

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 2019 AUG 7 AM 9:45

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

12FE4M5

Innervative Crusaders of Truth

ADDRESS (number and street)

3200 Northwood Drive #211



Check if different than previously reported. (ACC)

Concord CA 94520-9863

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00570614

3. IS THIS REPORT NEW OR AMENDED



STATE DISTRICT CA

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 Midyear Report per (ma)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

01/01/2019 through 07/31/2019

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

Type or Print Name of Treasurer

Matthew Doy

Signature of Treasurer

Matthew Doy signature

Date

07/20/2019

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

Table with 10 columns for Office Use Only

**SUMMARY PAGE**

of Receipts and Disbursements

Write or Type Committee Name

Report Covering the Period: From:

07 09 2019

To:

07 31 2019

**COLUMN A**  
This Period

**COLUMN B**  
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions (other than loans) (from Line 11(e)) ....

0.00

0.00

(b) Total Contribution Refunds (from Line 20(d)) .....

0.00

0.00

(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....

0.00

0.00

7. Net Operating Expenditures

(a) Total Operating Expenditures (from Line 17) .....

0.00

0.00

(b) Total Offsets to Operating Expenditures (from Line 14) .....

0.00

0.00

(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....

0.00

0.00

8. Cash on Hand at Close of Reporting Period (from Line 27) .....

0.00

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) .....

4,980.00

For further information contact:

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

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

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Receipts

Page 3

Write or Type Committee Name

Report Covering the Period: From:

07 ' 07 ' 2019

To:

07 ' 31 ' 2019

I. RECEIPTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) .....

(ii) Unitemized .....

(iii) TOTAL of contributions from individuals .....

(b) Political Party Committees .....

(c) Other Political Committees (such as PACs) .....

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

13. LOANS:

(a) Made or Guaranteed by the Candidate .....

(b) All Other Loans .....

(c) TOTAL LOANS (add Lines 13(a) and (b)) .....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) .....

Grid for Column A: Total This Period. Contains 16 rows of empty boxes for data entry.

Grid for Column B: Election Cycle-to-Date. Contains 16 rows of empty boxes for data entry.

NONPROFIT AND GOVERNMENT

DETAILED SUMMARY PAGE  
of Disbursements

II. DISBURSEMENTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

[Empty grid box for Column A, Line 17]

[Empty grid box for Column B, Line 17]

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES.....

[Empty grid box for Column A, Line 18]

[Empty grid box for Column B, Line 18]

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

[Empty grid box for Column A, Line 19(a)]

[Empty grid box for Column B, Line 19(a)]

(b) Of All Other Loans.....

[Empty grid box for Column A, Line 19(b)]

[Empty grid box for Column B, Line 19(b)]

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

[Empty grid box for Column A, Line 19(c)]

[Empty grid box for Column B, Line 19(c)]

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees.....

[Empty grid box for Column A, Line 20(a)]

[Empty grid box for Column B, Line 20(a)]

(b) Political Party Committees.....

[Empty grid box for Column A, Line 20(b)]

[Empty grid box for Column B, Line 20(b)]

(c) Other Political Committees  
(such as PACs).....

[Empty grid box for Column A, Line 20(c)]

[Empty grid box for Column B, Line 20(c)]

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

[Empty grid box for Column A, Line 20(d)]

[Empty grid box for Column B, Line 20(d)]

21. OTHER DISBURSEMENTS.....

[Empty grid box for Column A, Line 21]

[Empty grid box for Column B, Line 21]

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

[Empty grid box for Column A, Line 22]

[Empty grid box for Column B, Line 22]

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

[Empty grid box for Column B, Line 23]

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

[Empty grid box for Column B, Line 24]

25. SUBTOTAL (add Line 23 and Line 24).....

[Empty grid box for Column B, Line 25]

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

[Empty grid box for Column B, Line 26]

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

[Empty grid box for Column B, Line 27]

2025 RELEASE UNDER E.O. 14176

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p><input type="checkbox"/> Memo Item</p>		
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p><input type="checkbox"/> Memo Item</p>		
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p><input type="checkbox"/> Memo Item</p>		
<p><b>SUBTOTAL</b> of Disbursements This Page (optional).....▶</p>			<p>.....▶</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>			<p>.....▶</p>		

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a. <input type="checkbox"/> 13b.

NAME OF COMMITTEE (In Full)  
*Innovative Crusaders of Truth*

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>Matthew Doyle</i>	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>shirts/hats</i>
Mailing Address <i>3200 Northwood Drive 211</i>		
City <i>Concord</i>	State <i>CA</i>	ZIP Code <i>94520</i>
<input type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan <i>6,800</i>	Cumulative Payment To Date <i>1,200</i>	Balance Outstanding at Close of This Period <i>4,980</i>
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TERMS	Date Incurred <i>MM/DD/YYYY</i> <i>06/2017</i>	Date Due <i>MM/DD/YYYY</i>	Interest Rate (if none, enter 0) <i>N/A</i> % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-------	--	-------------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="000"/>
TOTALS This Period (last page in this line only)	<input type="text" value="4980"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-1 (FEC Form 3)**

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <b>C</b>	
-----------------------------	--	---------------------------------------	--

LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	
City	State	Zip Code	Date Due

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: What is the value of this collateral?  
Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  
Date account established: Location of account:  
Address:  
City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER  
Typed Name  
Signature  
DATE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE  
Typed Name  
Signature  
Title  
DATE

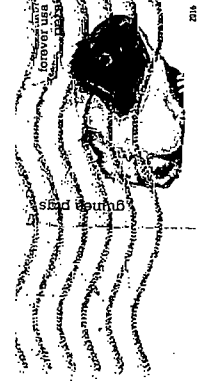


Mr. Matthew Doyle  
3200 Northwood Dr. Apt. 211  
Concord, CA 94520-4501

Federal Election Committee  
999 F St. NW  
Washington D.C. 20463


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**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 7-30-19	8-7-19
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	8-7-19 DATE PREPARED

20190807 10:00:00 AM