PAGE 1 / 28

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For	Other Than An Au	thorized Committee	Off	ice Use Only
NAME OF COMMITTEE (in full) TY	PE OR PRINT ▼	Example: If typing, to over the lines.	12FE4M5	
Citizens For Restoring US	SA			
	339 Cocoanut Row			
ADDRESS (number and street)	Rear			
Check if different than previously	Palm Beach		, , FL , , 3	33480
reported. (ACĆ)				
2. FEC IDENTIFICATION NUMBER	BER ▼ CI	TY▲	STATE ▲	ZIP CODE ▲
C C00575993		S THIS NEW (N)	OR AMENI	DED
4. TYPE OF REPORT (Choose One)	Report Due On:		20 (M5) Aug 20 (Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3) Jun	20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Api	r 20 (M4) Jul 2	20 (M7) Oct 20 (M	M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day PRE-Election	Primary (12P)	General (12G	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C	Special (12S)	
Quarterly Report (Q3)		M M / D	D / Y Y Y Y	in the
January 31 Year-End Report (YE)	Electi	on on		State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	·		D / Y Y Y Y Y D Y D D D D D D D D D D D	in the State of
5. Covering Period 10	/ 01 / Y Y Y Y Y Y Q1 2018	through	11 26 Y	2018
I certify that I have examined this F		f my knowledge and belie	of it is true, correct and co	mplete.
Type or Print Name of Treasurer	Kiger, Robert, , ,			
Signature of Treasurer Kiger, Ro	bert, , ,	[Electronically File	ed] Date 12	05 / 2018
NOTE: Submission of false, erroneous	s, or incomplete information	on may subject the person	signing this Report to the pe	enalties of 52 U.S.C. § 30109
Office Use Only			F	FEC FORM 3X Rev. 05/2016

SUMMARY PAGE

FE	C Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Ty	pe Committee Name		
Citizens	s For Restoring USA		
Report Cov	vering the Period: From:	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 11 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cas	sh on Hand January 1, 2018		0.64
٠,	sh on Hand at ginning of Reporting Period	- 11.69	
	al Receipts (from Line 19)	109.00	1729.00
6(c)	ototal (add Lines 6(b) and) for Column A and Lines) and 6(c) for Column B)	97.31	1729.64
7. Total Dis	sbursements (from Line 31)	94.00	1726.33
Reportin	n Hand at Close of ng Period t Line 7 from Line 6(d))	3.31	3.31
the Com	nd Obligations Owed TO nmittee (Itemize all on le C and/or Schedule D)	0.00	
the Com	nd Obligations Owed BY nmittee (Itemize all on le C and/or Schedule D)	818.00	
This	committee has qualified as a multic	candidate 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

Citizens For Restoring USA

01 10 2018 11 26 2018 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 1500.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 1500.00 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 1500.00 0.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 109.00 229.00 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), 1729.00 12, 13, 14, 15, 16, 17, and 18(c))....... 109.00 20. Total Federal Receipts 109.00 1729.00 (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 Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	94.00	706.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	94.00	706.33
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
. Independent Expenditures (use Schedule E)	0.00	0.00
. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	1020.00
Loans Made		0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	
Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	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. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
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))	0100	4700.00
Total Federal Disbursements	94.00	1726.33
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		
HOIH LINE 31)	94.00	1726.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	COLUMNIA	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)	0.00	1500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	1500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	94.00	706.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	94.00	706.33

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 16

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 2018 17 City Zip Code State Transaction ID: SA13.4841 FL Palm Beach 33480 Amount of Each Receipt this Period FEC ID number of contributing C 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Loan From R. Kiger Receipt For: Aggregate Year-to-Date ▼ Primary General 132.00 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 10 2018 City State Zip Code Transaction ID: SA13.4842 FL Palm Beach 33480 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Loan From R. Kiger Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 144.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kiger, Robert, , , Date of Receipt Mailing Address 339 Cocoanut Row 23 2018 City State Zip Code Transaction ID: SA13.4843 FL Palm Beach 33480 Amount of Each Receipt this Period FEC ID number of contributing C 85.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Loan From R. Kiger Self Self Receipt For: Aggregate Year-to-Date ▼ Primary General 229.00 Other (specify) 109.00 SUBTOTAL of Receipts This Page (optional)..... 109.00 TOTAL This Period (last page this line number only).....

