

# 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

RIGHT WAY SUPERPAC

ADDRESS (number and street) PO BOX 27

Check if different than previously reported. (ACC)

ALEXANDRIA VA 22313

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

C C00620138

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:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  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 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 Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

08 / 11 / 2016 through 09 / 30 / 2016

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

FLYNN, DANIEL, , ,

Type or Print Name of Treasurer

Signature of Treasurer FLYNN, DANIEL, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

10 / 15 / 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**RIGHT WAY SUPERPAC**

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="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="182838.63"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="292500.00"/>	<input type="text" value="671000.00"/>
(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="475338.63"/>	<input type="text" value="671000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="417939.37"/>	<input type="text" value="613600.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="57399.26"/>	<input type="text" value="57399.26"/>
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

**RIGHT WAY SUPERPAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	292500.00	671000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	292500.00	671000.00
(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) .....	292500.00	671000.00
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.).....	0.00	0.00
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)).....▶	292500.00	671000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	292500.00	671000.00

**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 .....	14872.30	14892.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14872.30	14892.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15200.00	15200.00
24. Independent Expenditures (use Schedule E) .....	387867.07	583508.44
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).....	0.00	0.00
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)) ..	417939.37	613600.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	417939.37	613600.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	292500.00	671000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	292500.00	671000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	14872.30	14892.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14872.30	14892.30

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**RIGHT WAY SUPERPAC**

**A. ADELSON, SHELDON, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3355 LAS VEGAS BLVD., SOUTH  
 City LAS VEGAS State NV Zip Code 89109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAS VEGAS SANDS CORP Occupation (for Individual) CHAIRMAN AND CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 08 / 15 / 2016  
**Transaction ID : SA11AI.4298**  
 Amount of Each Receipt this Period 200000.00  
 Memo Item CONTRIBUTION

**B. ANDREW, KEVIN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7400 CALLE SAGRADA  
 City BAKERSFIELD State CA Zip Code 93309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUN WORLD INTERNATIONAL LLC Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.4304**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item CONTRIBUTION

**C. BONITA PACKING COMPANY**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1850 W STOWELL ROAD  
 City SANTA MARIA State CA Zip Code 93458  
 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 ▼ 3500.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.4305**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 207000.00  
**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 33
	<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 WAY SUPERPAC**

**A. D'ARRIGO BROS. CO.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21777 HARRIS ROAD

City SALINAS	State CA	Zip Code 93902
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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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2016

**Transaction ID : SA11AI.4320**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. DANNA FARMS, INC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 729

City YUBA CITY	State CA	Zip Code 95992
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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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.4310**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C. DEARDORFF FAMILY FARMS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1188

City OXNARD	State CA	Zip Code 93032
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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 ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

**Transaction ID : SA11AI.4314**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> 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 8 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**RIGHT WAY SUPERPAC**

**A. GRIMMWAY ENTERPRISES INC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 81498  
 City BAKERSFIELD State CA Zip Code 93380  
 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 ▼ 3500.00

Date of Receipt 08 / 22 / 2016  
**Transaction ID : SA11AI.4318**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item  
**CONTRIBUTION**

**B. HADLEY**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 83-555 AIRPORT ROAD  
 City THERMAL State CA Zip Code 92274  
 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 ▼ 3500.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.4307**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item

**C. HARRIS FARMS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23300 W OAKLAND AVE  
 City COALINGA State CA Zip Code 93210  
 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 ▼ 3500.00

Date of Receipt 08 / 16 / 2016  
**Transaction ID : SA11AI.4315**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<b>TOTAL</b> 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 9 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**RIGHT WAY SUPERPAC**

**A. HAYDE, MICHAEL, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 EXECUTIVE CIRCLE  
 City IRVINE State CA Zip Code 92614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WESTERN NATIONAL GROUP Occupation (for Individual) CHIEF EXECUTIVE OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 08 / 23 / 2016  
**Transaction ID : SA11AI.4300**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**B. LA CAROTA FARMS LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8112 COPUS ROAD  
 City BAKERSFIELD State CA Zip Code 93313  
 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 ▼ 1000.00

