

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:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) 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="2016"/>		9250.46
(b) Cash on Hand at Beginning of Reporting Period.....	9250.46	
(c) Total Receipts (from Line 19)	38413.06	38413.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47663.52	47663.52
7. Total Disbursements (from Line 31).....	5793.06	5793.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	41870.46	41870.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	9473.00	

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 / 2016 To: 03 / 31 / 2016

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).....	9475.00	9475.00
(ii) Unitemized	28938.06	28938.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	38413.06	38413.06
(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)	38413.06	38413.06
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)).....▶	38413.06	38413.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	38413.06	38413.06

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	4193.06	4193.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4193.06	4193.06
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)	1500.00	1500.00
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	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
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)) ..	5793.06	5793.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5793.06	5793.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	38413.06	38413.06
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38313.06	38313.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4193.06	4193.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4193.06	4193.06

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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.

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)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. beryl, goldman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3610 lindenwood Ave
 City dallas State TX Zip Code 75205
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) pcms Occupation (for Individual) president
 Receipt For: 2016
 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 / 04 / 2016
Transaction ID : SA11AI.4872
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Contribution

B. Bradley, West, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24503 birdie Rdg
 City San antonio State TX Zip Code 78260
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Occupation (for Individual) Business owner
 Receipt For: 2016
 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
 02 / 12 / 2016
Transaction ID : SA11AI.5016
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Contribution

C. Daryl, Siders, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1722 Jasper Rd
 City Xenia State OH Zip Code 45385
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) self Occupation (for Individual) farmer
 Receipt For: 2016
 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 / 27 / 2016
Transaction ID : SA11AI.4591
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL 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 17
	<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. Denis, Kerasotes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Fairview Ln
 City Springfield State IL Zip Code 62711
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) none Occupation (for Individual) retired
 Receipt For: 2016
 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
 01 / 30 / 2016
Transaction ID : SA11AI.4742
 Amount of Each Receipt this Period
 250.00
 Memo Item Contribution

B. James & Georgia, Littlepage, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1326
 City Prosper State TX Zip Code 75078
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 Receipt For: 2016
 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
 03 / 02 / 2016
Transaction ID : SA11AI.5501
 Amount of Each Receipt this Period
 250.00
 Memo Item Contribution

C. Jan, Kilic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 Woodruff Plantation Pkwy
 City Marietta State GA Zip Code 30067
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: 2016
 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 / 04 / 2016
Transaction ID : SA11AI.4372
 Amount of Each Receipt this Period
 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL 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 9 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. John, Robertson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20702 US Highway 23
 City Chillicothe State OH Zip Code 45601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Infosight Corp Occupation (for Individual) CEO
 Receipt For: 2016
 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
 03 / 05 / 2016
Transaction ID : SA11AI.4598
 Amount of Each Receipt this Period
 250.00
 Memo Item Contribution

B. Lavanda, Moffet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6520 LA poza Ct
 City Citrus Heights State CA Zip Code 95621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: 2016
 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
 03 / 13 / 2016
Transaction ID : SA11AI.5298
 Amount of Each Receipt this Period
 250.00
 Memo Item Contribution

C. Leslie, Garrett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 Ridgeview Trl SE
 City Cartersville State GA Zip Code 30120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Homemaker/Small Home Business Occupation (for Individual) Custom Home Designs
 Receipt For: 2016
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2016
Transaction ID : SA11AI.4380
 Amount of Each Receipt this Period
 25.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL 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 10 OF 17
<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. Marti, Hoots, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Box 36
 City Deeth State NV Zip Code 89823
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) self Occupation (for Individual) self
 Receipt For: 2016
 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
 01 / 03 / 2016
Transaction ID : SA11AI.5202
 Amount of Each Receipt this Period
 250.00
 Memo Item Contribution

B. Michael, Braun, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Wimbledon Dr
 City Dover State DE Zip Code 19904
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Occupation (for Individual) Accountant
 Receipt For: 2016
 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
 03 / 09 / 2016
Transaction ID : SA11AI.4231
 Amount of Each Receipt this Period
 250.00
 Memo Item Contribution

C. Michael, Ratke, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 Avenue A
 City Farwell State TX Zip Code 79325
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Farmer
 Receipt For: 2016
 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 / 06 / 2016
Transaction ID : SA11AI.5034
 Amount of Each Receipt this Period
 250.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL 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 11 OF 17
<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. Peter, vonRosenberg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 507 Angus Dr

City Columbia	State SC	Zip Code 29223
------------------	-------------	-------------------

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

Name of Employer (for Individual) Computer Sciences Corporation	Occupation (for Individual) Computer Programmer
--	--

