24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
RIGHT WAY SUPERPAC	C C00620138
	G C00020130
Check if X 24-hour report 48-hour report New report X Amends report filed	I on 08 27 2016
Full Name of Payee ADVANTAGE DIRECT	Date of Public Distribution/Dissemination
Mailing Address 2300 CLARENDON BOULEVARD	08 26 7 2016
SUITE 303	Amount
City State Zip Code	11381.67
ARLINGTON VA 22201	Transaction ID : SE.4263 Date of Disbursement or Obligation
Purpose of Expenditure PHONE CALLS Category/ Type 004	08 27 / Y 2016
Name of Federal Candidate Support Office	e Sought: X House District: 02
DUNN MD FACS, NEAL PATRICK, , , Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbute 283460.06	ursement For: ✓ Primary General Other (specify) ✓
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For:
	Guier (speediy) >
(a) SUBTOTAL of Itemized Independent Expenditures	11381.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	11381.67
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.	
FLYNN, DANIEL, , , [Electronically Filed] Date	08 2016