

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.
RIGHT TO RISE PAC, INC.

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.
Type or Print Name of Treasurer JAMES P. ROBINSON

Signature of Treasurer JAMES P. ROBINSON [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

RIGHT TO RISE PAC, INC.

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="0"/>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	460158.18	
(c) Total Receipts (from Line 19)	49807.08	5406391.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	509965.26	5406391.44
7. Total Disbursements (from Line 31).....	184480.52	5080906.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	325484.74	325484.74
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)	0.00	

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

RIGHT TO RISE PAC, INC.

Report Covering the Period: From: / / To: / /

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).....	41985.00	4403117.11
(ii) Unitemized	3205.78	284385.02
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45190.78	4687502.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	26425.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	45190.78	4713927.13
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).....	4616.30	62808.19
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	629656.12
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))..... ▶	49807.08	5406391.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49807.08	5406391.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	164320.52	4718521.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	164320.52	4718521.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	303800.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	160.00	58585.00
(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)).....	160.00	58585.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	184480.52	5080906.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	184480.52	5080906.70

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	45190.78	4713927.13
34. Total Contribution Refunds (from Line 28(d))	160.00	58585.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45030.78	4655342.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	164320.52	4718521.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	4616.30	62808.19
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	159704.22	4655713.51

**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 6 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. MR. CHRIS ALBRECHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 10775 GRENADIER LN
 City ALPHARETTA State GA Zip Code 30022-7049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KCH INVESTMENTS, LLC Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 01 / 2015
Transaction ID : SA11.139606
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. MR. GEORGE BOGDANOVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2010 PRICE RD
 City HARTLAND State WI Zip Code 53029-9350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PERSONNEL SPECIALISTS Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 07 / 27 / 2015
Transaction ID : SA11.134037
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. MR. GEORGE BOGDANOVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2010 PRICE RD
 City HARTLAND State WI Zip Code 53029-9350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PERSONNEL SPECIALISTS Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11.161823
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5200.00
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 7 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. MR. GEORGE BOGDANOVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2010 PRICE RD
 City HARTLAND State WI Zip Code 53029-9350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PERSONNEL SPECIALISTS Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 08 / 27 / 2015
Transaction ID : SA11.161842
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MR. GEORGE BOGDANOVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2010 PRICE RD
 City HARTLAND State WI Zip Code 53029-9350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PERSONNEL SPECIALISTS Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 10 / 27 / 2015
Transaction ID : SA11.182143
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. MR. GEORGE BOGDANOVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2010 PRICE RD
 City HARTLAND State WI Zip Code 53029-9350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PERSONNEL SPECIALISTS Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11.182160
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 91
	<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)
RIGHT TO RISE PAC, INC.

A. MR. GEORGE BOGDANOVICH
Full Name (Last, First, Middle Initial)

Mailing Address 2010 PRICE RD

City HARTLAND State WI Zip Code 53029-9350

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

Name of Employer PERSONNEL SPECIALISTS Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11.182177

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

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

Mailing Address 1718 MOUNT VERNON RD SW

City ROANOKE State VA Zip Code 24015-2905

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

Name of Employer CATERPILLAR FINANCIAL Occupation TERRITORY MANAGER

Receipt For:
 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
 07 / 27 / 2015
Transaction ID : SA11.134036

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

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

Mailing Address 1718 MOUNT VERNON RD SW

City ROANOKE State VA Zip Code 24015-2905

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

Name of Employer CATERPILLAR FINANCIAL Occupation TERRITORY MANAGER

Receipt For:
 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
 09 / 27 / 2015
Transaction ID : SA11.161824

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 91
	<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)
RIGHT TO RISE PAC, INC.

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

Mailing Address 1718 MOUNT VERNON RD SW

City ROANOKE State VA Zip Code 24015-2905

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

Name of Employer CATERPILLAR FINANCIAL Occupation TERRITORY MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2015
Transaction ID : SA11.161843

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. MS. BRENDA CARMEL
Full Name (Last, First, Middle Initial)

Mailing Address 1000 S OCEAN BLVD

City BOCA RATON State FL Zip Code 33432-7616

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 09 / 2015
Transaction ID : SA11.134029

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C. MS. BRENDA CARMEL
Full Name (Last, First, Middle Initial)

Mailing Address 1000 S OCEAN BLVD

City BOCA RATON State FL Zip Code 33432-7616

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 09 / 2015
Transaction ID : SA11.134030

Amount of Each Receipt this Period 4500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5025.00

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 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

A. MR. KENNETH CARMEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 S OCEAN BLVD
 City BOCA RATON State FL Zip Code 33432-7616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COLLIERS Occupation VICE CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 09 / 2015
Transaction ID : SA11.134028
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. MR. PENG CHENG
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 HAMILTON RD
 City RIDGEWOOD State NJ Zip Code 07450-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHEMETALS, INC. Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 07 / 07 / 2015
Transaction ID : SA11.123562
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. DEBORAH COX-ROUSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5710 HERONPARK PL
 City LITHIA State FL Zip Code 33547-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer C&L CREATIVE SOLUTIONS OF FLORIDA Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2015
Transaction ID : SA11.134048
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5125.00
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 91
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

A. DEBORAH COX-ROUSH
Full Name (Last, First, Middle Initial)
Mailing Address 5710 HERONPARK PL

City LITHIA	State FL	Zip Code 33547-3810
----------------	-------------	------------------------

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

Name of Employer C&L CREATIVE SOLUTIONS OF FLORIDA	Occupation OWNER
---	---------------------

Receipt For:
 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
09	/	13	/	2015

Transaction ID : SA11.161828

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. DEBORAH COX-ROUSH
Full Name (Last, First, Middle Initial)
Mailing Address 5710 HERONPARK PL

City LITHIA	State FL	Zip Code 33547-3810
----------------	-------------	------------------------

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

Name of Employer C&L CREATIVE SOLUTIONS OF FLORIDA	Occupation OWNER
---	---------------------

Receipt For:
 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
08	/	13	/	2015

Transaction ID : SA11.161852

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. DEBORAH COX-ROUSH
Full Name (Last, First, Middle Initial)
Mailing Address 5710 HERONPARK PL

City LITHIA	State FL	Zip Code 33547-3810
----------------	-------------	------------------------

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

Name of Employer C&L CREATIVE SOLUTIONS OF FLORIDA	Occupation OWNER
---	---------------------

Receipt For:
 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
11	/	13	/	2015

Transaction ID : SA11.182156

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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:	PAGE 12 OF 91
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)
A. DEBORAH COX-ROUSH

Mailing Address 5710 HERONPARK PL

City State Zip Code
LITHIA FL 33547-3810

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

Name of Employer Occupation
C&L CREATIVE SOLUTIONS OF FLORIDA OWNER

Receipt For:
 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
12 / 16 / 2015
Transaction ID : SA11.182174

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DEBORAH COX-ROUSH

Mailing Address 5710 HERONPARK PL

City State Zip Code
LITHIA FL 33547-3810

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

Name of Employer Occupation
C&L CREATIVE SOLUTIONS OF FLORIDA OWNER

Receipt For:
 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
10 / 13 / 2015
Transaction ID : SA11.182460A

Amount of Each Receipt this Period
25.00

CONTRIBUTION

CHARGED BACK \$25.00 ON 10/23/2015

Full Name (Last, First, Middle Initial)
C. DEBORAH COX-ROUSH

Mailing Address 5710 HERONPARK PL

City State Zip Code
LITHIA FL 33547-3810

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

Name of Employer Occupation
C&L CREATIVE SOLUTIONS OF FLORIDA OWNER

Receipt For:
 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
10 / 23 / 2015
Transaction ID : SA11.182460B

Amount of Each Receipt this Period
-25.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional).....▶	25.00
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 13 OF 91
<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)
RIGHT TO RISE PAC, INC.