Date of Receipt 08 / 16 / 2016  
**Transaction ID : SA11AI.4316**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. LAWRENCE COX RANCHES**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 301  
 City BRAWLEY State CA Zip Code 92227  
 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 ▼ 3500.00

Date of Receipt 08 / 15 / 2016  
**Transaction ID : SA11AI.4312**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	29500.00
<b>TOTAL</b> 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 10 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**RIGHT WAY SUPERPAC**

**A. LO BUE RANCHES, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 S SWEET BRIER AVE  
 City LINDSAY State CA Zip Code 93247  
 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 ▼ 3500.00

Date of Receipt 08 / 15 / 2016  
**Transaction ID : SA11AI.4311**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item  
**CONTRIBUTION**

**B. MANN PACKING COMPANY**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 690  
 City SALINAS State CA Zip Code 93902  
 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 ▼ 3500.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.4308**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item  
**CONTRIBUTION**

**C. RAMSAY HIGHLANDER INC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 3010  
 City GONZALES State CA Zip Code 93926  
 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 ▼ 3500.00

Date of Receipt 08 / 22 / 2016  
**Transaction ID : SA11AI.4319**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<b>TOTAL</b> 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 11 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**RIGHT WAY SUPERPAC**

**A. RATTO, RONALD, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4468 EWING ROAD  
 City CASTRO VALLEY State CA Zip Code 94546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RATTO BROTHERS Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 08 / 15 / 2016  
**Transaction ID : SA11AI.4313**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item CONTRIBUTION

**B. STERN, MARC, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23700 MALIBU COLONY ROAD SUITE 1800  
 City MALIBU State CA Zip Code 90265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TCW GROUP, INC Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 23 / 2016  
**Transaction ID : SA11AI.4299**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**C. TAYLOR FRESH FOODS, INC.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 MAIN STREET SUITE 400  
 City SALINAS State CA Zip Code 93901  
 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 ▼ 3500.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.4306**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	17000.00
<b>TOTAL</b> 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 12 OF 33
	<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 WAY SUPERPAC**

**A. THE ADAM FAMILY TRUST**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5980 IMPALA TRAIL

City SANTA MARIA	State CA	Zip Code 93455
---------------------	-------------	-------------------

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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.4303**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. UESUGI FARMS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 STATE HIGHWAY 25

City GILROY	State CA	Zip Code 95020
----------------	-------------	-------------------

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 ▼  
3500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2016

**Transaction ID : SA11AI.4317**

Amount of Each Receipt this Period  
3500.00

Memo Item  
CONTRIBUTION

**C. VESSEY AND COMPANY**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 28

City HOLTVILLE	State CA	Zip Code 92250
-------------------	-------------	-------------------

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 ▼  
3500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2016

**Transaction ID : SA11AI.4302**

Amount of Each Receipt this Period  
3500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9500.00
<b>TOTAL</b> 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 13 OF 33
(check only one)	
<input checked="" 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 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)  
**RIGHT WAY SUPERPAC**

**A. WONDERFUL ORCHARDS LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6801 E LERDO HWY  
 City SHAFTER State CA Zip Code 93263  
 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 ▼  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : SA11AI.4309**  
 Amount of Each Receipt this Period  
 3500.00  
 Memo Item  
**CONTRIBUTION**

**B.**  
 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 / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**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 / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	292500.00

**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)  
**RIGHT WAY SUPERPAC**

Full Name (Last, First, Middle Initial)

**A. ABACUS GROUP**

Mailing Address 611 PENNSYLVANIA AVE SE  
#267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4322

Amount of Each Disbursement this Period

450.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4326

Amount of Each Disbursement this Period

390.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. CROCE, RENEE, , ,**

Mailing Address 214 MAIN STREET  
SUITE 404

City EL SEGUNDO State CA Zip Code 90245

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

MM / DD / YYYY  
09 / 02 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4331

Amount of Each Disbursement this Period

11000.00

Memo Item

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

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

11840.30

**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

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)  
**RIGHT WAY SUPERPAC**

**A. HARPER POLLING LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 121 STATE STREET

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4329

Amount of Each Disbursement this Period: 2952.00

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2952.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14792.30

**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 checked="" 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

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)  
**RIGHT WAY SUPERPAC**

**A. NORTH FLORIDA NEIGHBORS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1034

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement: MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number: C C00582312  
Transaction ID : SB23.4335  
Amount of Each Disbursement this Period: 15200.00

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)

Category/Type

Date of Disbursement: MM / DD / YYYY

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) ▼

Category/Type

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15200.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
RIGHT WAY SUPERPAC
FEC IDENTIFICATION NUMBER
C C00620138

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
ADVANTAGE DIRECT
Mailing Address
2300 CLARENDON BOULEVARD
SUITE 303
City
ARLINGTON
State
VA
Zip Code
22201
Purpose of Expenditure
PHONE CALLS
Category/Type
004
Date of Public Distribution/Dissemination
08 / 24 / 2016
Amount
553.41
Transaction ID : SE.4250
Date of Disbursement or Obligation
08 / 25 / 2016

Name of Federal Candidate:
DUNN MD FACS, NEAL PATRICK, ,
Support
Oppose
Office Sought:
House
Senate
District: 02
State: FL
Calendar Year-To-Date
Per Election for Office Sought
267713.46
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
ADVANTAGE DIRECT
Mailing Address
2300 CLARENDON BOULEVARD
SUITE 303
City
ARLINGTON
State
VA
Zip Code
22201
Purpose of Expenditure
PHONE CALLS
Category/Type
004
Date of Public Distribution/Dissemination
08 / 25 / 2016
Amount
4364.93
Transaction ID : SE.4256
Date of Disbursement or Obligation
08 / 26 / 2016

Name of Federal Candidate:
DUNN MD FACS, NEAL PATRICK, ,
Support
Oppose
Office Sought:
House
Senate
District: 02
State: FL
Calendar Year-To-Date
Per Election for Office Sought
272078.39
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
4918.34
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

FLYNN, DANIEL, ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
RIGHT WAY SUPERPAC
FEC IDENTIFICATION NUMBER
C C00620138

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: ADVANTAGE DIRECT
Mailing Address: 2300 CLARENDON BOULEVARD, SUITE 303, ARLINGTON, VA 22201
Purpose of Expenditure: PHONE CALLS
Category/Type: 004
Date of Public Distribution/Dissemination: 08/26/2016
Amount: 11381.67
Transaction ID: SE.4262
Date of Disbursement or Obligation: 08/27/2016
Name of Federal Candidate: DUNN MD FACS, NEAL PATRICK, , , Support
Office Sought: House District: 02 State: FL
Calendar Year-To-Date Per Election for Office Sought: 283460.06
Disbursement For: Primary

Full Name of Payee: AWARENESS ANALYTICS PARTNERS LLC
Mailing Address: 333 W NORTH AVE # 122, CHICAGO, IL 60610
Purpose of Expenditure: MEDIA PLACEMENT
Category/Type: 004
Date of Public Distribution/Dissemination: 08/09/2016
Amount: 153.02
Transaction ID: SE.4129
Date of Disbursement or Obligation: 08/11/2016
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , , Oppose
Office Sought: House District: 04 State: AZ
Calendar Year-To-Date Per Election for Office Sought: 195794.39
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 11534.69
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

FLYNN, DANIEL, , ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</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> C00620138             </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>AWARENESS ANALYTICS PARTNERS LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 10 / 2016</div>		
Mailing Address 333 W NORTH AVE # 122			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">474.70</div>		
City CHICAGO	State IL	Zip Code 60610			
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	Transaction ID : <b>SE.4135</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 11 / 2016</div>		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose GOSAR, PAUL ANTHONY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">196269.09</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>AWARENESS ANALYTICS PARTNERS LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 14 / 2016</div>		
Mailing Address 333 W NORTH AVE # 122			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4397.80</div>		
City CHICAGO	State IL	Zip Code 60610			
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	Transaction ID : <b>SE.4177</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 15 / 2016</div>		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose GOSAR, PAUL ANTHONY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">231768.89</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input 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;">4872.50</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.

