

**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 670 OF 1367
	<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. DR. STEPHEN E. ZIMBERG

Full Name (Last, First, Middle Initial)
Mailing Address 347 N. NEW RIVER DRIVE EAST
APT. 1902

City State Zip Code
FORT LAUDERDALE FL 33301-3162

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

Name of Employer Occupation
CLEVELAND CLINIC PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID : SA11.28332

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. MR. MORTIMER B. ZUCKERMAN

Full Name (Last, First, Middle Initial)
Mailing Address 599 LEXINGTON AVENUE
STE. 1800

City State Zip Code
NEW YORK NY 10022-7661

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

Name of Employer Occupation
BOSTON PROPERTIES CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 12 / 2015

Transaction ID : SA11.27848

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. ARRIZURIETA & ASSOCIATES LLC

Full Name (Last, First, Middle Initial)
Mailing Address 1118 P. LACERAN AVENUE

City State Zip Code
CORAL GABLES FL 33146-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11.105456

Amount of Each Receipt this Period
250.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	