

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

RESTORE THE CONSTITUTION COALITION

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hornaday, Alexander, , ,

Type or Print Name of Treasurer

Signature of Treasurer Hornaday, Alexander, , , [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**RESTORE THE CONSTITUTION COALITION**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="50386.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50386.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="24213.91"/>	<input type="text" value="24213.91"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="74599.91"/>	<input type="text" value="74599.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32059.71"/>	<input type="text" value="32059.71"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42540.20"/>	<input type="text" value="42540.20"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

RESTORE THE CONSTITUTION COALITION

Report Covering the Period: From: 01 / 01 / 2017 To: 06 / 30 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7600.00	7600.00
(ii) Unitemized .....	16613.91	16613.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24213.91	24213.91
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	24213.91	24213.91
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	24213.91	24213.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24213.91	24213.91

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4059.71	4059.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4059.71	4059.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	28000.00	28000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32059.71	32059.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32059.71	32059.71

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	24213.91	24213.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24213.91	24213.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4059.71	4059.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4059.71	4059.71

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Amagi Strategies**

Mailing Address 424 10 St #4C

City New York	State NY	Zip Code 10009
------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	10	/	2017

**Transaction ID : SA11AI.5047**

Amount of Each Receipt this Period  
3000.00

Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Fay, Robert, , ,**

Mailing Address 16 willowcroft Dr

City Littleton	State CO	Zip Code 80123
-------------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2017

**Transaction ID : SA11AI.4632**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Goldsbury, Christopher, , ,**

Mailing Address PO Box 460567

City San Antonio	State TX	Zip Code 78246
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Entrepreneur
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2017

**Transaction ID : SA11AI.4321**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

**A. Keeler, Dallys, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1519 Beichler Rd

City Garner	State NC	Zip Code 27529
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : SA11AI.5000**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**B. Lumkes, Jeff, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 911 Pavillion St

City Dallas	State TX	Zip Code 75204-5512
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) FiNonencial, Estate, & Benefits PI
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2017

**Transaction ID : SA11AI.4638**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

**C. Millard, Justin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 516 W Briar # 11C  
# 11C

City Chicago	State IL	Zip Code 60657
-----------------	-------------	-------------------

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

Name of Employer (for Individual) unemployed	Occupation (for Individual) unemployed
---	---

Receipt For: 2018  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2017

**Transaction ID : SA11AI.4245**

Amount of Each Receipt this Period  
350.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

**A. Millard, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 516 W Briar # 11C  
 # 11C  
 City Chicago State IL Zip Code 60657  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) unemployed Occupation (for Individual) unemployed  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2017  
**Transaction ID : SA11AI.4246**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item Contribution

**B. Sanders, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21543 Elm Hurst  
 City Katy State TX Zip Code 77450  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Unemployed Occupation (for Individual) Mechanical Engineer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2017  
**Transaction ID : SA11AI.4237**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item Contribution

**C. Sanders, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21543 Elm Hurst  
 City Katy State TX Zip Code 77450  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Unemployed Occupation (for Individual) Mechanical Engineer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2017  
**Transaction ID : SA11AI.4828**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

**A. Teutsch, Jane and Ray, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26039 Mitchell Rd  
 City Hempstead State TX Zip Code 77445  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) self employed Occupation (for Individual) retired  
 Receipt For: 2018  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2017  
**Transaction ID : SA11AI.4771**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item Contribution

**B. Young, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 Reece Rd Apt 304  
 City Charlotte State NC Zip Code 28209  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For: 2018  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2017  
**Transaction ID : SA11AI.4355**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item Contribution

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary     General  
 Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7600.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

Full Name (Last, First, Middle Initial)

### A. The Law Office of Alexander Hornaday

Mailing Address 1624 Market Street  
ste 202

City Denver State CO Zip Code 80202

Purpose of Disbursement  
Legal and Compliance

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
01 / 10 / 2017

FEC Identification Number  
C  
Transaction ID : SB21B.5033  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. The Law Office of Alexander Hornaday

Mailing Address 1624 Market Street  
ste 202

City Denver State CO Zip Code 80202

Purpose of Disbursement  
Legal and Compliance

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
02 / 10 / 2017

FEC Identification Number  
C  
Transaction ID : SB21B.5035  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. The Law Office of Alexander Hornaday

Mailing Address 1624 Market Street  
ste 202

City Denver State CO Zip Code 80202

Purpose of Disbursement  
Legal and Compliance

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
03 / 10 / 2017

FEC Identification Number  
C  
Transaction ID : SB21B.5036  
Amount of Each Disbursement this Period  
500.00

Memo Item

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

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

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

Full Name (Last, First, Middle Initial)

**A. The Law Office of Alexander Hornaday**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2017

Mailing Address 1624 Market Street  
ste 202

City Denver State CO Zip Code 80202

Purpose of Disbursement  
Legal and Compliance

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B.5037
Amount of Each Disbursement this Period
500.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. The Law Office of Alexander Hornaday**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2017

Mailing Address 1624 Market Street  
ste 202

City Denver State CO Zip Code 80202

Purpose of Disbursement  
Legal and Compliance

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B.5038
Amount of Each Disbursement this Period
500.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Law Office of Alexander Hornaday**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2017

Mailing Address 1624 Market Street  
ste 202

City Denver State CO Zip Code 80202

Purpose of Disbursement  
Legal and compliance

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B.5039
Amount of Each Disbursement this Period
500.00

Candidate Name

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

Memo Item

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

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

1500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

**A. Wells, Linda, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 75 Oehler Dr

City Bristol State CT Zip Code 06010

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5044

Amount of Each Disbursement this Period: 235.57

Memo Item

**B. Wells Fargo**

Full Name (Last, First, Middle Initial)

Mailing Address 420 Montgomery Ave

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5043

Amount of Each Disbursement this Period: 197.53

Memo Item

**C. Wells Fargo**

Full Name (Last, First, Middle Initial)

Mailing Address 420 Montgomery Ave

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5042

Amount of Each Disbursement this Period: 276.09

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 709.19

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**RESTORE THE CONSTITUTION COALITION**

**A. Wells Fargo**

Full Name (Last, First, Middle Initial)

Mailing Address 420 Montgomery Ave

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5040

Amount of Each Disbursement this Period: 186.70

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	186.70
<b>TOTAL</b> This Period (last page this line number only).....▶	3895.89

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) RESTORE THE CONSTITUTION COALITION
FEC IDENTIFICATION NUMBER C C00584482

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Amagi Strategies
Mailing Address 424 10 St #4C
City New York State NY Zip Code 10009
Purpose of Expenditure content creation, list licensing, marketing send fees
Category/Type 004
Date of Public Distribution/Dissemination 01/28/2017
Amount 7000.00
Transaction ID : SE.5028
Date of Disbursement or Obligation 01/15/2017
Name of Federal Candidate: CRUZ, RAFAEL EDWARD TED, , , Support
Office Sought: Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 7000.00
Disbursement For: Primary 2018

Full Name of Payee Amagi Strategies
Mailing Address 424 10 St #4C
City New York State NY Zip Code 10009
Purpose of Expenditure Content creation, list licensing, marketing send fees
Category/Type 004
Date of Public Distribution/Dissemination 02/28/2017
Amount 7000.00
Transaction ID : SE.5031
Date of Disbursement or Obligation 02/15/2017
Name of Federal Candidate: CRUZ, RAFAEL EDWARD TED, , , Support
Office Sought: Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 14000.00
Disbursement For: Primary 2018

(a) SUBTOTAL of Itemized Independent Expenditures 14000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hornaday, Alexander, , , [Electronically Filed] Date 07/30/2017
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) RESTORE THE CONSTITUTION COALITION
FEC IDENTIFICATION NUMBER C C00584482

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Amagi Strategies
Mailing Address 424 10 St #4C
City New York State NY Zip Code 10009
Purpose of Expenditure Content creation, list licensing, marketing send fees
Category/Type 004
Date of Public Distribution/Dissemination 04/10/2017
Amount 14000.00
Transaction ID: SE.5032
Date of Disbursement or Obligation 04/08/2017

Name of Federal Candidate: CRUZ, RAFAEL EDWARD TED, ,
Support Oppose
Office Sought: House District: 00
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 28000.00
Disbursement For: Primary General
Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 14000.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 28000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hornaday, Alexander, , [Electronically Filed]
Signature

Date 07/30/2017