	Zip Code 60611	ŀ		action t of Eac				bd				
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	City West Roxbury	State MA	Zip Code 02132			saction t of Eac				od				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 13 OF

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

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PAGE 14 OF

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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 16 OF 19										
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Mailing Address PO Box 6010				03 10 2016										
City Hagerstown Purpose of Disbursement Bank Fees	State MD	Zip Code 21741		FEC Identification Number										
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SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number onl				486.38 3195.90										

SCHEDULE D (FEC Form 3X)				PAGE 17 OF 19
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
			for each	(check only one) 9
Excluding Loans			numbered line)	X 10
RESTORE THE CONSTITUTION CC	DALITION			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
Amagi Strategies			Amount An Services	ngai paid for Compliance and Legal
Mailing Address 424 E 10th St 4D				
City New York	State NY	Zip Code 10009		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.5531
0.00				
Amount Incurred This Period	Pa	ment This Period	Outstandii	ng Balance at Close of This Period
500.00	i uj		00	500.00
B. Full Name (Last, First, Middle Initial) of Debtor Amagi Strategies	or Creditor			ebt (Purpose): wed for IEs to Support Ben Carson
Mailing Address 424 E 10th St				
4D City	State	Zip Code		
New York	NY	10009		
Outstanding Balance Beginning This Period	-	-	Transact	ion ID : SD10.5567
0.00				
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
1000.00		0.0	00	1000.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
Amagi Strategies				wed for Facebook Ads supporting
Mailing Address 424 E 10th St				
4D City	State	Zip Code		
New York	NY	10009		
Outstanding Balance Beginning This Period		+	Transact	ion ID : SD10.5568
0.00				
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
1000.00		0.0	00	1000.00
1) SUBTOTALS This Period This Page (optional)				2500.00
2) TOTALS This Period (last page this line number				T T T .
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)		
4) ADD 2) and 3) and carry forward to appropriate	ine of Summa	ary Page (last page or	nly) 🕨	т <u>т</u>

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans			(Use separate schedule(s) for each numbered line)	PAGE 18 OF 19 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) RESTORE THE CONSTITUTION CO	DALITION			
A. Full Name (Last, First, Middle Initial) of Debtor Amagi Strategies	r or Creditor			ebt (Purpose): Igai Paid for Compliance Legal
Mailing Address 424 E 10th St 4D				
City New York	State NY	Zip Code 10009		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 500.00	Pay	rment This Period	Outstandir	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor Amagi Strategies	or Creditor			ebt (Purpose): red to Amagi for Compliance and res
Mailing Address 424 E 10th St 4D				
City New York	State NY	Zip Code 10009		
Outstanding Balance Beginning This Period 0.00	·		Transact	ion ID : SD10.5534
Amount Incurred This Period	Pay	vment This Period		ng Balance at Close of This Period
			Nature of D	500.00 ebt (Purpose): ard from 2015 Accounts owed less
C. Full Name (Last, First, Middle Initial) of Debto Amagi Strategies Mailing Address 424 E 10th St			00 Nature of D Carry forwa	500.00 ebt (Purpose): ard from 2015 Accounts owed less
C. Full Name (Last, First, Middle Initial) of Debto Amagi Strategies			00 Nature of D Carry forwa	500.00 ebt (Purpose): ard from 2015 Accounts owed less
C. Full Name (Last, First, Middle Initial) of Debto Amagi Strategies Mailing Address 424 E 10th St 4D City	r or Creditor	0.0	00 Nature of D Carry forwa 3/11 payme Transact Outstandii	500.00 ebt (Purpose): ard from 2015 Accounts owed less
500.00 C. Full Name (Last, First, Middle Initial) of Debtor Amagi Strategies Mailing Address 424 E 10th St 4D City New York Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	r or Creditor State NY Pay	Zip Code 10009	00 Nature of D Carry forwa 3/11 payme Transact Outstandin 00	500.00 ebt (Purpose): ard from 2015 Accounts owed less ent ion ID : SD10.5530 ng Balance at Close of This Period
500.00 C. Full Name (Last, First, Middle Initial) of Debto Amagi Strategies Mailing Address 424 E 10th St 4D City New York Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 7973.00	r or Creditor	Zip Code 10009	00 Nature of D Carry forwa 3/11 payme Transact Outstandin	500.00 ebt (Purpose): ard from 2015 Accounts owed less ent ion ID : SD10.5530 ng Balance at Close of This Period 7973.00
500.00 C. Full Name (Last, First, Middle Initial) of Debtor Amagi Strategies Mailing Address 4D City New York Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 7973.00 1) SUBTOTALS This Period This Page (optional)	r or Creditor State NY Pay only)	Zip Code 10009	00 Nature of D Carry forwa 3/11 payma Transact Outstandin	500.00 ebt (Purpose): ard from 2015 Accounts owed less ent ion ID : SD10.5530 ng Balance at Close of This Period 7973.00 8973.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES					PAGE 19	OF 19 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC II		
RESTORE THE CONSTITUTION CO	ALITION			С	C00584482	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M /	D D /	YYYYY
Full Name of Payee		Memo	Item Date	of Publi	c Distribution	Dissemination
Amagi Strategies				02	/ D D / 29	Y Y Y Y 2016
Mailing Address 424 E 10th St			Amou	nt		
4D City	State	Zip Code				1500.00
New York	NY	10009			ID : SE.5522 ursement or (
Purpose of Expenditure Digital Advertising	I	Category/ Type 004		03		2016
Name of Federal Candidate:		X Support	Office Sougl	nt:	House	District:
CRUZ, RAFAEL EDWARD 'TED', , ,		Oppose	X Presid		Senate	State:
Calendar Year-To-Date Per Election for Office Sought	7	1500.00	Disbursemer 2016		Primary	/ X General
Full Name of Payee		Memo				Dissemination
Mailing Address			Amou	nt	/ D D /	Y = Y = Y = Y
City	State	Zip Code			,	
			Date	of Disbu	ursement or C	Obligation
Purpose of Expenditure		Category/ Type		M	/ D D /	Y Y Y Y
Name of Federal Candidate:		Support Oppose	Office Sougl		House Senate	District: State:
Calendar Year-To-Date Per Election for Office Sought	тт.		Disbursemer		Primary	/ General
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu					· · · ·	1500.00
(b) SOBTOTAL OF Oniternized independent Experiation	165					
(c) TOTAL Independent Expenditures				. 7		1500.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
	Electronically Fil	led] Date	e 12	22	/ Y Y 201	Y Y 17
Signature						