Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. 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 cnhaynes@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) cutrcu.cutrcu.biz (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. Haynes, Charles, N, Mr, Type or Print Name of Treasurer Haynes, Charles, N, Mr, [Electronically Filed] 02 2020 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

FF0 =	4 (Davided 00/0000)	D 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
_	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Na		- 0
Repeal Citize		
•	ed Organization, Affiliated Committee, Joint Fundraising Representative, or I	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: I books and records. 	Identify by name, address (phone number optional) and position of the perso	n in possession of committee
Haynes	s, Charles, N, Mr,	
Mailing Address	3207 Deer Ct	
maming / taulous		
	Brandon	33511
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 813	_ 438 8231
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	I the name and address of
Full Name Haynes of Treasurer	s, Charles, N, Mr,	
Mailing Address	3207 Deer Ct	
		33511
Title or Position Treasurer	CITY STATE 813	ZIP CODE
	Telephone number	_

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Full Name of Designated Agent	Boyle, Kimberly, M, ,	, , , , , , , , , , , , , , , , , , ,				
Mailing Address	807 Antler Ct					
	Brandon FL 33511 CITY STATE ZIP	CODE				
Title or Position Designated agei	nt Telephone number 813 245	_ 4849				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
Mailing Address	Bmo Harris Bank 103 Bloomingdale Ave					
Mailing Address	Brandon FL 33511					
	CITY STATE ZIP	P CODE				
Name of Bank, D	Depository, etc.					
Mailing Address						
	CITY STATE ZIP	CODE				