

# 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

RGARIGHT DIRECTION PAC

ADDRESS (number and street) 1747 PENNSYLVANIA AVE NW SUITE 250

Check if different than previously reported. (ACC) WASHINGTON DC 20006

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

C C00490730

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S)            |                                       |

Election on 11 / 08 / 2016 in the State of DC

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on   /   /   in the State of  

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

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

Adams, Michael, , ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Adams, Michael, , , [Electronically Filed] Date 10 / 25 / 2016

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**RG A RIGHT DIRECTION PAC**

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"/>	<input type="text" value="18565.86"/>	<input type="text" value="18565.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="750091.85"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2025000.00"/>	<input type="text" value="12919238.68"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2775091.85"/>	<input type="text" value="12937804.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2774403.51"/>	<input type="text" value="12937116.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="688.34"/>	<input type="text" value="688.34"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

RG A RIGHT DIRECTION PAC

Report Covering the Period: From: 10 / 01 / 2016 To: 10 / 19 / 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).....	2025000.00	11375000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2025000.00	11375000.00
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	1500000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	44238.68
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)).....▶	2025000.00	12919238.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2025000.00	12919238.68

**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 .....	39575.26	158972.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	39575.26	158972.26
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) .....	473828.25	3629882.92
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	2261000.00	9148261.02
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	2774403.51	12937116.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2774403.51	12937116.20

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2025000.00	11375000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2025000.00	11375000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	39575.26	158972.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	39575.26	158972.26

**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 14
<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

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)  
**RGARIGHT DIRECTION PAC**

**A. Republican Governors Association**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City Washington State DC Zip Code 20006

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11350000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2016

**Transaction ID : SA11C.4936**

Amount of Each Receipt this Period  
2000000.00

Memo Item Contribution

**B. Republican Governors Association**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City Washington State DC Zip Code 20006

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11375000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2016

**Transaction ID : SA11C.4937**

Amount of Each Receipt this Period  
25000.00

Memo Item Contribution

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2025000.00
<b>TOTAL</b> This Period (last page this line number only).....	2025000.00

# 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"/> 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)  
**RGA RIGHT DIRECTION PAC**

**A. Chain Bridge Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4924

Amount of Each Disbursement this Period: 20.00

Memo Item

**B. Chain Bridge Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4927

Amount of Each Disbursement this Period: 30.00

Memo Item

**C. Chain Bridge Bank**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4932

Amount of Each Disbursement this Period: 10.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 60.00

**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"/> 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)  
**RGARIGHT DIRECTION PAC**

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.4933  
Amount of Each Disbursement this Period  
10.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican Governors Association**

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Reimbursement: Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.4939  
Amount of Each Disbursement this Period  
10668.26

Memo Item

Full Name (Last, First, Middle Initial)

**C. Squire Patton Boggs, LLP**

Mailing Address PO Box 511269

City Los Angeles State CA Zip Code 90051

Purpose of Disbursement  
PAC Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.4939.  
Amount of Each Disbursement this Period  
10668.26

Memo Item

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

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

10678.26

**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"/> 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)  
**RGARIGHT DIRECTION PAC**

**A. The Tarrance Group**

Full Name (Last, First, Middle Initial)

Mailing Address 201 N Union St, Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Polling

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4928

Amount of Each Disbursement this Period: 28837.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	28837.00
<b>TOTAL</b> This Period (last page this line number only).....▶	39575.26

**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"/> 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)  
**RGARIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. America Rising LLC**

Mailing Address PO Box 17251

City Arlington State VA Zip Code 22216

Purpose of Disbursement  
Non-Federal Tracking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.4930**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. America Rising LLC**

Mailing Address PO Box 17251

City Arlington State VA Zip Code 22216

Purpose of Disbursement  
Non-Federal Tracking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.4931**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Eric Holcomb For Indiana**

Mailing Address 101 W Ohio St, Ste 1111

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.4925**

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"/> 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)  
**RGa RIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial) <b>A. Eric Holcomb For Indiana</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 101 W Ohio St, Ste 1111		FEC Identification Number C [ ] <b>Transaction ID : SB29.4934</b> Amount of Each Disbursement this Period [ ] 750000.00
City Indianapolis	State IN	Zip Code 46204
Purpose of Disbursement Non-Federal Contribution		Category/Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. North Carolina Republican Party</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address 1506 Hillsborough St		FEC Identification Number C [ ] <b>Transaction ID : SB29.4926</b> Amount of Each Disbursement this Period [ ] 500000.00
City Raleigh	State NC	Zip Code 27605
Purpose of Disbursement Contribution - Non-Federal Account		Category/Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]
City	State	Zip Code
Purpose of Disbursement		Category/Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1250000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 2261000.00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> C00490730             </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>McCleskey Media Strategies</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 09 / 29 / 2016		
Mailing Address 6100 Uptown Blvd NE, #590			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14481.00</div>		
City Albuquerque	State NM	Zip Code 87110			
Purpose of Expenditure Adverting - Production (Actual - Previously Disclosed)		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	Transaction ID : <b>SE.4938</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">3336488.52</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>Red Maverick Media LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 10 / 14 / 2016		
Mailing Address 403 N Second St, Fl 2			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65667.00</div>		
City Harrisburg	State PA	Zip Code 17101			
Purpose of Expenditure Direct Mail		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	Transaction ID : <b>SE.4905</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 10 / 12 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">3412315.77</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">80148.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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.

Adams, Michael, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00490730                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Red October Productions, Inc.</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 04 / 2016		
Mailing Address 1851A McGuckian St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8728.50</div>		
City Annapolis	State MD	Zip Code 21401			
Purpose of Expenditure Advertising - Production (Previously Disclosed)		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.4818</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">2938487.52</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>Red October Productions, Inc.</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 12 / 2016		
Mailing Address 1851A McGuckian St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10160.25</div>		
City Annapolis	State MD	Zip Code 21401			
Purpose of Expenditure Advertising - Production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.4903</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 12 / 2016		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">3346648.77</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">10160.25</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Adams, Michael, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>RG A RIGHT DIRECTION PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00490730                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Target Enterprises LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 04 / 2016
Mailing Address 15260 Ventura Blvd Suite 1240	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">279180.00</div> Transaction ID : <b>SE.4809</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016
City Sherman Oaks State CA Zip Code 91403	
Purpose of Expenditure Television Advertising - Media Placement (Previously Disclosed)	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">2650579.02</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Target Enterprises LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 12 / 2016
Mailing Address 15260 Ventura Blvd Suite 1240	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">383520.00</div> Transaction ID : <b>SE.4899</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016
City Sherman Oaks State CA Zip Code 91403	
Purpose of Expenditure Television Advertising - Media Placement	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">3336488.52</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">383520.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">473828.25</div>

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.

Adams, Michael, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2016

Signature