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

PAGE 7 OF 28

		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4142
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, F Kiger, Robert, , ,	irst, Middle Initial)	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 Pay	/ment To Date Balance Outstanding at Close of This Period
900.0	0	0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 08 / D 12 / Y 2015		12/31/2016 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if	any) to Loan Source	
1. Full Name (Last, First, Middle Initia	al)	Name of Employer
Molling Address		Occupation
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (op	otional)	900.00
TOTALS This Period (last page in this li		
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

PAGE 8 OF 28

			Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transaction ID : SC/10.4143
Citizens For Restoring	USA		
LOAN SOURCE Full Name	· (Last. First. M	iddle Initial)	N ☐ Memo Item Election:
Kiger, Robert, , ,	(====, : ::=, :::	,	Primary
Mailing Address			General Other (enceits)
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	300.00	7	76.00 224.00
TERMS			
Date Incurred	i Y Y Y Y	M M / D D	Date Due Interest Rate Secured:
09" 16	2015		12/31/2016 5.00 % (apr) Yes X No
List All Endorsers or Guara	antors (if any)	to Loan Source	
1. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
Walling Address			
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
Maining / Idanose			Cocupation
City	State	ZIP Code	Amount Guaranteed
3. Full Name (Last, First, Middle Initial)			Outstanding:
o. Tun Name (Last, 1 list, Wi	idale ilitial)		Name of Employer
Mailing Address			Occupation
	1 2		
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
Cit.	Ctata	ZIP Code	
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page	e in this line on	v)	
TOTALO TINO I GILOU (last page	Z III GIIIG OIII	y/·····	<u> </u>
Carry outstanding balance onl	y 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 9 OF 28

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4150
Citizens For Restoring USA		
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	nent To Date Balance Outstanding at Close of This Period
200.00		155.00 45.00
TERMS Date Incurred	Di	te Due Interest Rate Secured:
M 09	M M / D D	/ 12/31/2016 5.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Mailing Address		Cooupation
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)		, , , , , , , , , , , , , , , , , , , ,
Carry outstanding balance only to LINE 3. Sci		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/10.4155
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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X	
ME OF COMMITTEE (In Full) Transaction ID : SC/10.4712			
Citizens For Restoring USA			
LOAN SOURCE Full Name (Last, First Kiger, Robert, , ,	st, Middle Initial)	N ☐ Memo Item Election:	
riger, Robert, , ,		Primary General	
Mailing Address 339 Cocoanut Row		Other (specify) ▼	
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
City State ZIP Coc		ZIP Code	
Palm Beach	FL	33480	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
150.00		0.00 150.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M 08 / 18 / 2016	M = M / D = D		
List All Endorsers or Guarantors (if a	nv) to Loan Source		
Full Name (Last, First, Middle Initial)	**	Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	te 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	te ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
FOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3	B, 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/10.4714
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/10.4740
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	liddle Initial)	N ☐ Memo Item
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 / D 30 / Y 2016 Y	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 Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID: SC/10.4746
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, First Kiger, Robert, , ,	, Middle Initial)	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 Pay	ment To Date Balance Outstanding at Close of This Period
12.00		0.00
TERMS Date Incurred	Di	ate Due Interest Rate Secured:
M 03 / D 27 / Y 2017	M = M / D = D	03/27/2018 5.00 % (apr) Yes x No
List All Endorsers or Guarantors (if ar	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Moiling Address		Occupation
Mailing Address		Оссирация
City Stat	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option		, 12.00
TOTALS This Period (last page in this line		
Carry outstanging palance only to LINE 3.	Scheaule 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/10.4757	
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	
35.00	-	0.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 04 M / 19 J Y 2017	11 / 09	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/10.4759	
		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	
21.00		0.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 07 M / D 11 D / Y 2017 Y	M = M / D = D	¹ 07/11/2018 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 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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FOR LINE 13 OF FORM 3X

