

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. 12FE4M5

KEEP THE PROMISE I

ADDRESS (number and street) 2 ROOSEVELT AVENUE

Check if different than previously reported. (ACC) PORT JEFFERSON STA NY 11776

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00575373

3. IS THIS REPORT NEW (N) OR AMENDED (A) 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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 / 01 / 2016 through 03 / 31 / 2016

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 JACQUELYN JAMES

Signature of Treasurer JACQUELYN JAMES [Electronically Filed] Date 06 / 13 / 2016

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

KEEP THE PROMISE I

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="2016"/> | | 7494987.69 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 422562.28 | |
| (c) Total Receipts (from Line 19) | 2313317.25 | 3183587.41 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 2735879.53 | 10678575.10 |
| 7. Total Disbursements (from Line 31)..... | 1119160.39 | 9061855.96 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 1616719.14 | 1616719.14 |
| 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) | 4000.00 | |

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)

Write or Type Committee Name

KEEP THE PROMISE I

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2016 To: M M / D D / Y Y Y Y 03 / 31 / 2016

| 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)..... | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 0.00 | 0.00 |
| 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)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 2313317.25 | 3183587.41 |
| 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))..... ▶ | 2313317.25 | 3183587.41 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 2313317.25 | 3183587.41 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | -68645.41 | 7393462.93 |
| 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 | 0.00 | 0.00 |
| (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))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 1187805.80 | 1668393.03 |
| 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)) .. | 1119160.39 | 9061855.96 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1119160.39 | 9061855.96 |

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) | 0.00 | 0.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 0.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

**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 6 OF 19 |
| <input 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 checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

A. CHASE BANK
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 65974
City SAN ANTONIO State TX Zip Code 78265
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 478.71

Date of Receipt 03 / 31 / 2016
Transaction ID : SA17.5639
Amount of Each Receipt this Period 63.55
 Memo Item
INTEREST INCOME

B. MICHAEL CLARK
Full Name (Last, First, Middle Initial)
Mailing Address 3017 FLORA STREET
City SAN LUIS OBISPO State CA Zip Code 93401
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation REFUSED REFUSED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2016
Transaction ID : SA17.5631
Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

C. ROBERT MERCER
Full Name (Last, First, Middle Initial)
Mailing Address 600 ROUTE 25A
City EAST SETAUKET State NY Zip Code 11733
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation RENAISSANCE TECHNOLOGIES FINANCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500000.00

Date of Receipt 03 / 17 / 2016
Transaction ID : SA17.5636
Amount of Each Receipt this Period 2000000.00
 Memo Item
OTHER FEDERAL RECEIPT

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000563.55
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 19 |
| <input 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 checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

A. THOMAS A. SAUNDERS III
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 MIDDLE RD
 City PALM BEACH State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100000.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : SA17.5637
 Amount of Each Receipt this Period **100000.00**
 Memo Item
 OTHER FEDERAL RECEIPT

B. TRUSTED LEADERSHIP PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 WEST 34TH STREET SUITE 461
 City AUSTIN State TX Zip Code 78705
 FEC ID number of contributing federal political committee. **C C00609511**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100000.00**

Date of Receipt **03 / 03 / 2016**
Transaction ID : SA17.5633
 Amount of Each Receipt this Period **100000.00**
 Memo Item
 TRANSFER FROM IE ONLY COMMITTEE

C. TRUSTED LEADERSHIP PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 WEST 34TH STREET SUITE 461
 City AUSTIN State TX Zip Code 78705
 FEC ID number of contributing federal political committee. **C C00609511**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210963.70**

Date of Receipt **03 / 10 / 2016**
Transaction ID : SA17.5635
 Amount of Each Receipt this Period **110963.70**
 Memo Item
 TRANSFER FROM IE ONLY COMMITTEE

| | |
|---|------------------|
| SUBTOTAL of Receipts This Page (optional)..... | 310963.70 |
| 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 8 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

A. THERESE WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4130 FLAT ROCK DRIVE
 City RIVERSIDE State CA Zip Code 92505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ENCORE ORTHOPEDICS S/C, INC Occupation ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : SA17.5563
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

| | |
|--|------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 2312027.25 |

**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 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. CAMPAIGN DATA SOLUTIONS

Mailing Address 7740 TINTED MESA CT.