Receipt For: 2016
 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	/	23	/	2016

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period
250.00

Memo Item Contribution

B. Philip, Davis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11655 Gold Country Blvd

City Gold River	State CA	Zip Code 95670
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) retired
--	--

Receipt For: 2016
 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
03	/	09	/	2016

Transaction ID : SA11AI.5302

Amount of Each Receipt this Period
250.00

Memo Item Contribution

C. Raul, Gazmuri, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 505 N Lake Shore Dr
Apt 3503

City Chicago	State IL	Zip Code 60611
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Federal Health Care Centr	Occupation (for Individual) Physician
--	--

Receipt For: 2016
 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
03	/	12	/	2016

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period
250.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL 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 12 OF 17
<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. Rob A. and Talley, Brown, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1196
 City Stinnett State TX Zip Code 79083
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) self - employed Occupation (for Individual) Ranching / Beef Industry
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2016
Transaction ID : SA11AI.5032
 Amount of Each Receipt this Period
 5000.00
 Memo Item Contribution

B. Robert, Morrison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Rock House Ct
 City Signal Mountain State TN Zip Code 37377
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) MSA, Inc. Occupation (for Individual) Partner
 Receipt For: 2016
 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
 01 / 02 / 2016
Transaction ID : SA11AI.4513
 Amount of Each Receipt this Period
 250.00
 Memo Item Contribution

C. Susan, Bayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Tanner Woods
 City San Antonio State TX Zip Code 78248
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Retired Occupation (for Individual) N/A
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2016
Transaction ID : SA11AI.5014
 Amount of Each Receipt this Period
 200.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	9475.00

**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. Amagi Strategies

Date of Disbursement: MM / DD / YYYY
03 / 11 / 2016

Mailing Address: 424 E 10th St 4D
City: New York State: NY Zip Code: 10009

Purpose of Disbursement: Payment to Amagi for Account Payable from 2015
Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C**
Transaction ID : **SB21B.5527**
Amount of Each Disbursement this Period: 1527.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Democracy Engine

Date of Disbursement: MM / DD / YYYY
01 / 31 / 2016

Mailing Address: 2125 14th St NW
City: Washington State: DC Zip Code: 20009

Purpose of Disbursement: MERCHANT PROCESSING FEES
Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C**
Transaction ID : **SB21B.5538**
Amount of Each Disbursement this Period: 506.82
 Memo Item

Full Name (Last, First, Middle Initial)
C. Democracy Engine

Date of Disbursement: MM / DD / YYYY
02 / 29 / 2016

Mailing Address: 2125 14th St NW
City: Washington State: DC Zip Code: 20009

Purpose of Disbursement: _____
Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C**
Transaction ID : **SB21B.5540**
Amount of Each Disbursement this Period: 1672.86
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3706.68

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

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 Fargo Merchant Processing

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6010

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5524

Amount of Each Disbursement this Period: 486.38

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

Disbursement For: Primary General Other (specify) ▼

State: District:

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	486.38
TOTAL This Period (last page this line number only).....▶	4193.06

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
RESTORE THE CONSTITUTION COALITION

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amagi Strategies			Nature of Debt (Purpose): Amount Amgai paid for Compliance and Legal Services
Mailing Address 424 E 10th St 4D			
City New York	State NY	Zip Code 10009	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5531	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amagi Strategies			Nature of Debt (Purpose): Amount Amgai Paid for Compliance Legal services
Mailing Address 424 E 10th St 4D			
City New York	State NY	Zip Code 10009	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5532	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amagi Strategies			Nature of Debt (Purpose): Amount Owed to Amagi for Compliance and legal Services
Mailing Address 424 E 10th St 4D			
City New York	State NY	Zip Code 10009	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5534	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1500.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
RESTORE THE CONSTITUTION COALITION

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amagi Strategies			Nature of Debt (Purpose): Carry forward from 2015 Accounts owed less 3/11 payment
Mailing Address 424 E 10th St 4D			
City New York	State NY	Zip Code 10009	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.5530	
Amount Incurred This Period 7973.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7973.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	7973.00
2) TOTALS This Period (last page this line number only)..... ▶	9473.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	9473.00

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 E 10th St 4D
City New York State NY Zip Code 10009
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 02/29/2016
Amount 1500.00
Transaction ID: SE.5522
Date of Disbursement or Obligation 03/11/2016

Name of Federal Candidate: CRUZ, RAFAEL EDWARD 'TED', , ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2016 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 Senate State:
Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 1500.00; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 1500.00

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]

Date 12/22/2017

Signature