FLYNN, DANIEL, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00620138                 </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>AWARENESS ANALYTICS PARTNERS LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">MM / DD / YYYY</span> 08 / 15 / 2016		
Mailing Address 333 W NORTH AVE # 122			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     367.45                 </div>		
City CHICAGO	State IL	Zip Code 60610			
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>SE.4183</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">MM / DD / YYYY</span> 08 / 16 / 2016		
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     247240.34                 </div>					

Full Name of Payee <input type="checkbox"/> Memo Item <b>AWARENESS ANALYTICS PARTNERS LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">MM / DD / YYYY</span> 08 / 17 / 2016		
Mailing Address 333 W NORTH AVE # 122			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     602.35                 </div>		
City CHICAGO	State IL	Zip Code 60610			
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>SE.4207</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">MM / DD / YYYY</span> 08 / 18 / 2016		
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     262946.69                 </div>					

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 969.80             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;">                 [Empty]             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;">                 [Empty]             </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.

FLYNN, DANIEL, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2016

Signature



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

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00620138                 </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>AWARENESS ANALYTICS PARTNERS LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 21 / 2016
Mailing Address 333 W NORTH AVE # 122			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     2585.84                 </div>
City CHICAGO	State IL	Zip Code 60610	
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: AZ
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     280838.77                 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>AWARENESS ANALYTICS PARTNERS LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 22 / 2016
Mailing Address 333 W NORTH AVE # 122			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     348.41                 </div>
City CHICAGO	State IL	Zip Code 60610	
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: AZ
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     281187.18                 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     2934.25                 </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     0.00                 </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     2934.25                 </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.

FLYNN, DANIEL, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
RIGHT WAY SUPERPAC
FEC IDENTIFICATION NUMBER
C C00620138

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
AWARENESS ANALYTICS PARTNERS LLC
Mailing Address
333 W NORTH AVE
# 122
City
CHICAGO
State
IL
Zip Code
60610
Purpose of Expenditure
MEDIA PLACEMENT
Category/Type
004
Date of Public Distribution/Dissemination
08 / 23 / 2016
Amount
480.16
Transaction ID : SE.4238
Date of Disbursement or Obligation
08 / 24 / 2016

Name of Federal Candidate:
GOSAR, PAUL ANTHONY, , ,
Support
Oppose
Office Sought:
House
District: 04
President
Senate
State: AZ
Calendar Year-To-Date
Per Election for Office Sought
296971.34
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
AWARENESS ANALYTICS PARTNERS LLC
Mailing Address
333 W NORTH AVE
# 122
City
CHICAGO
State
IL
Zip Code
60610
Purpose of Expenditure
MEDIA PLACEMENT
Category/Type
004
Date of Public Distribution/Dissemination
08 / 24 / 2016
Amount
347.03
Transaction ID : SE.4241
Date of Disbursement or Obligation
08 / 25 / 2016

Name of Federal Candidate:
GOSAR, PAUL ANTHONY, , ,
Support
Oppose
Office Sought:
House
District: 04
President
Senate
State: AZ
Calendar Year-To-Date
Per Election for Office Sought
297318.37
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 827.19
(a) SUBTOTAL of Unitemized Independent Expenditures .....
(a) 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.

FLYNN, DANIEL, , ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</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: 2px;">C</span> C00620138             </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 type="checkbox"/> Memo Item <b>AWARENESS ANALYTICS PARTNERS LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 25 / 2016</div>
Mailing Address 333 W NORTH AVE # 122			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">346.57</div>
City CHICAGO	State IL	Zip Code 60610	
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: AZ
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">297664.94</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>AWARENESS ANALYTICS PARTNERS LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 26 / 2016</div>
Mailing Address 333 W NORTH AVE # 122			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">358.66</div>
City CHICAGO	State IL	Zip Code 60610	
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: AZ
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">297664.94</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">705.23</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.

FLYNN, DANIEL, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</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> C00620138                 </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 type="checkbox"/> Memo Item <b>AWARENESS ANALYTICS PARTNERS 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> 08 / 27 / 2016
Mailing Address 333 W NORTH AVE # 122			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">588.65</div> Transaction ID : <b>SE.4265</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> 08 / 28 / 2016
City CHICAGO	State IL	Zip Code 60610	
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">298253.59</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>AWARENESS ANALYTICS PARTNERS 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> 08 / 28 / 2016
Mailing Address 333 W NORTH AVE # 122			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1248.96</div> Transaction ID : <b>SE.4268</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> 08 / 29 / 2016
City CHICAGO	State IL	Zip Code 60610	
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">299502.55</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input 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;">1837.61</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>

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FLYNN, DANIEL, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00620138                 </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 type="checkbox"/> Memo Item <b>DEL CIELO MEDIA LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016
Mailing Address 1427 LESLIE AVE SUITE 102		Amount <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">7470.80</span>
City ALEXANDRIA    State VA    Zip Code 22301		
Purpose of Expenditure MEDIA PLACEMENT    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>SE.4196</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2016
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose GOSAR, PAUL ANTHONY, , ,		Office Sought: <input checked="" type="checkbox"/> House    District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: AZ
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">218843.89</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>DEL CIELO MEDIA LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016
Mailing Address 1427 LESLIE AVE SUITE 102		Amount <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">4263.60</span>
City ALEXANDRIA    State VA    Zip Code 22301		
Purpose of Expenditure MEDIA PLACEMENT    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>SE.4197</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2016
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose STRAUSS, RAYMOND JOHN, , ,		Office Sought: <input checked="" type="checkbox"/> House    District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: AZ
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">223107.49</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">11734.40</span>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></span>

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

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
RIGHT WAY SUPERPAC
FEC IDENTIFICATION NUMBER
C C00620138

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee DEL CIELO MEDIA LLC
Mailing Address 1427 LESLIE AVE SUITE 102
City ALEXANDRIA State VA Zip Code 22301
Purpose of Expenditure MEDIA PLACEMENT Category/Type 004
Date of Public Distribution/Dissemination 08/18/2016
Amount 4263.60
Transaction ID : SE.4198
Date of Disbursement or Obligation 08/12/2016

Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,
Support Oppose
Office Sought: House District: 04
President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 227371.09
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee DEL CIELO MEDIA LLC
Mailing Address 1427 LESLIE AVE SUITE 102
City ALEXANDRIA State VA Zip Code 22301
Purpose of Expenditure MEDIA PLACEMENT Category/Type 004
Date of Public Distribution/Dissemination 08/16/2016
Amount 85885.05
Transaction ID : SE.4187
Date of Disbursement or Obligation 08/15/2016

Name of Federal Candidate: THOMAS, MARY, , ,
Support Oppose
Office Sought: House District: 02
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 85885.05
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 90148.65
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

FLYNN, DANIEL, , ,

[Electronically Filed]

Date

10/15/2016

Signature

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

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</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> C00620138                 </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 type="checkbox"/> Memo Item <b>DEL CIELO 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> 08 / 18 / 2016		
Mailing Address 1427 LESLIE AVE SUITE 102			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     93599.00                 </div>		
City ALEXANDRIA	State VA	Zip Code 22301			
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>SE.4218</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016		
Name of Federal Candidate: THOMAS, MARY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     217734.05                 </div>					

Full Name of Payee <input type="checkbox"/> Memo Item <b>DEL CIELO 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> 08 / 18 / 2016		
Mailing Address 1427 LESLIE AVE SUITE 102			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     29563.38                 </div>		
City ALEXANDRIA	State VA	Zip Code 22301			
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>SE.4219</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016		
Name of Federal Candidate: THOMAS, MARY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     247297.43                 </div>					

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     123162.38                 </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </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.