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

Mailing Address 162 N BEACH RD

City HOBE SOUND State FL Zip Code 33455-2129

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

Name of Employer M.E FIELDS INC Occupation AUTO DEALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.161854

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

B. MR. JOSEPH GERMAIN
Full Name (Last, First, Middle Initial)

Mailing Address 184 WELLESLEY AVE

City WELLESLEY State MA Zip Code 02481-7212

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 20 / 2015
Transaction ID : SA11.134010

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

C. MR. JAMES S. GREENE III
Full Name (Last, First, Middle Initial)

Mailing Address 2476 W BAYSHORE RD

City GULF BREEZE State FL Zip Code 32563-2524

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2015
Transaction ID : SA11.123563

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 10250.00

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 14 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. MARY R. GREENBERG
Full Name (Last, First, Middle Initial)

Mailing Address 589 WOODWARD RD

City NORTH PROVIDENCE State RI Zip Code 02904-3132

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : SA11.134018

Amount of Each Receipt this Period
 30.00

CONTRIBUTION

B. MR. BOB HILL
Full Name (Last, First, Middle Initial)

Mailing Address 1545 CORNICHE AVE

City CORAL GABLES State FL Zip Code 33146-2430

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

Name of Employer RONIN CAPITAL LLC Occupation SECURITIES TRADER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015

Transaction ID : SA11.134035

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

C. MR. BOB HILL
Full Name (Last, First, Middle Initial)

Mailing Address 1545 CORNICHE AVE

City CORAL GABLES State FL Zip Code 33146-2430

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

Name of Employer RONIN CAPITAL LLC Occupation SECURITIES TRADER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11.161809

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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: PAGE 15 OF 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

A. MR. BOB HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 CORNICHE AVE
 City State Zip Code
 CORAL GABLES FL 33146-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RONIN CAPITAL LLC SECURITIES TRADER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : SA11.161827
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. MR. BOB HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 CORNICHE AVE
 City State Zip Code
 CORAL GABLES FL 33146-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RONIN CAPITAL LLC SECURITIES TRADER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2015
Transaction ID : SA11.161848
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. MR. BOB HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 CORNICHE AVE
 City State Zip Code
 CORAL GABLES FL 33146-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RONIN CAPITAL LLC SECURITIES TRADER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2015
Transaction ID : SA11.182157
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 16 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. MR. BOB HILL
Full Name (Last, First, Middle Initial)

Mailing Address 1545 CORNICHE AVE

City CORAL GABLES State FL Zip Code 33146-2430

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

Name of Employer RONIN CAPITAL LLC Occupation SECURITIES TRADER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : SA11.182175

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

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

Mailing Address 8 TEES CT

City BLOOMINGTON State IL Zip Code 61704-1207

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

Name of Employer OLYMPIA C U S D NO. 16 Occupation DIRECTOR

Receipt For:
 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
 07 / 16 / 2015
Transaction ID : SA11.134011

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

C. MR. CYRUS KHEMALAAP
Full Name (Last, First, Middle Initial)

Mailing Address 4677 WINTHROP CT

City LAKE OSWEGO State OR Zip Code 97035-5732

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

Name of Employer DIRECT ON TARGET INC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : SA11.134046

Amount of Each Receipt this Period
 17.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.00

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 17 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

A. MR. CYRUS KHEMALAAP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4677 WINTHROP CT
 City LAKE OSWEGO State OR Zip Code 97035-5732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIRECT ON TARGET INC Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 10 / 06 / 2015
Transaction ID : SA11.161814
 Amount of Each Receipt this Period 17.00
 CONTRIBUTION

B. MR. CYRUS KHEMALAAP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4677 WINTHROP CT
 City LAKE OSWEGO State OR Zip Code 97035-5732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIRECT ON TARGET INC Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 09 / 06 / 2015
Transaction ID : SA11.161831
 Amount of Each Receipt this Period 17.00
 CONTRIBUTION

C. MR. CYRUS KHEMALAAP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4677 WINTHROP CT
 City LAKE OSWEGO State OR Zip Code 97035-5732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIRECT ON TARGET INC Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.161861
 Amount of Each Receipt this Period 17.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	51.00
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 18 OF 91
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

A. MR. CYRUS KHEMALAAP
Full Name (Last, First, Middle Initial)

Mailing Address 4677 WINTHROP CT

City LAKE OSWEGO State OR Zip Code 97035-5732

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

Name of Employer DIRECT ON TARGET INC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11.182153

Amount of Each Receipt this Period
 17.00

CONTRIBUTION

B. MR. CYRUS KHEMALAAP
Full Name (Last, First, Middle Initial)

Mailing Address 4677 WINTHROP CT

City LAKE OSWEGO State OR Zip Code 97035-5732

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

Name of Employer DIRECT ON TARGET INC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : SA11.182170

Amount of Each Receipt this Period
 17.00

CONTRIBUTION

C. MR. MICHAEL KOSKI
Full Name (Last, First, Middle Initial)

Mailing Address 3924 WOOD GREEN WAY

City TALLAHASSEE State FL Zip Code 32309-6804

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

Name of Employer EXP Occupation ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2015

Transaction ID : SA11.134045

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00

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 19 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

A. MR. MICHAEL KOSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3924 WOOD GREEN WAY
 City TALLAHASSEE State FL Zip Code 32309-6804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: EXP Occupation: ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt: **09 / 26 / 2015**
Transaction ID : SA11.161826
 Amount of Each Receipt this Period: **100.00**
CONTRIBUTION

B. MR. MICHAEL KOSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3924 WOOD GREEN WAY
 City TALLAHASSEE State FL Zip Code 32309-6804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: EXP Occupation: ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt: **08 / 26 / 2015**
Transaction ID : SA11.161845
 Amount of Each Receipt this Period: **100.00**
CONTRIBUTION

C. MR. MICHAEL KOSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3924 WOOD GREEN WAY
 City TALLAHASSEE State FL Zip Code 32309-6804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: EXP Occupation: ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt: **10 / 26 / 2015**
Transaction ID : SA11.182141
 Amount of Each Receipt this Period: **100.00**
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
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 20 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. MR. MICHAEL KOSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3924 WOOD GREEN WAY
 City TALLAHASSEE State FL Zip Code 32309-6804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: EXP Occupation: ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 11 / 29 / 2015
Transaction ID : SA11.182158
 Amount of Each Receipt this Period: 100.00
 CONTRIBUTION

B. MR. MICHAEL KOSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3924 WOOD GREEN WAY
 City TALLAHASSEE State FL Zip Code 32309-6804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: EXP Occupation: ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 12 / 29 / 2015
Transaction ID : SA11.182176
 Amount of Each Receipt this Period: 100.00
 CONTRIBUTION

C. MR. ROBERT LITTELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 14503 CLIFTY CT
 City TAMPA State FL Zip Code 33624-2600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: RETIRED Occupation: RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt: 07 / 12 / 2015
Transaction ID : SA11.134034
 Amount of Each Receipt this Period: 33.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	233.00
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: PAGE 21 OF 91
(check only one)

<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)
RIGHT TO RISE PAC, INC.

