



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
RIGHT WAY INITIATIVE INC.

Full Name (Last, First, Middle Initial) of Payee ADVANTAGE INC		Date of Public Distribution/Dissemination 03 / 13 / 2016	
Mailing Address 2300 CLARENDON BLVD SUITE 303		Amount 9658.56	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : F57.000001
Purpose of Expenditure PHONE CALLS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 665957.70		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee ADVANTAGE INC		Date of Public Distribution/Dissemination 03 / 13 / 2016	
Mailing Address 2300 CLARENDON BLVD SUITE 303		Amount 6439.04	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : F57.000002
Purpose of Expenditure PHONE CALLS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: WARREN DAVIDSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 672396.70		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	16097.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	16097.60