FLYNN, DANIEL, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</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;">C</span> C00620138             </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 type="checkbox"/> Memo Item <b>DEL CIELO 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> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 18 / 2016</div>		
Mailing Address 1427 LESLIE AVE SUITE 102			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17362.62</div>		
City ALEXANDRIA	State VA	Zip Code 22301			
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.4220</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 18 / 2016</div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose DUNN MD FACS, NEAL PATRICK, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: FL		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">264660.05</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item <b>IMPACT ADVERTISING LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 12 / 2016</div>		
Mailing Address 1870 E 3355 S			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15104.00</div>		
City SALT LAKE CITY	State UT	Zip Code 84106			
Purpose of Expenditure PRINTING / POSTAGE		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.4138</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 11 / 2016</div>		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose GOSAR, PAUL ANTHONY, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: AZ		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">211373.09</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input 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;">32466.62</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>

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FLYNN, DANIEL, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  

10 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
RIGHT WAY SUPERPAC
FEC IDENTIFICATION NUMBER
C C00620138

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee IMPACT ADVERTISING LLC
Mailing Address 1870 E 3355 S
City SALT LAKE CITY State UT Zip Code 84106
Purpose of Expenditure PRINTING / POSTAGE Category/Type 004
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,
Office Sought: House District: 04 State: AZ
Disbursement For: Primary
Amount 15104.00
Transaction ID: SE.4181
Date of Disbursement or Obligation 08/15/2016
Calendar Year-To-Date Per Election for Office Sought 246872.89

Full Name of Payee IMPACT ADVERTISING LLC
Mailing Address 1870 E 3355 S
City SALT LAKE CITY State UT Zip Code 84106
Purpose of Expenditure PRINTING / POSTAGE Category/Type 004
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,
Office Sought: House District: 04 State: AZ
Disbursement For: Primary
Amount 15104.00
Transaction ID: SE.4210
Date of Disbursement or Obligation 08/16/2016
Calendar Year-To-Date Per Election for Office Sought 262344.34

(a) SUBTOTAL of Itemized Independent Expenditures 30208.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

FLYNN, DANIEL, , ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00620138
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>IMPACT ADVERTISING LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1870 E 3355 S		Amount <input type="text"/>	
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE.4211</b>
Purpose of Expenditure PRINTING / POSTAGE		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>IMPACT ADVERTISING LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1870 E 3355 S		Amount <input type="text"/>	
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE.4245</b>
Purpose of Expenditure PRINTING / POSTAGE		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: GOSAR, PAUL ANTHONY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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FLYNN, DANIEL, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00620138
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>RED PRINT STRATEGY</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>PO BOX 710993</b>			Amount <input type="text"/>		
City <b>HERNDON</b>	State <b>VA</b>	Zip Code <b>20171</b>	<b>Transaction ID : SE.4193</b>		
Purpose of Expenditure <b>MEDIA PRODUCTION</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>THOMAS, MARY, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>02</b> State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item <b>RED PRINT STRATEGY</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>PO BOX 710993</b>			Amount <input type="text"/>		
City <b>HERNDON</b>	State <b>VA</b>	Zip Code <b>20171</b>	<b>Transaction ID : SE.4215</b>		
Purpose of Expenditure <b>MEDIA PRODUCTION</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>THOMAS, MARY, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>02</b> State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</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> C00620138             </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 type="checkbox"/> Memo Item <b>RED PRINT STRATEGY</b>		Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016	
Mailing Address <b>PO BOX 710993</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     925.00                 </div>	
City <b>HERNDON</b>	State <b>VA</b>	Zip Code <b>20171</b>	<b>Transaction ID : SE.4217</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2016
Purpose of Expenditure <b>MEIDA PRODUCTION</b>		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	
Name of Federal Candidate: <b>DUNN MD FACS, NEAL PATRICK, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">267160.05</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>TARGETED VICTORY</b>		Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016	
Mailing Address <b>1033 NORTH FAIRFAX STREET SUITE 400</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     30000.00                 </div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE.4204</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016
Purpose of Expenditure <b>MEDIA PLACEMENT</b>		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	
Name of Federal Candidate: <b>THOMAS, MARY, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">124135.05</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 30925.00             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 _____             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 387867.07             </div>

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*FLYNN, DANIEL, , ,*

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2016

Signature