			Potation duminary rago Port Elive 13 of Portion 3X
AME OF COMMITTEE (In Full Citizens For Restoring			Transaction ID: SC/10.4760
LOAN SOURCE Full Name (Last, First, Middle Initial) Kiger, Robert, , ,			N
Mailing Address 339 Cocoan	ut Row		Other (specify) ▼
City		State	ZIP Code
Palm Beach		FL	33480
Original Amount of Loan		Cumulative Pa	ment To Date Balance Outstanding at Close of This Period
7	12.00		0.00 12.00
TERMS Date Incurred	l	[ate Due Interest Rate Secured:
M 07	^Y 2017	M = M / D = D	7 07/24/2018 5.00 % (apr) 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)		
OTALS This Period (last page			, 12.00
arry outstanding balance only	v to IINF 3 Sc	hedule D. for thi	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	
AME OF COMMITTEE (In Full) Transaction ID : SC/10.4767				
Citizens For Restoring I	JSA 			
LOAN SOURCE Full Name (Last, First, Middle Initial) Kiger, Robert, , ,			N ☐ Memo Item Election:	
Riger, Robert, , ,			Primary General	
Mailing Address 339 Cocoanu	ıt Pow		Other (specify) ▼	
3 3 3 3 3 GOLDANIC	it itow			
City		State	ZIP Code	
Palm Beach		FL	33480	
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
7 7	25.00	7	0.00 25.00	
TERMS		5	ata Dua - Internat Data - Casurado	
Date Incurred	2017 Y	M / D D D 21	ate Due Interest Rate Secured: 5.00 Yes Value	
			0004	
List All Endorsers or Guara	, ,,	o Loan Source	100 (5)	
1. Full Name (Last, First, Mic	ddle 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		ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial) Name of Employer			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	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/10.4768
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
15.00		0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 11 M / D 20 D / Y 2017 Y	01 / 21	/
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)		15.00
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 Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4769	
3			
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	
20.00		0.00 20.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 12 M / D 19 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)			
TOTALS This Period (last page in this line onl			
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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FOR LINE 13 OF FORM 3X

			Potation cultimary rage Fort Line 15 of Fortiw 5X
AME OF COMMITTEE (In Full) Citizens For Restoring			Transaction ID: SC/10.4818
LOAN SOURCE Full Name (Last, First, Middle Initial) Kiger, Robert, , ,			N
Mailing Address 339 Cocoant	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 7	35.00		0.00 35.00
TERMS Date Incurred			Date Due Interest Rate Secured:
M 05	Ž018 Y	M = M / D = D	
List All Endorsers or Guara	ntors (if any)	to Loan Source	
1. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This I	Page (optional)		
OTALS This Period (last page			33.00
Carry outstanding balance only	/ to LINE 3. So	nedule 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

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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/10.4820	
LOAN SOURCE Full Name (Last, First, M 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	
15.00	-	0.00	
TERMS Date Incurred	Di	ate Due Interest Rate Secured:	
M 05 M / D 17 D / Y 2018	M = M / D = D	5/17/2019 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 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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FOR LINE 13 OF FORM 3X

			Potation cultimary rage Fort Line 15 of Fortiw 5X
AME OF COMMITTEE (In Full Citizens For Restoring			Transaction ID: SC/10.4819
onizens i or itestoring	<u> </u>		
LOAN SOURCE Full Name (Last, First, Middle Initial) Kiger, Robert, , ,			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
	35.00		0.00 35.00
TERMS Date Incurred		[Pate Due Interest Rate Secured:
M 05	2018 Y	M = M / D = D	5.00 % (apr) 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)		
OTALS This Period (last page			33.00
Carry outstanding balance only	v to IINF 3 Sc	nedule 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

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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/10.4835	
LOAN SOURCE Full Name (Last, First, Mi 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	
25.00	-	0.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 08 M / D 15 D / Y 2018	M M / D D	/ 9/15/2019 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 onl			
carry outstanding balance only to LINE 3. Sc	nequie D. tor 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 Sulfilliary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4836
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	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
10.00	-	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 09 / 19 / 2018 Y	M = M / D = D	/ 9/15/2019 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 (optiona	l)	10.00
TOTALS This Period (last page in this line of		
carry outstanging balance only to LINE 3. S	cnequie 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

			Potation Carrinary Lago Fort Elive 15 of Fortiw 5X
AME OF COMMITTEE (In Full Citizens For Restoring			Transaction ID: SC/10.4841
nuzerio i oi recitoring			
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	ment To Date Balance Outstanding at Close of This Period
7	12.00		0.00 12.00
TERMS Date Incurred		Γ	ate Due Interest Rate Secured:
M 10 M / D 17 D / Y	2018	11 / 07	5.00 % (apr) 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)		
OTALS This Period (last page			, 12.00
carry outstanding balance only	/ to IINF 3 So	nedule 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

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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/10.4842
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
12.00		0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 10 M / D 23 D / Y 2018	11 / 07	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)		12.00
TOTALS This Period (last page in this line only		
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			
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4843			
<u> </u>					
LOAN SOURCE Full Name (Last, First, Kiger, Robert, , ,	Middle Initial)	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 Pay	ment To Date Balance Outstanding at Close of This Period			
85.00		0.00 85.00			
TERMS Date Incurred Date Due Interest Rate Secured:					
M11 / 23 / Y 2018	11 07	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	ıl)	85.00			
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3. S	chedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.			