A. MR. ROBERT LITTELL
Full Name (Last, First, Middle Initial)
Mailing Address 14503 CLIFTY CT

City TAMPA	State FL	Zip Code 33624-2600
---------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2015

Transaction ID : SA11.161811

Amount of Each Receipt this Period

33.00

CONTRIBUTION

B. MR. ROBERT LITTELL
Full Name (Last, First, Middle Initial)
Mailing Address 14503 CLIFTY CT

City TAMPA	State FL	Zip Code 33624-2600
---------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2015

Transaction ID : SA11.161829

Amount of Each Receipt this Period

33.00

CONTRIBUTION

C. MR. ROBERT LITTELL
Full Name (Last, First, Middle Initial)
Mailing Address 14503 CLIFTY CT

City TAMPA	State FL	Zip Code 33624-2600
---------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2015

Transaction ID : SA11.161853

Amount of Each Receipt this Period

33.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	99.00
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 22 OF 91
	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial) A. MR. ROBERT LITTELL		Date of Receipt
Mailing Address 14503 CLIFTY CT		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
TAMPA	FL	33624-2600
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.182155
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="33.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="297.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR. ROBERT LITTELL		Date of Receipt
Mailing Address 14503 CLIFTY CT		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
TAMPA	FL	33624-2600
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.182173
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="33.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="297.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR. DANIEL S. LOEB		Date of Receipt
Mailing Address 390 PARK AVE FL 18		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEW YORK	NY	10022-4608
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.134231
Name of Employer	Occupation	Amount of Each Receipt this Period
THIRD POINT, LLC	INVESTMENT MANAGER	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5066.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 23 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. MR. ANDREW A. MACGREGOR
Full Name (Last, First, Middle Initial)

Mailing Address 242 FAIRMOUNT AVE

City CHATHAM State NJ Zip Code 07928-1825

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.00

Date of Receipt
07 / 22 / 2015
Transaction ID : SA11.134041

Amount of Each Receipt this Period
75.00

CONTRIBUTION

B. MR. ANDREW A. MACGREGOR
Full Name (Last, First, Middle Initial)

Mailing Address 242 FAIRMOUNT AVE

City CHATHAM State NJ Zip Code 07928-1825

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.00

Date of Receipt
08 / 19 / 2015
Transaction ID : SA11.161847

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. MR. ANDREW A. MACGREGOR
Full Name (Last, First, Middle Initial)

Mailing Address 242 FAIRMOUNT AVE

City CHATHAM State NJ Zip Code 07928-1825

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.00

Date of Receipt
08 / 13 / 2015
Transaction ID : SA11.161851

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00

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 24 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. MR. ANDREW A. MACGREGOR
Full Name (Last, First, Middle Initial)

Mailing Address 242 FAIRMOUNT AVE

City CHATHAM State NJ Zip Code 07928-1825

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.00

Date of Receipt
08 / 07 / 2015
Transaction ID : SA11.161858

Amount of Each Receipt this Period
40.00

CONTRIBUTION

B. MR. ANDREW A. MACGREGOR
Full Name (Last, First, Middle Initial)

Mailing Address 242 FAIRMOUNT AVE

City CHATHAM State NJ Zip Code 07928-1825

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.00

Date of Receipt
08 / 05 / 2015
Transaction ID : SA11.161871

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. MR. ANDREW A. MACGREGOR
Full Name (Last, First, Middle Initial)

Mailing Address 242 FAIRMOUNT AVE

City CHATHAM State NJ Zip Code 07928-1825

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.00

Date of Receipt
08 / 02 / 2015
Transaction ID : SA11.161874

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00

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 25 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. RICHARD F. MADDEN
Full Name (Last, First, Middle Initial)

Mailing Address 6703 DIANN ST NE

City OLYMPIA State WA Zip Code 98516-9323

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2015

Transaction ID : SA11.123509

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. RICHARD F. MADDEN
Full Name (Last, First, Middle Initial)

Mailing Address 6703 DIANN ST NE

City OLYMPIA State WA Zip Code 98516-9323

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : SA11.166957

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

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

Mailing Address 2207 CHARLESTON

City WESTON State FL Zip Code 33326-2316

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2015

Transaction ID : SA11.134039

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 26 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. WILLIAM MARKS
Full Name (Last, First, Middle Initial)
Mailing Address 2207 CHARLESTON

City WESTON	State FL	Zip Code 33326-2316
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11.161820

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. WILLIAM MARKS
Full Name (Last, First, Middle Initial)
Mailing Address 2207 CHARLESTON

City WESTON	State FL	Zip Code 33326-2316
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2015
Transaction ID : SA11.161838

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

C. WILLIAM MARKS
Full Name (Last, First, Middle Initial)
Mailing Address 2207 CHARLESTON

City WESTON	State FL	Zip Code 33326-2316
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2015
Transaction ID : SA11.161870

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 27 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. WILLIAM MARKS
Full Name (Last, First, Middle Initial)
Mailing Address 2207 CHARLESTON

City WESTON	State FL	Zip Code 33326-2316
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

Transaction ID : SA11.182163

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B. WILLIAM MARKS
Full Name (Last, First, Middle Initial)
Mailing Address 2207 CHARLESTON

City WESTON	State FL	Zip Code 33326-2316
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : SA11.182459A

Amount of Each Receipt this Period

100.00

CONTRIBUTION

CHARGED BACK \$100.00 ON 11/09/2015

C. WILLIAM MARKS
Full Name (Last, First, Middle Initial)
Mailing Address 2207 CHARLESTON

City WESTON	State FL	Zip Code 33326-2316
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : SA11.182459B

Amount of Each Receipt this Period

-100.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 28 OF 91
	<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)
RIGHT TO RISE PAC, INC.

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

Mailing Address 5329 WILLARD AVE

City CHEVY CHASE State MD Zip Code 20815-4601

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

Name of Employer ENTERPRISE COMMUNITY PARTNERS Occupation PROGRAM DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11.182425A

Amount of Each Receipt this Period 250.00

CONTRIBUTION

CHARGED BACK \$250.00 ON 12/10/2015

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

Mailing Address 5329 WILLARD AVE

City CHEVY CHASE State MD Zip Code 20815-4601

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

Name of Employer ENTERPRISE COMMUNITY PARTNERS Occupation PROGRAM DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 10 / 2015
Transaction ID : SA11.182425B

Amount of Each Receipt this Period -250.00

CONTRIBUTION

CHARGED BACK

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

Mailing Address 5329 WILLARD AVE

City CHEVY CHASE State MD Zip Code 20815-4601

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

Name of Employer ENTERPRISE COMMUNITY PARTNERS Occupation PROGRAM DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 03 / 2015
Transaction ID : SA11.182450A

Amount of Each Receipt this Period 250.00

CONTRIBUTION

CHARGED BACK \$250.00 ON 12/10/2015

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 29 OF 91
	<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)
RIGHT TO RISE PAC, INC.

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

Mailing Address 5329 WILLARD AVE

City CHEVY CHASE State MD Zip Code 20815-4601

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

Name of Employer ENTERPRISE COMMUNITY PARTNERS Occupation PROGRAM DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : SA11.182450B

Amount of Each Receipt this Period
 -250.00

CONTRIBUTION

CHARGED BACK

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

Mailing Address 5329 WILLARD AVE

City CHEVY CHASE State MD Zip Code 20815-4601

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

Name of Employer ENTERPRISE COMMUNITY PARTNERS Occupation PROGRAM DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2015
Transaction ID : SA11.182451A

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

CHARGED BACK \$250.00 ON 12/10/2015

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

Mailing Address 5329 WILLARD AVE

City CHEVY CHASE State MD Zip Code 20815-4601

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

Name of Employer ENTERPRISE COMMUNITY PARTNERS Occupation PROGRAM DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : SA11.182451B

Amount of Each Receipt this Period
 -250.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional).....▶	-250.00
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 30 OF 91
	<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)
RIGHT TO RISE PAC, INC.