City LAS VEGAS State NM Zip Code 89149

Purpose of Disbursement
VOTER CONTACT SVCS - PUBLICATIONS/VOTER CANVASSING PRE-PAID
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
03 / 09 / 2016

Transaction ID : SB29.5657

Amount of Each Disbursement this Period

42112.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address PO BOX 65974

City SAN ANTONIO State TX Zip Code 78265

Purpose of Disbursement
BANK CHARGE
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
03 / 03 / 2016

Transaction ID : SB29.5654

Amount of Each Disbursement this Period

90.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHASE BANK

Mailing Address PO BOX 65974

City SAN ANTONIO State TX Zip Code 78265

Purpose of Disbursement
BANK CHARGE
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
03 / 31 / 2016

Transaction ID : SB29.5646

Amount of Each Disbursement this Period

30.00

Memo Item

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

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

42232.00

**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 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. CONTINENTAL RIDE

Mailing Address 159 LEXINGTON COURT

City ENGLEWOOD State NJ Zip Code 07631

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.5648**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. GLITTERING STEEL LLC

Mailing Address 8383 WILSHIRE BLVD
STE 1000

City BEVERLY HILLS State CA Zip Code 90211

Purpose of Disbursement
VIDEO PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.5659**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. INSOURCECODE LLC

Mailing Address 8606 ALLISONVILLE ROAD
STE 260

City INDIANAPOLIS State IN Zip Code 46250

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.5642**

Amount of Each Disbursement this Period

Memo Item

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 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. OUR PRINCIPLES PAC

Mailing Address P. O. BOX 25046

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
TRANSFER TO IE ONLY COMMITTEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : **SB29.5651**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RIGEL STRATEGIES LLC

Mailing Address 3948 LEGACY DRIVE
STE 106-282

City PLANO State TX Zip Code 75023

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : **SB29.5658**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TRUSTED LEADERSHIP PAC

Mailing Address 1101 WEST 34TH STREET
SUITE 461

City AUSTIN State TX Zip Code 78705

Purpose of Disbursement
TRANSFER TO IE ONLY COMMITTEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : **SB29.5653**

Amount of Each Disbursement this Period

Memo Item

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 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET STREET

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.5644**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address 77 WEST WACKER DRIVE

City State Zip Code
CHICAGO IL 60601

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.5640**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 77 WEST WACKER DRIVE

City State Zip Code
CHICAGO IL 60601

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.5645**

Amount of Each Disbursement this Period

Memo Item

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 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 checked="" 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)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address 77 WEST WACKER DRIVE

City State Zip Code
CHICAGO IL 60601

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.5647**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. VOICE OF REASON

Mailing Address 2049 CROWN DR

City State Zip Code
ST AUGUSTINE FL 32029

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

/ /

Transaction ID : **SB29.5655**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 14 OF 19 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor GLITTERING STEEL LLC | Nature of Debt (Purpose): VIDEO PRODUCTION |
| Mailing Address 8383 WILSHIRE BLVD STE 1000 | |
| City State Zip Code BEVERLY HILLS CA 90211 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="31350.00"/> | Transaction ID : SD10.5748 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="31350.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE MONACO GROUP | Nature of Debt (Purpose): DIRECT MAIL EXPENSE - DISPUTED |
| Mailing Address 1011 S. LINWOOD AVENUE | |
| City State Zip Code SANTA ANA CA 92705 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="4000.00"/> | Transaction ID : SD10.5037 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="4000.00"/> |

| | |
|--|---------------------------|
| 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 <input type="text"/> | | |
| Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="4000.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text" value="4000.00"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="4000.00"/> |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DISTRICT OF COLUMBIA REPUBLICAN PARTY
Mailing Address 1275 K STREET NW #102
City WASHINGTON State DC Zip Code 20005
Purpose of Expenditure PRINT MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Office Sought: President
Disbursement For: Primary
Amount 5000.00
Transaction ID: SE.5433
Date of Disbursement or Obligation 03/09/2016
Calendar Year-To-Date Per Election for Office Sought 6656.25

