24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
RESTORE THE CONSTITUTION COALITION	C C00584482
	0 0000
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee Amagi Strategies	Date of Public Distribution/Dissemination
	01 28 2017
Mailing Address 424 E. 10th Street	Amount
#4C	7000 00
City State Zip Code New York NY 10009	7000.00 Transaction ID: WFT20171171225-1
	Date of Disbursement or Obligation
Purpose of Expenditure Content writing, email list licensing, marketing charge Category/ Type	01 15 / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Ted, Cruz, , ,	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Disb	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Amagi Strategies	02 28 2017
Mailing Address 424 E. 10th Street	
#4C	Amount
City State Zip Code	7000.00
New York NY 10009	Transaction ID: WFT20171171227-1 Date of Disbursement or Obligation
Purpose of Expenditure Content writing, email list licensing, marketing charge Category/ Type	02 15 / 2017
Name of Federal Candidate Support Office	ee Sought: House District:
Ted, Cruz, , ,	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Disk 201	
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	14000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	14000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
24.0	02 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	