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

Mailing Address 5329 WILLARD AVE

City CHEVY CHASE State MD Zip Code 20815-4601

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

Name of Employer ENTERPRISE COMMUNITY PARTNERS Occupation PROGRAM DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA11.182452A

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

CHARGED BACK \$250.00 ON 12/10/2015

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

Mailing Address 5329 WILLARD AVE

City CHEVY CHASE State MD Zip Code 20815-4601

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

Name of Employer ENTERPRISE COMMUNITY PARTNERS Occupation PROGRAM DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : SA11.182452B

Amount of Each Receipt this Period
 -250.00

CONTRIBUTION

CHARGED BACK

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

Mailing Address 5329 WILLARD AVE

City CHEVY CHASE State MD Zip Code 20815-4601

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

Name of Employer ENTERPRISE COMMUNITY PARTNERS Occupation PROGRAM DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2015
Transaction ID : SA11.182453A

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

CHARGED BACK \$250.00 ON 12/10/2015

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 31 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

A. MANUEL OCHOA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5329 WILLARD AVE
 City CHEVY CHASE State MD Zip Code 20815-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ENTERPRISE COMMUNITY PARTNERS Occupation PROGRAM DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **12 / 10 / 2015**
Transaction ID : SA11.182453B
 Amount of Each Receipt this Period **-250.00**
 CONTRIBUTION
 CHARGED BACK

B. MANUEL OCHOA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5329 WILLARD AVE
 City CHEVY CHASE State MD Zip Code 20815-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ENTERPRISE COMMUNITY PARTNERS Occupation PROGRAM DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **07 / 03 / 2015**
Transaction ID : SA11.182454A
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION
 CHARGED BACK \$250.00 ON 12/10/2015

C. MANUEL OCHOA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5329 WILLARD AVE
 City CHEVY CHASE State MD Zip Code 20815-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ENTERPRISE COMMUNITY PARTNERS Occupation PROGRAM DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **12 / 10 / 2015**
Transaction ID : SA11.182454B
 Amount of Each Receipt this Period **-250.00**
 CONTRIBUTION
 CHARGED BACK

SUBTOTAL of Receipts This Page (optional).....	-250.00
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 32 OF 91
<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial) A. MANUEL OCHOA		Date of Receipt MM / DD / YYYY 12 / 10 / 2015 Transaction ID : SA11.182455
Mailing Address 5329 WILLARD AVE		Amount of Each Receipt this Period -250.00
City CHEVY CHASE	State MD	Zip Code 20815-4601
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer ENTERPRISE COMMUNITY PARTNERS	Occupation PROGRAM DIRECTOR	CHARGED BACK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) B. MANUEL OCHOA		Date of Receipt MM / DD / YYYY 12 / 10 / 2015 Transaction ID : SA11.182456
Mailing Address 5329 WILLARD AVE		Amount of Each Receipt this Period -250.00
City CHEVY CHASE	State MD	Zip Code 20815-4601
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer ENTERPRISE COMMUNITY PARTNERS	Occupation PROGRAM DIRECTOR	CHARGED BACK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) C. MANUEL OCHOA		Date of Receipt MM / DD / YYYY 12 / 10 / 2015 Transaction ID : SA11.182457
Mailing Address 5329 WILLARD AVE		Amount of Each Receipt this Period -250.00
City CHEVY CHASE	State MD	Zip Code 20815-4601
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer ENTERPRISE COMMUNITY PARTNERS	Occupation PROGRAM DIRECTOR	CHARGED BACK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

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 33 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial) A. MANUEL OCHOA		Date of Receipt MM / DD / YYYY 12 / 10 / 2015
Mailing Address 5329 WILLARD AVE		Transaction ID : SA11.182458
City CHEVY CHASE	State MD	Zip Code 20815-4601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -250.00
Name of Employer ENTERPRISE COMMUNITY PARTNERS	Occupation PROGRAM DIRECTOR	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	CHARGED BACK

Full Name (Last, First, Middle Initial) B. JOSEPH PARISIAN		Date of Receipt MM / DD / YYYY 07 / 06 / 2015
Mailing Address 6603 68TH ST E		Transaction ID : SA11.134049
City BRADENTON	State FL	Zip Code 34203-9766
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer SELF-EMPLOYED	Occupation CONTRACT SUPERINTENDENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. JOSEPH PARISIAN		Date of Receipt MM / DD / YYYY 10 / 06 / 2015
Mailing Address 6603 68TH ST E		Transaction ID : SA11.161818
City BRADENTON	State FL	Zip Code 34203-9766
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer SELF-EMPLOYED	Occupation CONTRACT SUPERINTENDENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	-200.00
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 34 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial) A. JOSEPH PARISIAN		Date of Receipt MM / DD / YYYY 09 / 06 / 2015 Transaction ID : SA11.161835
Mailing Address 6603 68TH ST E		Amount of Each Receipt this Period 25.00
City BRADENTON	State FL	Zip Code 34203-9766
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation CONTRACT SUPERINTENDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. JOSEPH PARISIAN		Date of Receipt MM / DD / YYYY 08 / 06 / 2015 Transaction ID : SA11.161865
Mailing Address 6603 68TH ST E		Amount of Each Receipt this Period 25.00
City BRADENTON	State FL	Zip Code 34203-9766
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation CONTRACT SUPERINTENDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. JOSEPH PARISIAN		Date of Receipt MM / DD / YYYY 11 / 06 / 2015 Transaction ID : SA11.182149
Mailing Address 6603 68TH ST E		Amount of Each Receipt this Period 25.00
City BRADENTON	State FL	Zip Code 34203-9766
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation CONTRACT SUPERINTENDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: PAGE 35 OF 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

A. JOSEPH PARISIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6603 68TH ST E
 City BRADENTON State FL Zip Code 34203-9766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation CONTRACT SUPERINTENDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11.182166
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. MS. LINDA PERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3290 FERNWOOD DR
 City LAYTON State UT Zip Code 84040-7679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : SA11.134042
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. MS. LINDA PERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3290 FERNWOOD DR
 City LAYTON State UT Zip Code 84040-7679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11.161815
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 36 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. MS. LINDA PERRY
Full Name (Last, First, Middle Initial)

Mailing Address 3290 FERNWOOD DR

City LAYTON State UT Zip Code 84040-7679

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015

Transaction ID : SA11.161832

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

B. MS. LINDA PERRY
Full Name (Last, First, Middle Initial)

Mailing Address 3290 FERNWOOD DR

City LAYTON State UT Zip Code 84040-7679

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2015

Transaction ID : SA11.161862

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

C. MS. LINDA PERRY
Full Name (Last, First, Middle Initial)

Mailing Address 3290 FERNWOOD DR

City LAYTON State UT Zip Code 84040-7679

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11.182152

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 37 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. MS. LINDA PERRY
Full Name (Last, First, Middle Initial)

Mailing Address 3290 FERNWOOD DR

City LAYTON State UT Zip Code 84040-7679

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11.182169

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

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

Mailing Address 37 WALNUT ST

City MILTON State MA Zip Code 02186-3237

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

Name of Employer NATIONAL HOCKEY LEAGUE Occupation REFEREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : SA11.134043

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address 37 WALNUT ST

City MILTON State MA Zip Code 02186-3237

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

Name of Employer NATIONAL HOCKEY LEAGUE Occupation REFEREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11.161817

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
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 38 OF 91
	<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)
RIGHT TO RISE PAC, INC.

