Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Citizens United to Repeal Citizens United 3207 Deer Ct ADDRESS (number and street) (Check if address is changed) Brandon 33511 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cutrcu@aol.biz (Check if address is changed) Optional Second E-Mail Address ∣cnhayneş@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00674424 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Boyle, Kimberly, M., Ms., Type or Print Name of Treasurer Boyle, Kimberly, M., Ms., [Electronically Filed] 04 10 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
Nam Cand	e of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)			emocratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
		Corporation Wo Capital Stock	_abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number C	

FEO. F	22(2000)	D 2
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	to Repeal Citizens United	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in p	ossession of committee
Boyle, Kim	berly, M., Ms.,	1
Mailing Address	807 Antler Ct.	
,		
	Brandon FL 33511	
Title or Position	CITY STATE	ZIP CODE
Treasurer		485   -   4849
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
Full Name Boyle, Kiml of Treasurer	berly, M., Ms.,	
Mailing Address	807 Antler Ct.	
	Brandon	
Title or Position Treasurer	CITY STATE  Telephone number	ZIP CODE  485   -   4849
		I

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Full Name of Designated Agent	<u> </u>	<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other safety deposit b Name of Bank,	Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds.  Depository, etc.  PNC Bank	ds accounts, rents
Mailing Address	301 W. Brandon Blvd	
g / tudi 030	Brandon FL 33511	
ag / tudi 039	Brandon FL 33511  CITY STATE	ZIP CODE
Name of Bank,	CITY STATE	ZIP CODE
	CITY STATE	ZIP CODE
	CITY STATE  Depository, etc.	ZIP CODE
Name of Bank,	CITY STATE  Depository, etc.	ZIP CODE
Name of Bank,	CITY STATE  Depository, etc.	ZIP CODE

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v.FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: