24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

PAGE 1 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
RIGHT WAY SUPERPAC	C C00620138	
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file		
Full Name of Payee	Date of Public Distribution/Dissemination	
DEL CIELÓ MEDIA LLC	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1427 LESLIE AVE	Amount	
SUITE 102		
City State Zip Coc ALEXANDRIA VA 22301	7	
Purpose of Expenditure MEDIA PLACEMENT Category T		
Name of Federal Candidate	Support Office Sought: X House District: 02	
MARY THOMAS	Oppose President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 219699	Disbursement For:	
Full Name of Payee DEL CIELO MEDIA LLC	Date of Public Distribution/Dissemination	
Mailing Address 1427 LESLIE AVE	08 18 2016 Amount	
SUITE 102	Amount	
City State Zip Coo ALEXANDRIA VA 22301	Transaction ID : SE.4223	
Purpose of Expenditure MEDIA PLACEMENT Category T	egory/ Type 004 Date of Disbursement or Obligation 2016	
Name of Federal Candidate	Support Office Sought: House District: 02	
MARY THOMAS	Oppose President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 24926	Disbursement For: Primary General 2016 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures		
	7 7 7	
(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.		
DANIEL FLYNN [Electronically Filed] Date 08 19 2016		
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
RIGHT WAY SUPERPAC		
	C C00620138	
Check if Z 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination	
DEL CIELO MEDIA LLC	08 18 2016	
Mailing Address 1427 LESLIE AVE	Amount	
SUITE 102	Amount	
City State Zip Code	17362.62	
ALEXANDRIA VA 22301	Transaction ID : SE.4224 Date of Disbursement or Obligation	
Purpose of Expenditure MEDIA PLACEMENT Category/ Type 004	08 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office	e Sought: X House District: 02	
NEAL PATRICK DUNN MD FACS Oppose	President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For:	
Full Name of Payee RED PRINT STRATEGY	Date of Public Distribution/Dissemination	
Mailing Address PO BOX 710993	08 18 2016 Amount	
City State Zip Code	1575.00	
HERNDON VA 20171	Transaction ID : SE.4221 Date of Disbursement or Obligation	
Purpose of Expenditure MEDIA PRODUCTION Category/ Type 004	08 19 2016	
Name of Federal Candidate Support Office	e Sought: X House District: 02	
MARY THOMAS Oppose	President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	or o	
(a) SUBTOTAL of Itemized Independent Expenditures	18937.62	
	7 7 7	
(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.		
	8 19 2016	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
RIGHT WAY SUPERPAC	C C00620138	
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee RED PRINT STRATEGY	Date of Public Distribution/Dissemination	
Mailing Address PO BOX 710993	08 / 18 / 2016	
	Amount	
City State Zip Code	925.00	
HERNDON VA 20171	Transaction ID : SE.4225 Date of Disbursement or Obligation	
Purpose of Expenditure MEIDA PRODUCTION Category/ Type	004 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Suppo	rt Office Sought: X House District: 02	
NEAL PATRICK DUNN MD FACS Oppos		
Calendar Year-To-Date Per Election for Office Sought 269125.00	Disbursement For:	
Full Name of Payee	Date of Public Distribution/Dissemination	
Mailing Address	Amount	
City State Zip Code		
	Date of Disbursement or Obligation	
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Suppo	ort Office Sought: House District:	
Oppos	Se President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶	
	Carlet (openity)	
(a) SUBTOTAL of Itemized Independent Expenditures	925.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	·······)	
(c) TOTAL Independent Expenditures	143025.00	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.		
	Date 08 19 2016	
Signature		