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

Mailing Address 37 WALNUT ST

City MILTON State MA Zip Code 02186-3237

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

Name of Employer NATIONAL HOCKEY LEAGUE Occupation REFEREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015

Transaction ID : SA11.161834

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address 37 WALNUT ST

City MILTON State MA Zip Code 02186-3237

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

Name of Employer NATIONAL HOCKEY LEAGUE Occupation REFEREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2015

Transaction ID : SA11.161864

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address 37 WALNUT ST

City MILTON State MA Zip Code 02186-3237

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

Name of Employer NATIONAL HOCKEY LEAGUE Occupation REFEREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11.182150

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

REFUNDED \$500.00 ON 01/04/2016

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 39 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial) A. CHRIS ROONEY		Date of Receipt MM / DD / YYYY 12 / 09 / 2015
Mailing Address 37 WALNUT ST		Transaction ID : SA11.182167
City MILTON	State MA	Zip Code 02186-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NATIONAL HOCKEY LEAGUE	Occupation REFEREE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00	REFUNDED \$500.00 ON 01/04/2016

Full Name (Last, First, Middle Initial) B. MR. RUSSELL SCHWEISS		Date of Receipt MM / DD / YYYY 07 / 06 / 2015
Mailing Address 108 PINETA WAY		Transaction ID : SA11.134032
City SAINT JOHNS	State FL	Zip Code 32259-8219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RAYONIER ADVANCED MATERIALS	Occupation DIRECTOR OF CORP COMM & COMM RELA	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MR. RUSSELL SCHWEISS		Date of Receipt MM / DD / YYYY 10 / 06 / 2015
Mailing Address 108 PINETA WAY		Transaction ID : SA11.161816
City SAINT JOHNS	State FL	Zip Code 32259-8219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RAYONIER ADVANCED MATERIALS	Occupation DIRECTOR OF CORP COMM & COMM RELA	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 40 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. MR. RUSSELL SCHWEISS
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 PINETA WAY
 City SAINT JOHNS State FL Zip Code 32259-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAYONIER ADVANCED MATERIALS Occupation DIRECTOR OF CORP COMM & COMM RELA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : SA11.161833
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. MR. RUSSELL SCHWEISS
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 PINETA WAY
 City SAINT JOHNS State FL Zip Code 32259-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAYONIER ADVANCED MATERIALS Occupation DIRECTOR OF CORP COMM & COMM RELA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : SA11.161863
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. MR. RUSSELL SCHWEISS
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 PINETA WAY
 City SAINT JOHNS State FL Zip Code 32259-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAYONIER ADVANCED MATERIALS Occupation DIRECTOR OF CORP COMM & COMM RELA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2015
Transaction ID : SA11.182151
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 41 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. MR. RUSSELL SCHWEISS
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 PINETA WAY
 City SAINT JOHNS State FL Zip Code 32259-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAYONIER ADVANCED MATERIALS Occupation DIRECTOR OF CORP COMM & COMM RELA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11.182168
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. MR. ROBERT SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2516 AUTUMN DR
 City MANASQUAN State NJ Zip Code 08736-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE ALLIED GROUP Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2015
Transaction ID : SA11.123516
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

C. MR. ROBERT SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2516 AUTUMN DR
 City MANASQUAN State NJ Zip Code 08736-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE ALLIED GROUP Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2015
Transaction ID : SA11.132286
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	425.00
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 42 OF 91
	<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)
RIGHT TO RISE PAC, INC.

A. MRS. AMY VERSCHLEISER
Full Name (Last, First, Middle Initial)

Mailing Address 944 5TH AVE

City NEW YORK State NY Zip Code 10021-2656

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **07 / 27 / 2015**

Transaction ID : SA11.134013

Amount of Each Receipt this Period: **5000.00**

CONTRIBUTION

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

Mailing Address 4418 BROOKVIEW DR

City DALLAS State TX Zip Code 75220-6402

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

Name of Employer: **WILSON ASSOCIATES** Occupation: **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt: **07 / 16 / 2015**

Transaction ID : SA11.134016

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

C. MR. CLIFFORD YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 3885 N VERONICA AVE

City RIALTO State CA Zip Code 92377-2743

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

Name of Employer: **RETIRED** Occupation: **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt: **07 / 03 / 2015**

Transaction ID : SA11.123504

Amount of Each Receipt this Period: **15.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5265.00
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 43 OF 91
	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial) A. MR. CLIFFORD YOUNG		Date of Receipt MM / DD / YYYY 08 / 04 / 2015
Mailing Address 3885 N VERONICA AVE		Transaction ID : SA11.132295
City RIALTO	State CA	Zip Code 92377-2743
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. MR. CLIFFORD YOUNG		Date of Receipt MM / DD / YYYY 07 / 05 / 2015
Mailing Address 3885 N VERONICA AVE		Transaction ID : SA11.134044
City RIALTO	State CA	Zip Code 92377-2743
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. MR. CLIFFORD YOUNG		Date of Receipt MM / DD / YYYY 09 / 03 / 2015
Mailing Address 3885 N VERONICA AVE		Transaction ID : SA11.146054
City RIALTO	State CA	Zip Code 92377-2743
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional).....▶	55.00
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: PAGE 44 OF 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)
A. MR. CLIFFORD YOUNG

Mailing Address 3885 N VERONICA AVE

City RIALTO State CA Zip Code 92377-2743

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : SA11.161764

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. CLIFFORD YOUNG

Mailing Address 3885 N VERONICA AVE

City RIALTO State CA Zip Code 92377-2743

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11.161819

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. CLIFFORD YOUNG

Mailing Address 3885 N VERONICA AVE

City RIALTO State CA Zip Code 92377-2743

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2015
Transaction ID : SA11.161837

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **65.00**

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 46 OF 91
	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial) A. MR. CLIFFORD YOUNG		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2015 Transaction ID : SA11.182147
Mailing Address 3885 N VERONICA AVE		Amount of Each Receipt this Period 25.00
City RIALTO State CA Zip Code 92377-2743	CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 380.00	
Name of Employer RETIRED Occupation RETIRED	CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. MR. CLIFFORD YOUNG		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2015 Transaction ID : SA11.182164
Mailing Address 3885 N VERONICA AVE		Amount of Each Receipt this Period 25.00
City RIALTO State CA Zip Code 92377-2743	CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 380.00	
Name of Employer RETIRED Occupation RETIRED	CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code	CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer Occupation	CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	41985.00

**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 48 OF 91
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial) A. AT&T MOBILITY		Date of Receipt
Mailing Address P.O. BOX 6463		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
CAROL STREAM	IL	60197
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="910.64"/>	
		Transaction ID : SA15.17608
		Amount of Each Receipt this Period
		<input type="text" value="0.60"/>
REFUND-PHONE SERVICE		

Full Name (Last, First, Middle Initial) B. AT&T MOBILITY		Date of Receipt
Mailing Address P.O. BOX 6463		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
CAROL STREAM	IL	60197
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="910.64"/>	
		Transaction ID : SA15.17609
		Amount of Each Receipt this Period
		<input type="text" value="0.50"/>
REFUND-PHONE SERVICE		

Full Name (Last, First, Middle Initial) C. CITY OF TALLAHASSEE		Date of Receipt
Mailing Address 435 N MACOMB ST RELAY BOX		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
TALLAHASSEE	FL	32301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="824.78"/>	
		Transaction ID : SA15.2474
		Amount of Each Receipt this Period
		<input type="text" value="824.78"/>
REFUND-UTILITIES		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="825.88"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 49 OF 91
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
RIGHT TO RISE PAC, INC.

A. IOWA EVENTS CENTER
Full Name (Last, First, Middle Initial)
Mailing Address 833 5TH AVE

City DES MOINES	State IA	Zip Code 50309
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1809.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA15.17607

Amount of Each Receipt this Period
1809.57

REFUND-FACILITY RENTAL

B. LOCKTON AFFINITY, LLC
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 879610

City KANSAS CITY	State MO	Zip Code 64187
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1071.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

Transaction ID : SA15.17603

Amount of Each Receipt this Period
1071.31

REFUND-INSURANCE

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2880.88
TOTAL This Period (last page this line number only).....▶	4616.30

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. KRISTI BROGHAMER

Mailing Address 300 S BISCAYNE BLVD #3208

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I17536

Amount of Each Disbursement this Period

1628.25

Full Name (Last, First, Middle Initial)

B. KRISTI BROGHAMER

Mailing Address 300 S BISCAYNE BLVD #3208

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I17537

Amount of Each Disbursement this Period

2171.00

Full Name (Last, First, Middle Initial)

C. BRANDI BROWN

Mailing Address 2475 BRICKELL AVE #2009

City MIAMI State FL Zip Code 33133

Purpose of Disbursement
TAXI FARE/FLAG

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : SB21B.I2443

Amount of Each Disbursement this Period

110.37

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

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

3909.62

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 800 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TAXI FARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : **SB21B.I2527**

Amount of Each Disbursement this Period

10.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ROB COLLINS

Mailing Address 703 D ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
AIRFARE/LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : **SB21B.I17531**

Amount of Each Disbursement this Period

691.29

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : **SB21B.I17615**

Amount of Each Disbursement this Period

333.20

[MEMO ITEM]

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

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

691.29

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. EPIC HOTEL

Mailing Address 270 BISCAYNE BLVD WAY

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 04 / 2015

Transaction ID : **SB21B.I17618**

Amount of Each Disbursement this Period
260.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MARRIOTT--MIAMI

Mailing Address 1201 NW LEJEUNE RD

City MIAMI State FL Zip Code 33126

Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 04 / 2015

Transaction ID : **SB21B.I17617**

Amount of Each Disbursement this Period
77.91

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 800 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TAXI FARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 04 / 2015

Transaction ID : **SB21B.I17616**

Amount of Each Disbursement this Period
19.83

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. ERIC GALLAGHER

Mailing Address 365 W 52 ST APT 5H

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.I2445

Amount of Each Disbursement this Period

504.00

Category/Type

Full Name (Last, First, Middle Initial)

B. CHRIS GEORGIA

Mailing Address 100 I ST SE
APT 1210

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
AIRFARE/LODGING/TAXI FARE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I2446

Amount of Each Disbursement this Period

4812.93

Category/Type

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I2516

Amount of Each Disbursement this Period

436.20

Category/Type

[MEMO ITEM]

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

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

5316.93

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)
A. DELTA AIR LINES, INC.

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.I2519**

Amount of Each Disbursement this Period: 547.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DOUBLETREE--MIAMI

Mailing Address 711 NW 72ND AVE

City MIAMI State FL Zip Code 33126

Purpose of Disbursement LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.I2518**

Amount of Each Disbursement this Period: 1223.32

[MEMO ITEM]

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

Mailing Address 1250 N ARLINGTON HEIGHTS RD

City ITASCA State IL Zip Code 60143

Purpose of Disbursement INTERNET SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.I2513**

Amount of Each Disbursement this Period: 156.65

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. HYATT--MIAMI

Mailing Address 400 SE 2 AVE

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I2517

Amount of Each Disbursement this Period

134.47

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TRAVEL RESERVATION USA

Mailing Address 10 POST OFFICE SQUARE

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I2515

Amount of Each Disbursement this Period

468.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 76155

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I2514

Amount of Each Disbursement this Period

1846.50

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. KIERSTIN KOPPEL

Mailing Address 41 SE 5TH ST
APT 1215

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
LODGING/AIRFARE/TAXI FARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I2448

Amount of Each Disbursement this Period

1729.49

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I2505

Amount of Each Disbursement this Period

704.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
INTERNET SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I2508

Amount of Each Disbursement this Period

49.95

[MEMO ITEM]

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

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

1729.49

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. HYATT PLACE-FORT WORTH

Mailing Address 132 E EXCHANGE AVE

City FORT WORTH State TX Zip Code 76164

Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I2506

Amount of Each Disbursement this Period

3.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HYATT PLACE-FORT WORTH

Mailing Address 132 E EXCHANGE AVE

City FORT WORTH State TX Zip Code 76164

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I2509

Amount of Each Disbursement this Period

516.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL

Mailing Address 1101 KING ST STE 190
STE 190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I2504

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 800 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TAXI FARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	1	5		

Transaction ID : **SB21B.I2511**

Amount of Each Disbursement this Period

2	5	8	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TIM MILLER

Mailing Address 440 RHODE ISLAND AVE NW
#402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
COMMUNICATIONS CONSULTING/AIRFARE/PARKING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	1	5		

Transaction ID : **SB21B.I2449**

Amount of Each Disbursement this Period

1	8	5	0	1	.	0	5
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	1	5		

Transaction ID : **SB21B.I24405**

Amount of Each Disbursement this Period

2	9	0	.	1	0
---	---	---	---	---	---

[MEMO ITEM]

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

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

1	8	5	0	1	.	0	5
---	---	---	---	---	---	---	---

1	8	5	0	1	.	0	5
---	---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. DELTA AIR LINES, INC.

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I24410

Amount of Each Disbursement this Period

89.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MARC PISCOTTY

Mailing Address 4134 UMATILLA ST

City DENVER State CO Zip Code 80211

Purpose of Disbursement PHOTOGRAPHY SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2015

Transaction ID : SB21B.I17582

Amount of Each Disbursement this Period

440.73

Full Name (Last, First, Middle Initial)

C. SALVATORE PURPURA

Mailing Address 2475 BRICKELL AVE #2009

City MIAMI State FL Zip Code 33133

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I17533

Amount of Each Disbursement this Period

1906.25

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

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

2346.98

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

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. SALVATORE PURPURA

Mailing Address 2475 BRICKELL AVE
#2009

City MIAMI State FL Zip Code 33133

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.I2450

Amount of Each Disbursement this Period

1468.75

Full Name (Last, First, Middle Initial)

B. DAN RONAYNE

Mailing Address 2701 CALVERT STREET NW #1011

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
AIRFARE/LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.I17530

Amount of Each Disbursement this Period

627.86

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.I17610

Amount of Each Disbursement this Period

296.20

[MEMO ITEM]

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

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

2096.61

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. EPIC HOTEL

Mailing Address 270 BISCAYNE BLVD WAY

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.I17611

Amount of Each Disbursement this Period

260.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MIAMI INTERNATIONAL AIRPORT

Mailing Address 2100 NW 42 AVE

City MIAMI State FL Zip Code 33126

Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.I17613

Amount of Each Disbursement this Period

8.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ROB VARSALONE

Mailing Address 15 MT ST MARY'S WAY #16

City HOOKSETT State NH Zip Code 03106

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I17583

Amount of Each Disbursement this Period

5000.00

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

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

5000.00

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. JOSHUA VENABLE

Mailing Address 2475 BRICKELL AVE
#2009

City MIAMI State FL Zip Code 33133

Purpose of Disbursement
LODGING/PER DIEM/TAXI FARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.I2452

Amount of Each Disbursement this Period

1065.89

Full Name (Last, First, Middle Initial)

B. JOSHUA VENABLE

Mailing Address 2475 BRICKELL AVE
#2009

City MIAMI State FL Zip Code 33133

Purpose of Disbursement
PER DIEM

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.I2526

Amount of Each Disbursement this Period

475.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GOGOAIR

Mailing Address 1250 N ARLINGTON HEIGHTS RD

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
INTERNET SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.I2521

Amount of Each Disbursement this Period

39.90

[MEMO ITEM]

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

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

1065.89

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. HERTZ RENT A CAR

Mailing Address 3836 W HWY 74

City MONROE State NC Zip Code 28110

Purpose of Disbursement
CAR RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.I2524

Amount of Each Disbursement this Period

25.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MARRIOTT--GRAND RAPIDS

Mailing Address 235 LOUIS STREET NW

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.I2522

Amount of Each Disbursement this Period

402.76

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 800 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TAXI FARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.I2520

Amount of Each Disbursement this Period

65.88

[MEMO ITEM]

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

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

0.00

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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

Transaction ID : SB21B.I17539

Amount of Each Disbursement this Period

335.28

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

Transaction ID : SB21B.I17540

Amount of Each Disbursement this Period

20.76

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2015

Transaction ID : SB21B.I17561

Amount of Each Disbursement this Period

146.03

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

502.07

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

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**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.I17562

Amount of Each Disbursement this Period

124.93

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I17563

Amount of Each Disbursement this Period

149.32

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : SB21B.I17564

Amount of Each Disbursement this Period

75.74

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

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

349.99

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : **SB21B.I17565**

Amount of Each Disbursement this Period

55.90

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2015

Transaction ID : **SB21B.I2460**

Amount of Each Disbursement this Period

649.70

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2015

Transaction ID : **SB21B.I17532**

Amount of Each Disbursement this Period

53.31

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

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

758.91

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)
A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2015

Transaction ID : **SB21B.I2456**

Amount of Each Disbursement this Period: 364.83

Category/Type

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

Mailing Address 3389 SHERIDAN ST STE 151

City HOLLYWOOD State FL Zip Code 33021

Purpose of Disbursement COMPUTER EQUIPMENT/COMPUTER SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **SB21B.I17538**

Amount of Each Disbursement this Period: 825.00

Category/Type

Full Name (Last, First, Middle Initial)
C. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW
NORTH BUILDING, SUITE 1000

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 19 / 2015

Transaction ID : **SB21B.I17576**

Amount of Each Disbursement this Period: 18638.50

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 19828.33

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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW
NORTH BUILDING, SUITE 1000

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : **SB21B.I17577**

Amount of Each Disbursement this Period

652.50

Full Name (Last, First, Middle Initial)

B. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW
NORTH BUILDING, SUITE 1000

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : **SB21B.I17578**

Amount of Each Disbursement this Period

4417.50

Full Name (Last, First, Middle Initial)

C. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW
NORTH BUILDING, SUITE 1000

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : **SB21B.I17579**

Amount of Each Disbursement this Period

217.50

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

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

5287.50

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

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW
NORTH BUILDING, SUITE 1000

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : **SB21B.I17580**

Amount of Each Disbursement this Period

1330.00

Full Name (Last, First, Middle Initial)

B. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW
NORTH BUILDING, SUITE 1000

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : **SB21B.I2468**

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

C. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW
NORTH BUILDING, SUITE 1000

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2015

Transaction ID : **SB21B.I2469**

Amount of Each Disbursement this Period

8395.48

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

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

17225.48

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : **SB21B.I17570**

Amount of Each Disbursement this Period

1250.49

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : **SB21B.I17571**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2015

Transaction ID : **SB21B.I17572**

Amount of Each Disbursement this Period

250.00

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

1750.49

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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT/CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I17573**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I17585**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2464**

Amount of Each Disbursement this Period

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

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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. COMPLIANCE CONSULTING SERVICES

Mailing Address 300 S BISCAYNE BLVD STE 3208

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.I17534

Amount of Each Disbursement this Period

3867.50

Full Name (Last, First, Middle Initial)

B. DIGITAL CORE CAMPAIGN LLC

Mailing Address 1017 EL CAMINO REAL
SUITE 298

City REDWOOD State CA Zip Code 94063

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I17586

Amount of Each Disbursement this Period

3852.00

Full Name (Last, First, Middle Initial)

C. FIRST BANKCARD

Mailing Address P.O. BOX 8580

City OMAHA State NE Zip Code 68108

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : SB21B.I17566

Amount of Each Disbursement this Period

15.99

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

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

7735.49

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. FIRST BANKCARD

Mailing Address P.O. BOX 8580

City OMAHA State NE Zip Code 68108

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I17567

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. FIRST BANKCARD

Mailing Address P.O. BOX 8580

City OMAHA State NE Zip Code 68108

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I17568

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. FIRST BANKCARD

Mailing Address P.O. BOX 8580

City OMAHA State NE Zip Code 68108

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I17569

Amount of Each Disbursement this Period

29.00

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

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

69.00

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. CAMPAIGNMONITOR.COM

Mailing Address 404 SUTHERLAND AVE

City NEW SOUTH WALES State Zip Code 02322

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SB21B.I17623

Amount of Each Disbursement this Period

9.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FIRST BANKCARD

Mailing Address P.O. BOX 8580

City OMAHA State NE Zip Code 68108

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2015

Transaction ID : SB21B.I2462

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. FIRST BANKCARD

Mailing Address P.O. BOX 8580

City OMAHA State NE Zip Code 68108

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2015

Transaction ID : SB21B.I2463

Amount of Each Disbursement this Period

20.00

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

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

40.00

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. FP1 STRATEGIES

Mailing Address P.O. BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : **SB21B.I17588**

Amount of Each Disbursement this Period

160.20

Full Name (Last, First, Middle Initial)

B. FRONT LINE STRATEGIES, INC.

Mailing Address P.O. BOX 1491

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : **SB21B.I2471**

Amount of Each Disbursement this Period

3364.40

Full Name (Last, First, Middle Initial)

C. GERSON, PRESTON, ROBINSON & COMPANY, P.A.

Mailing Address 666 71 ST

City MIAMI BEACH State FL Zip Code 33141

Purpose of Disbursement
ACCOUNTING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **SB21B.I17528**

Amount of Each Disbursement this Period

9600.00

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

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

13124.60

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.I17535

Amount of Each Disbursement this Period

2956.25

Full Name (Last, First, Middle Initial)

B. LKJ, LLC

Mailing Address P.O. BOX 3986

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SB21B.I17574

Amount of Each Disbursement this Period

388.61

Full Name (Last, First, Middle Initial)

C. LKJ, LLC

Mailing Address P.O. BOX 3986

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FUNDRAISING CONSULTING/PHONE SERVICE/HEALTH INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I2466

Amount of Each Disbursement this Period

629.49

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

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

3974.35

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. MARSH USA INC.

Mailing Address P.O. BOX 846015

City DALLAS State TX Zip Code 75284

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2015

Transaction ID : **SB21B.I2467**

Amount of Each Disbursement this Period

17496.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. MAS CONSULTING GROUP

Mailing Address 1212 E EUCLID AVE

City SAN ANTONIO State TX Zip Code 78212

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : **SB21B.I17581**

Amount of Each Disbursement this Period

1953.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. MCDONALD HOPKINS, LLC

Mailing Address 600 SUPERIOR AVE E STE 2100
STE 2100

City CLEVELAND State OH Zip Code 44114

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2015

Transaction ID : **SB21B.I17575**

Amount of Each Disbursement this Period

8793.47

Category/
Type

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

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

28242.47

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. NEXTERA ENERGY EQUIPMENT LEASING, LLC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2015

Mailing Address 700 UNIVERSE BLVD

Transaction ID : SB21B.I2472

City JUNO BEACH State FL Zip Code 33408

Amount of Each Disbursement this Period

1800.40

Purpose of Disbursement
AIRFARE

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. NEXTERA ENERGY EQUIPMENT LEASING, LLC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2015

Mailing Address 700 UNIVERSE BLVD

Transaction ID : SB21B.I2473

City JUNO BEACH State FL Zip Code 33408

Amount of Each Disbursement this Period

-1800.40

Purpose of Disbursement
VOID-AIRFARE

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. RED ROCK STRATEGIES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2015

Mailing Address 9500 W FLAMINGO RD STE 203

Transaction ID : SB21B.I2465

City LAS VEGAS State NV Zip Code 89147

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement
FACILITY/ROOM RENTAL

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

350.00

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

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**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SB21B.I17541

Amount of Each Disbursement this Period

3.20

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SB21B.I17542

Amount of Each Disbursement this Period

89.96

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : SB21B.I17543

Amount of Each Disbursement this Period

188.36

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

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

281.52

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 24 / 2015

Transaction ID : **SB21B.I17544**

Amount of Each Disbursement this Period: 85.64

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.I17545**

Amount of Each Disbursement this Period: 22.53

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 07 / 2015

Transaction ID : **SB21B.I17546**

Amount of Each Disbursement this Period: 25.08

SUBTOTAL of Disbursements This Page (optional)..... ▶ 133.25

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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB21B.I17547

Amount of Each Disbursement this Period

59.44

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.I17548

Amount of Each Disbursement this Period

3.74

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I17549

Amount of Each Disbursement this Period

2.28

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

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

65.46

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.I17550

Amount of Each Disbursement this Period

19.33

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2015

Transaction ID : SB21B.I17551

Amount of Each Disbursement this Period

67.79

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : SB21B.I17552

Amount of Each Disbursement this Period

4.44

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

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

91.56

**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 26 / 2015

Transaction ID : **SB21B.I17553**

Amount of Each Disbursement this Period: 17.28

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 02 / 2015

Transaction ID : **SB21B.I17554**

Amount of Each Disbursement this Period: 17.05

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 09 / 2015

Transaction ID : **SB21B.I17555**

Amount of Each Disbursement this Period: 19.13

SUBTOTAL of Disbursements This Page (optional)..... ▶ 53.46

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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 16 / 2015

Transaction ID : **SB21B.I17556**

Amount of Each Disbursement this Period: 65.82

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 23 / 2015

Transaction ID : **SB21B.I17557**

Amount of Each Disbursement this Period: 4.56

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 07 / 2015

Transaction ID : **SB21B.I17558**

Amount of Each Disbursement this Period: 10.04

SUBTOTAL of Disbursements This Page (optional)..... ▶ 80.42

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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 21 / 2015

Transaction ID : **SB21B.I17559**

Amount of Each Disbursement this Period: 5.04

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 28 / 2015

Transaction ID : **SB21B.I17560**

Amount of Each Disbursement this Period: 2.28

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2015

Transaction ID : **SB21B.I2459**

Amount of Each Disbursement this Period: 929.91

SUBTOTAL of Disbursements This Page (optional)..... ▶ 937.23

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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY LLC

Mailing Address 1033 N FAIRFAX ST STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	1	5		

Transaction ID : **SB21B.I2461**

Amount of Each Disbursement this Period

9	4	3	.	6	7
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Full Name (Last, First, Middle Initial)

B. TUCK AVIATION, LLC

Mailing Address 41 AUTO CENTER DR.

City IRVINE State CA Zip Code 92618

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	1	5		

Transaction ID : **SB21B.I17529**

Amount of Each Disbursement this Period

1	4	4	.	1	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. US SAFETY & SECURITY LLC

Mailing Address 550 M RITCHIE HWY
SUITE 127

City SEVERNA PARK State MD Zip Code 21146

Purpose of Disbursement
SECURITY SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	5		

Transaction ID : **SB21B.I17584**

Amount of Each Disbursement this Period

5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2	8	8	.	5	0	8
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2	8	8	.	5	0	8
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**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"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)
A. VOTER/CONSUMER RESEARCH, INC

Mailing Address P.O. BOX 130607

City HOUSTON State TX Zip Code 77219

Purpose of Disbursement SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 02 / 2015

Transaction ID : **SB21B.I17587**

Amount of Each Disbursement this Period: 4000.00

Category/Type

Full Name (Last, First, Middle Initial)
B. YUMA SOLUTIONS INC

Mailing Address P.O. BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement COMPUTER EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.I2457**

Amount of Each Disbursement this Period: 354.70

Category/Type

Full Name (Last, First, Middle Initial)
C. YUMA SOLUTIONS INC

Mailing Address P.O. BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement COMPUTER SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 16 / 2015

Transaction ID : **SB21B.I2458**

Amount of Each Disbursement this Period: 4919.81

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9274.51

TOTAL This Period (last page this line number only)..... ▶ 164320.52

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN MCCAIN, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

Mailing Address 228 S WASHINGTON ST
STE 115

Transaction ID : SB23.I2453

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement
COMMITTEE CONTRIBUTION

--

Candidate Name

JOHN S MCCAIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District:

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN MCCAIN, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

Mailing Address 228 S WASHINGTON ST
STE 115

Transaction ID : SB23.I2454

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
COMMITTEE CONTRIBUTION

--

Candidate Name

JOHN S MCCAIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District:

Full Name (Last, First, Middle Initial)

C. MCHENRY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2015

Mailing Address P.O. BOX 2165

Transaction ID : SB23.I2455

City GASTONIA State NC Zip Code 28053

Amount of Each Disbursement this Period

2700.00

Purpose of Disbursement
COMMITTEE CONTRIBUTION

--

Candidate Name

PATRICK TIMOTHY MCHENRY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 10

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

10000.00

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

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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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
RIGHT TO RISE PAC, INC.

Full Name (Last, First, Middle Initial)

A. NEVADA REPUBLICAN CENTRAL COMMITTEE

Date of Disbursement

Mailing Address PO BOX 95125

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2015

City LAS VEGAS State NV Zip Code 89193

Transaction ID : SB23.I2470

Purpose of Disbursement
PARTY CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10000.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

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

10000.00

20000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 90 OF 91
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHRIS GEORGIA	Nature of Debt (Purpose): AIRFARE/LODGING/HOTEL/CAB FARE/TAXI FAR
Mailing Address 100 I ST SE	
City State Zip Code WASHINGTON DC 20003	

Outstanding Balance Beginning This Period 4812.93	Transaction ID : SD10.2	
Amount Incurred This Period 0.00	Payment This Period 4812.93	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KIERSTIN KOPPEL	Nature of Debt (Purpose): LODGING/HOTEL/AIRFARE/CABFARE/TAXI FARE
Mailing Address 41 SE 5TH ST	
City State Zip Code MIAMI FL 33131	

Outstanding Balance Beginning This Period 1729.49	Transaction ID : SD10.1	
Amount Incurred This Period 0.00	Payment This Period 1729.49	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TIM MILLER	Nature of Debt (Purpose): COMMUNICATIONS CONSULTING/TRAVEL/PARKING
Mailing Address 440 RHODE ISLAND AVE NW	
City State Zip Code WASHINGTON DC 20001	

Outstanding Balance Beginning This Period 18501.05	Transaction ID : SD10.4	
Amount Incurred This Period 0.00	Payment This Period 18501.05	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
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 91 OF 91
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
RIGHT TO RISE PAC, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CLARK HILL PLC	Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 601 PENNSYLVANIA AVE NW	
City State Zip Code WASHINGTON DC 20004	

Outstanding Balance Beginning This Period 8395.48	Transaction ID : SD10.3	
Amount Incurred This Period 0.00	Payment This Period 8395.48	Outstanding Balance at Close of This Period 0.00

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)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
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) ▶	