Full Name of Payee GLITTERING STEEL LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure VIDEO PRODUCTION
Name of Federal Candidate MARCO RUBIO
Office Sought: President
Disbursement For: Primary
Amount 60750.00
Transaction ID: SE.5427
Date of Disbursement or Obligation 03/06/2016
Calendar Year-To-Date Per Election for Office Sought 60750.00

(a) SUBTOTAL of Itemized Independent Expenditures 65750.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES [Electronically Filed] Date 06/13/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) KEEP THE PROMISE I | FEC IDENTIFICATION NUMBER ▼ C C00575373 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | |
|---|--|
| Full Name of Payee GLITTERING STEEL LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 12 / 2016 |
| Mailing Address 8383 WILSHIRE BLVD STE 1000 | Amount 1656.25 |
| City State Zip Code BEVERLY HILLS CA 90211 | Transaction ID : SE.5430 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 09 / 2016 |
| Purpose of Expenditure PRINT MEDIA PRODUCTION | Category/Type |
| Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC |
| Calendar Year-To-Date Per Election for Office Sought 1656.25 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|--|
| Full Name of Payee GLITTERING STEEL LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 26 / 2016 |
| Mailing Address 8383 WILSHIRE BLVD STE 1000 | Amount 31350.00 |
| City State Zip Code BEVERLY HILLS CA 90211 | Transaction ID : SE.5749 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 17 / 2016 |
| Purpose of Expenditure VIDEO PRODUCTION | Category/Type |
| Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: OK |
| Calendar Year-To-Date Per Election for Office Sought 339354.90 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 33006.25 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) KEEP THE PROMISE I | FEC IDENTIFICATION NUMBER ▼ C C00575373 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | |
|--|---|
| Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 04 / 2016 |
| Mailing Address 3948 LEGACY DRIVE STE 106-282 | Amount 41874.18 |
| City State Zip Code PLANO TX 75023 | |
| Purpose of Expenditure MEDIA | Category/Type |
| Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 03 / 2016 |
| Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 41874.18 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 04 / 2016 |
| Mailing Address 3948 LEGACY DRIVE STE 106-282 | Amount 22254.50 |
| City State Zip Code PLANO TX 75023 | |
| Purpose of Expenditure MEDIA | Category/Type |
| Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 03 / 2016 |
| Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY |
| Calendar Year-To-Date Per Election for Office Sought 22254.50 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 64128.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) KEEP THE PROMISE I | FEC IDENTIFICATION NUMBER ▼ C C00575373 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | |
|--|---|
| Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 04 / 2016 |
| Mailing Address 3948 LEGACY DRIVE STE 106-282 | Amount 26519.28 |
| City: PLANO State: TX Zip Code: 75023 | Transaction ID : SE.5422 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 03 / 2016 |
| Purpose of Expenditure MEDIA Category/Type | Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 26519.28 | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---|
| Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y |
| Mailing Address 3948 LEGACY DRIVE STE 106-282 | Amount -258049.62 |
| City: PLANO State: TX Zip Code: 75023 | Transaction ID : SE.5662 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 31 / 2016 |
| Purpose of Expenditure VOID CHECK - MEDIA Category/Type | Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 650305.00 | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | -231530.34 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | -68645.41 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Signature _____

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.5662

This void check is from unspent funds from 2/10/16. Therefore, there is no replacement check to the vendor.

Form/Schedule:

Transaction ID: