

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.
Right to Rise USA

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

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 in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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

Type or Print Name of Treasurer Charles R. Spies

Signature of Treasurer Charles R. Spies [Electronically Filed] Date 01 / 31 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Right to Rise USA

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="2015"/>	<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="97723507.67"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15139189.64"/>	<input type="text" value="118307035.47"/>
(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="112862697.31"/>	<input type="text" value="118307035.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="54284643.10"/>	<input type="text" value="59728981.26"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="58578054.21"/>	<input type="text" value="58578054.21"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Right to Rise USA

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).....	15079443.93	117575369.90
(ii) Unitemized	16840.00	319405.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15096283.93	117894775.35
(b) Political Party Committees	0.00	50.00
(c) Other Political Committees (such as PACs).....	0.00	363500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15096283.93	118258325.35
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).....	26000.00	31804.41
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	16905.71	16905.71
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))..... ▶	15139189.64	118307035.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15139189.64	118307035.47

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	7085857.19	12377045.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7085857.19	12377045.35
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)	47171785.91	47211785.91
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	22000.00	134150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	6000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	27000.00	140150.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	54284643.10	59728981.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54284643.10	59728981.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15096283.93	118258325.35
34. Total Contribution Refunds (from Line 28(d))	27000.00	140150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15069283.93	118118175.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7085857.19	12377045.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	26000.00	31804.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7059857.19	12345240.94

**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 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 to Rise USA

A. MR. JOSEPH H. DAVENPORT III
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 BROAD STREET
 SUITE 1108
 City CHATTANOOGA State TN Zip Code 37402-2935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer POINTER MANAGEMENT CO. Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 07 / 06 / 2015
Transaction ID : SA11.110063
 Amount of Each Receipt this Period 50000.00
 CONTRIBUTION

B. MR. TREVOR D. REES-JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 5956 SHERRY LANE
 SUITE 1500
 City DALLAS State TX Zip Code 75225-8026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHIEF OIL & GAS LLC Occupation CHAIRMAN & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1018746.95

Date of Receipt 07 / 06 / 2015
Transaction ID : SA11.116597
 Amount of Each Receipt this Period 18746.95
 CONTRIBUTION
 IN-KIND: EVENT ORGANIZATION AND CATERING

C. GREENPOINTE HOLDINGS, L.L.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7807 BAYMEADOWS WAY
 SUITE 205
 City JACKSONVILLE State FL Zip Code 32256-7511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4884.12

Date of Receipt 07 / 06 / 2015
Transaction ID : SA11.110211
 Amount of Each Receipt this Period 4884.12
 CONTRIBUTION
 IN-KIND: EVENT ORGANIZATION AND CATERING

SUBTOTAL of Receipts This Page (optional)..... ▶ 73631.07
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MR. WILLIAM RHODES
Full Name (Last, First, Middle Initial)

Mailing Address 1120 FIFTH AVENUE
APARTMENT 8B

City NEW YORK State NY Zip Code 10128-0144

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

Name of Employer SELF-EMPLOYED Occupation BANKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75000.00

Date of Receipt
07 / 08 / 2015
Transaction ID : SA11.110078

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

B. MR. GARY L. HEIN
Full Name (Last, First, Middle Initial)

Mailing Address 2 PARSONS LANE

City DECATUR State IL Zip Code 62526-1463

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

Name of Employer LINCOLN DIAGNOSTICS, INC. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 09 / 2015
Transaction ID : SA11.110086

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. MS. ANNIE DICKERSON
Full Name (Last, First, Middle Initial)

Mailing Address 40 WEST 57TH STREET
4TH FLOOR

City NEW YORK State NY Zip Code 10019-4001

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

Name of Employer THE PAUL E. SINGER FOUNDATION Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
777.46

Date of Receipt
07 / 13 / 2015
Transaction ID : SA11.110123

Amount of Each Receipt this Period
777.46

CONTRIBUTION

IN-KIND: CATERING AND A&V SERVICES

SUBTOTAL of Receipts This Page (optional)..... ▶ 26777.46

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 8 OF 639
	<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 USA

A. DR. EDGARD EL CHAAR
Full Name (Last, First, Middle Initial)

Mailing Address 130 EAST 35 STREET

City NEW YORK State NY Zip Code 10016-3815

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

Name of Employer NYU COLLEGE OF DENTISTRY Occupation PERIDENTIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 13 / 2015
Transaction ID : SA11.110088

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

B. MR. IRVING M. MCNAIR
Full Name (Last, First, Middle Initial)

Mailing Address 6 STANDISH DRIVE

City MORRISTOWN State NJ Zip Code 07960-3225

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2015
Transaction ID : SA11.110099

Amount of Each Receipt this Period 250.00

CONTRIBUTION

C. DANIEL SENOR
Full Name (Last, First, Middle Initial)

Mailing Address 375 GREENWICH STREET SUITE 714

City NEW YORK State NY Zip Code 10013-2376

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

Name of Employer SENOR STRATEGIES, L.L.C. Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 777.46

Date of Receipt 07 / 13 / 2015
Transaction ID : SA11.110124

Amount of Each Receipt this Period 777.46

CONTRIBUTION

IN-KIND: CATERING AND A&V SERVICES

SUBTOTAL of Receipts This Page (optional)..... ▶ 2027.46

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 9 OF 639
	<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 USA

A. MR. PAUL E. SINGER
Full Name (Last, First, Middle Initial)

Mailing Address 40 WEST 57TH STREET
4TH FLOOR

City NEW YORK State NY Zip Code 10019-4001

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

Name of Employer ELLIOTT CAPITAL ADVISORS, L.P. Occupation FOUNDER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt
07 / 13 / 2015
Transaction ID : SA11.110122

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

IN-KIND: CATERING AND A&V SERVICES

B. MRS. BARBARA MARCH
Full Name (Last, First, Middle Initial)

Mailing Address 1776 MISTY CREEK RD

City WESTLAKE VILLAGE State CA Zip Code 91362-5410

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

Name of Employer SELF EMPLOYED Occupation PHILANTHROPY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
07 / 16 / 2015
Transaction ID : SA11.110169

Amount of Each Receipt this Period
3750.00

CONTRIBUTION

C. MR. ROY MARCH
Full Name (Last, First, Middle Initial)

Mailing Address 1776 MISTY CREEK RD

City WESTLAKE VILLAGE State CA Zip Code 91362-5410

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

Name of Employer EASTDIL SECURED Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
07 / 16 / 2015
Transaction ID : SA11.110170

Amount of Each Receipt this Period
3750.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	10200.00
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:	PAGE 10 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MRS. SONIA RIVELLI
Full Name (Last, First, Middle Initial)

Mailing Address 6960 EDNA AVENUE

City LAS VEGAS State NV Zip Code 89117-3004

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

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

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
 07 / 17 / 2015

Transaction ID : SA11.110145

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. MR. WILLIAM STILLMAN
Full Name (Last, First, Middle Initial)

Mailing Address 100 MALLARD LANE

City GEORGETOWN State TX Zip Code 78633-4827

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015

Transaction ID : SA11.110168

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. MR. ROBERT F. BIOLCHINI
Full Name (Last, First, Middle Initial)

Mailing Address 1744 EAST 29TH STREET

City TULSA State OK Zip Code 74114-5402

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

Name of Employer STUART, BIOLCHINI, & TURNER Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015

Transaction ID : SA11.110165

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	11500.00
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: PAGE 11 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. MR. WILLIAM DUHAMEL

Mailing Address 3881 CLAY STREET

City State Zip Code
SAN FRANCISCO CA 94118-1615

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

Name of Employer Occupation
ROUTE ONE INVESTMENT INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : SA11.110164

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. OCC INTERNATIONAL INC.

Mailing Address 675 WILMOT ROAD

City State Zip Code
SCARSDALE NY 10583-6539

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : SA11.110162

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. PATRICK T. CHRISTIANSEN

Mailing Address 500 IVANHOE PLAZA

City State Zip Code
ORLANDO FL 32804-6332

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

Name of Employer Occupation
AKERMAN, LLP ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
32500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : SA11.110171

Amount of Each Receipt this Period
7500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 18500.00

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:	PAGE 13 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MR. HOWARD A. WILL
Full Name (Last, First, Middle Initial)

Mailing Address N9242 SOUTH SHORE DRIVE

City EAST TROY State WI Zip Code 53120-2178

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2015
Transaction ID : SA11.110207

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. SHAMS CHAGANI
Full Name (Last, First, Middle Initial)

Mailing Address 2046 MAPLEWOOD DR

City CORAL SPRINGS State FL Zip Code 33071-

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.114979

Amount of Each Receipt this Period 250.00

CONTRIBUTION

C. MR. GREGORY D. KENNEDY
Full Name (Last, First, Middle Initial)

Mailing Address 116 E. 63RD STREET APT. 6C

City NEW YORK State NY Zip Code 10065-7265

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

Name of Employer UBS INVESTMENT BANK Occupation INVESTMENT BANKING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.114976

Amount of Each Receipt this Period 30000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 30500.00

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 14 OF 639
	<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 USA

Full Name (Last, First, Middle Initial)
A. MR. DAVID J. TEECE

Mailing Address 2200 POWELL STREET
SUITE 1200

City State Zip Code
EMERYVILLE CA 94608-1833

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

Name of Employer Occupation
BERKELEY RESEARCH GROUP ECONOMIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2015

Transaction ID : **SA11.114977**

Amount of Each Receipt this Period
50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. LEIGH TEECE

Mailing Address 2200 POWELL STREET
SUITE 1200

City State Zip Code
EMERYVILLE CA 94608-1833

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

Name of Employer Occupation
ENTERPRISE RESEARCH EXPERT SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2015

Transaction ID : **SA11.114975**

Amount of Each Receipt this Period
50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CENTURY HOMEBUILDERS GROUP LLC

Mailing Address POST OFFICE BOX 261358

City State Zip Code
MIAMI FL 33126-0024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2015

Transaction ID : **SA11.114978**

Amount of Each Receipt this Period
50000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150000.00
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 15 OF 639
	<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 to Rise USA

A. MR. JOHN A. KANEB
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 KIMBALL LANE #400
 City LYNNFIELD State MA Zip Code 01940-2685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CATAMOUNT MANAGEMENT CORPORATION Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 08 / 19 / 2015
Transaction ID : SA11.115341
 Amount of Each Receipt this Period 25000.00
 CONTRIBUTION

B. MR. THOMAS L. KEMPNER JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 E. 73RD STREET
 City NEW YORK State NY Zip Code 10021-3502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DAVIDSON KEMPNER CAPITAL MANAGEMENT Occupation FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 08 / 19 / 2015
Transaction ID : SA11.115342
 Amount of Each Receipt this Period 25000.00
 CONTRIBUTION

C. MR. MICHAEL MANSFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 AIRPORT PARKWAY
 City GAINESVILLE State GA Zip Code 30501-6813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MANSFIELD OIL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 08 / 19 / 2015
Transaction ID : SA11.115343
 Amount of Each Receipt this Period 25000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75000.00
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:	PAGE 16 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MRS. ALEXANDRA T. ROBERTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 EAST 64TH STREET
 APARTMENT 10E
 City NEW YORK State NY Zip Code 10065-7380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TIGER MANAGEMENT Occupation INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **185000.00**

Date of Receipt **08 / 21 / 2015**
Transaction ID : SA11.115345
 Amount of Each Receipt this Period **125000.00**
 CONTRIBUTION

B. MR. MATT DAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 65525 GERKING MARKET ROAD
 City BEND State OR Zip Code 97703-5254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation RANCH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25000.00**

Date of Receipt **08 / 24 / 2015**
Transaction ID : SA11.115646
 Amount of Each Receipt this Period **25000.00**
 CONTRIBUTION

C. DR. JONATHAN C. JAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 8300 TWIN FORKS LANE
 City CHEVY CHASE State MD Zip Code 20815-4847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **8000.00**

Date of Receipt **08 / 24 / 2015**
Transaction ID : SA11.115340
 Amount of Each Receipt this Period **-20000.00**
 CONTRIBUTION
 CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... **130000.00**
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 17 OF 639
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Right to Rise USA

A. MR. GEORGE A. VILLASANA
Full Name (Last, First, Middle Initial)

Mailing Address 305 BROOKHAVEN AVENUE NE
APARTMENT 619

City ATLANTA State GA Zip Code 30319

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

Name of Employer ASBURY AUTOMOTIVE GROUP, INC. Occupation GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
08 / 24 / 2015
Transaction ID : SA11.115645

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B. MR. CARL M. BOUCKAERT
Full Name (Last, First, Middle Initial)

Mailing Address POST OFFICE BOX 4449

City DALTON State GA Zip Code 30719-1449

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

Name of Employer BEAULIEU GROUP Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 28 / 2015
Transaction ID : SA11.115650

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. MR. HENRY HERBERT
Full Name (Last, First, Middle Initial)

Mailing Address 5788 SE WESLEY AVENUE

City STUART State FL Zip Code 34997-

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

Name of Employer MARTIN COUNTY SCHOOL DISTRICT Occupation MASONRY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 28 / 2015
Transaction ID : SA11.115647

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 20250.00

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:	PAGE 18 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MR. JULIAN H. ROBERTSON JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 PARK AVE
 FL 48
 City NEW YORK State NY Zip Code 10178-4799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TIGER MANAGEMENT LLC Occupation CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1115084.85

Date of Receipt 08 / 28 / 2015
Transaction ID : SA11.116595
 Amount of Each Receipt this Period 15084.85
 CONTRIBUTION
 IN-KIND: EVENT ORGANIZATION

B. BLUE RIDGE CAPITAL, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 MADISON AVENUE
 City NEW YORK State NY Zip Code 10065-8405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 08 / 28 / 2015
Transaction ID : SA11.115648
 Amount of Each Receipt this Period 100000.00
 CONTRIBUTION

C. DAI LOI RESTAURANT #2 LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4186 BUFORD HIGHWAY NE
 SUITE G
 City ATLANTA State GA Zip Code 30345-1067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 28 / 2015
Transaction ID : SA11.115649
 Amount of Each Receipt this Period 2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	117084.85
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 20 OF 639
	<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 USA

Full Name (Last, First, Middle Initial)
A. ATLAS PROPERTY I, LLC

Mailing Address P.O. BOX 261358

City MIAMI	State FL	Zip Code 33126-0024
---------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11.115975

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. CENTURY AT GIRALDA AVENUE, LLC

Mailing Address P.O. BOX 261358

City MIAMI	State FL	Zip Code 33126-0024
---------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11.115976

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CENTURY HOMEBUILDERS GROUP LLC

Mailing Address POST OFFICE BOX 261358

City MIAMI	State FL	Zip Code 33126-0024
---------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11.115973

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	22500.00
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 21 OF 639
	<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 USA

A. CENTURY HOMEBUILDERS GROUP LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address POST OFFICE BOX 261358
 City MIAMI State FL Zip Code 33126-0024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA11.115974
 Amount of Each Receipt this Period
 10000.00
 CONTRIBUTION

B. CENTURY TOWER, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 261358
 City MIAMI State FL Zip Code 33126-0024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 03 / 2015
Transaction ID : SA11.115971
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. COMMUNITY CHOICE FINANCIAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 6785 BOBCAT WAY, SUITE 200
 City DUBLIN State OH Zip Code 43016-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA11.115970
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	13500.00
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:	PAGE 22 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

Full Name (Last, First, Middle Initial) A. PRIVATE LENDING GROUP, LLC		Date of Receipt
Mailing Address P.O. BOX 261358		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
MIAMI	FL	33126-0024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.115977
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="10000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR. JULIAN H. ROBERTSON JR.		Date of Receipt
Mailing Address 101 PARK AVE FL 48		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEW YORK	NY	10178-4799
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.116249
Name of Employer	Occupation	Amount of Each Receipt this Period
TIGER MANAGEMENT LLC	CHAIRMAN	<input type="text" value="100000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1115084.85"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR. NEILL A. CURRIE		Date of Receipt
Mailing Address 500 BAY DRIVE		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
VERO BEACH	FL	32963-2107
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.116335
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="50000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="205510.50"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="155000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 23 OF 639
	<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 USA

Full Name (Last, First, Middle Initial)
A. RED CARPET VALET

Mailing Address **PO BOX 20832**

City **SEATTLE** State **WA** Zip Code **98102-1832**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.92**

Date of Receipt **09 / 14 / 2015**

Transaction ID : SA11.118349

Amount of Each Receipt this Period **432.92**

CONTRIBUTION

IN-KIND: VALET SERVICES

Full Name (Last, First, Middle Initial)
B. DR. JONATHAN C. JAVITT

Mailing Address **8300 TWIN FORKS LANE**

City **CHEVY CHASE** State **MD** Zip Code **20815-4847**

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

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8000.00**

Date of Receipt **09 / 17 / 2015**

Transaction ID : SA11.116382

Amount of Each Receipt this Period **2000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. PETER W. STOTT

Mailing Address **2896 SOUTHWEST PATTON ROAD**

City **PORTLAND** State **OR** Zip Code **97201-1695**

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

Name of Employer **COLUMBIA INVESTMENTS LTD.** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **12500.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11.116584

Amount of Each Receipt this Period **10000.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	12432.92
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. MS. LUCILLE GLADSTONE
 Mailing Address 303 EAST 57TH ST., APT. 47A
 City State Zip Code
 NEW YORK NY 10022-2693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MADISON EQUITIES REAL ESTATE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 21 / 2015
Transaction ID : SA11.116581
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. MARC MALEK
 Mailing Address 1009 PARK AVE APT. 12
 City State Zip Code
 NEW YORK NY 10028-0936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CONQUEST CAPITAL GROUP LLC MANAGING PARTNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 09 / 21 / 2015
Transaction ID : SA11.116580
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. WYNDHAM ROBERTSON
 Mailing Address 250 CEDAR BERRY LANE
 City State Zip Code
 CHAPEL HILL NC 27517-7206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 09 / 21 / 2015
Transaction ID : SA11.116577
 Amount of Each Receipt this Period
 10000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 12750.00
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: PAGE 25 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. MR. E. RANDOLPH LABBE

Mailing Address 4935 SOUTHWEST BARNES ROAD

City State Zip Code
PORTLAND OR 97221-1515

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

Name of Employer Occupation
KERR PACIFIC CORP. CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : SA11.116586

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. SHIRLEY NYMAN PAPE

Mailing Address 3550 SW BOND AVE UNIT 2501

City State Zip Code
PORTLAND OR 97239-

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : SA11.116587

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. HENRY T. SWIGERT

Mailing Address 1112 SE RIVER FOREST RD

City State Zip Code
OAK GROVE OR 97267-3522

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : SA11.116590

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 17000.00

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 26 OF 639
	<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 USA

A. AMBASSADOR NANCY G. BRINKER

Full Name (Last, First, Middle Initial)
Mailing Address 211 VIA TORTUGA

City PALM BEACH State FL Zip Code 33480-3638

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

Name of Employer KOMEN Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.116592

Amount of Each Receipt this Period
20000.00

CONTRIBUTION

B. WLNY HOLDINGS, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 270 S. SERVICE ROAD SUITE 55

City MELVILLE State NY Zip Code 11747-2399

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.116591

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

C. MR. ROBERT LONG JR.

Full Name (Last, First, Middle Initial)
Mailing Address 300 NORTH GREENE STREET SUITE 1750

City GREENSBORO State NC Zip Code 27401-2270

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

Name of Employer LONG, MILLER & ASSOCIATES Occupation CO-FOUNDER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11.116594

Amount of Each Receipt this Period
50000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	80000.00
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 27 OF 639
	<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 USA

A. MR. JAMES D. PITCOCK JR.
Full Name (Last, First, Middle Initial)

Mailing Address 10006 BALMFORTH LANE

City HOUSTON State TX Zip Code 77096-5302

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

Name of Employer WILLIAMS BROTHERS CORPORATION Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 97300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11.116598

Amount of Each Receipt this Period
 97300.00

CONTRIBUTION

B. PINNACLE WEST CAPITAL CORPORATION
Full Name (Last, First, Middle Initial)

Mailing Address 400 N 5TH STREET

City PHOENIX State AZ Zip Code 85004-3902

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11.118083

Amount of Each Receipt this Period
 269.36

CONTRIBUTION

IN-KIND: CATERING

C. MRS. ANNE D. BAKER
Full Name (Last, First, Middle Initial)

Mailing Address 200 W. FORSYTH STREET
7TH FLOOR

City JACKSONVILLE State FL Zip Code 32202

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

Name of Employer Occupation
 HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 812.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : SA11.119195

Amount of Each Receipt this Period
 812.99

CONTRIBUTION

IN KIND: CATERING AND FLORAL

SUBTOTAL of Receipts This Page (optional).....▶	98382.35
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 28 OF 639
	<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 USA

A. MR. JOHN D. BAKER II
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 W. FORSYTH STREET
 7TH FLOOR
 City JACKSONVILLE State FL Zip Code 32202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FRP HOLDINGS, INC. Occupation EXECUTIVE CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **150812.99**

Date of Receipt **10 / 02 / 2015**
Transaction ID : SA11.119194
 Amount of Each Receipt this Period **812.99**
 CONTRIBUTION
 IN-KIND: CATERING AND FLORAL

B. MS. STEPHANIE FISCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1255 25TH STREET NORTHWEST #227
 City WASHINGTON State DC Zip Code 20037-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE SHELK FISCHER FAMILY FOUNDATION Occupation ATTORNEY/VICE PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt **10 / 05 / 2015**
Transaction ID : SA11.117367
 Amount of Each Receipt this Period **3000.00**
 CONTRIBUTION

C. MR. RICHARD GILDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 COLUMBUS CIRCLE
 FL 25
 City NEW YORK State NY Zip Code 10019-8760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GILDER, GAGNON, HOWE & CO. Occupation STOCK BROKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **40000.00**

Date of Receipt **10 / 06 / 2015**
Transaction ID : SA11.117372
 Amount of Each Receipt this Period **10000.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **13812.99**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MS. JULIANNA HAWN HOLT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2191 LITTLE BLANCO RD
 City BLANCO State TX Zip Code 78606-4764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation RANCHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **9800.00**

Date of Receipt **10 / 06 / 2015**
Transaction ID : SA11.117374
 Amount of Each Receipt this Period **9800.00**
 CONTRIBUTION

B. MR. PETER M. HOLT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2191 LITTLE BLANCO RD
 City BLANCO State TX Zip Code 78606-4764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOLT CAT Occupation C.E.O.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **9800.00**

Date of Receipt **10 / 06 / 2015**
Transaction ID : SA11.117375
 Amount of Each Receipt this Period **9800.00**
 CONTRIBUTION

C. MRS. CATHY UNRUH
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 BEACH DR NE UNIT 2101
 City SAINT PETERSBURG State FL Zip Code 33701-3922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt **10 / 06 / 2015**
Transaction ID : SA11.117377
 Amount of Each Receipt this Period **10000.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	29600.00
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: PAGE 30 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. CFS2 INC.

Mailing Address 2488 E. 81ST STREET
SUITE 500

City TULSA State OK Zip Code 74137

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015

Transaction ID : SA11.117369

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. FRANKFURT-SHORT-BAUZA ASSOCIATES, P.C.

Mailing Address 5801 N. BROADWAY
SUITE 500

City OKLAHOMA CITY State OK Zip Code 73118-7486

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015

Transaction ID : SA11.117368

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. THOMAS SANSONE

Mailing Address 2201 4TH STREET NORTH
SUITE 201

City SAINT PETERSBURG State FL Zip Code 33704-4300

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

Name of Employer Occupation
 RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015

Transaction ID : SA11.117376

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 32700.00

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 31 OF 639
	<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 USA

A. AMBASSADOR MELVIN F. SEMBLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5858 CENTRAL AVENUE
 City SAINT PETERSBURG State FL Zip Code 33707-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation REAL ESTATE DEVELOPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 10 / 08 / 2015
Transaction ID : SA11.117379
 Amount of Each Receipt this Period 100000.00
 CONTRIBUTION

B. K.P. KAUFFMAN COMPANY, INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 BROADWAY SUITE 2800
 City DENVER State CO Zip Code 80202-4690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 08 / 2015
Transaction ID : SA11.117380
 Amount of Each Receipt this Period 20000.00
 CONTRIBUTION

C. KOHLBERG KRAVIS ROBERTS & CO., LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 W 57TH STREET SUITE 4200
 City NEW YORK State NY Zip Code 10019-2707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 10 / 08 / 2015
Transaction ID : SA11.118348
 Amount of Each Receipt this Period 715.00
 CONTRIBUTION
 IN-KIND: CATERING

SUBTOTAL of Receipts This Page (optional).....▶ 120715.00
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 32 OF 639
	<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 USA

A. MR. JAMES E. WALKER III
Full Name (Last, First, Middle Initial)

Mailing Address 21 VINEYARD LANE
23RD FLOOR

City GREENWICH State CT Zip Code 06831-3713

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

Name of Employer FIR TREE PARTNERS Occupation PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
586.67

Date of Receipt
10 / 09 / 2015
Transaction ID : SA11.118347

Amount of Each Receipt this Period
586.67

CONTRIBUTION

IN-KIND: CATERING

B. MAM TITLE CONSULTANTS
Full Name (Last, First, Middle Initial)

Mailing Address 12700 BISCAYNE BOULEVARD

City NORTH MIAMI State FL Zip Code 33181-2024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
10 / 09 / 2015
Transaction ID : SA11.117383

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. RED APPLE DEVELOPMENT LLC
Full Name (Last, First, Middle Initial)

Mailing Address 800 CORPORATE DRIVE, SUITE 124

City FORT LAUDERDALE State FL Zip Code 33334-3618

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35000.00

Date of Receipt
10 / 09 / 2015
Transaction ID : SA11.117381

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 15586.67

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 33 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Right to Rise USA

A. RONALD BOOK P.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18851 NE 29TH AVE STE 1010
 City AVENTURA State FL Zip Code 33180-2848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt
 10 / 09 / 2015
Transaction ID : SA11.117382
 Amount of Each Receipt this Period
 7500.00
 CONTRIBUTION

B. MR. GARY R. CHARTRAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 PONTE VEDRA BOULEVARD
 City PONTE VEDRA BEACH State FL Zip Code 32082-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACOSTA, INC. EXECUTIVE CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225000.00

Date of Receipt
 10 / 14 / 2015
Transaction ID : SA11.117595
 Amount of Each Receipt this Period
 100000.00
 CONTRIBUTION

C. MR. GERARD J. KEATING
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 ELIZABETH PLACE
 City GENEVA State IL Zip Code 60134-3038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KEATING RESOURCES PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 10 / 15 / 2015
Transaction ID : SA11.117596
 Amount of Each Receipt this Period
 10000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	117500.00
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 34 OF 639
	<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 USA

A. MR. WILLIAM E. OBERNDORF
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 FRONT STREET
 City SAN FRANCISCO State CA Zip Code 94011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1512307.56**

Date of Receipt **10 / 15 / 2015**
Transaction ID : SA11.117844
 Amount of Each Receipt this Period **410.31**
 CONTRIBUTION
 IN-KIND: CATERING

B. HUNTER GLOBAL INVESTORS L.P.
 Full Name (Last, First, Middle Initial)
 Mailing Address POST OFFICE BOX 3343
 City PALM BEACH State FL Zip Code 33480-1543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **701981.27**

Date of Receipt **10 / 15 / 2015**
Transaction ID : SA11.118084
 Amount of Each Receipt this Period **1981.27**
 CONTRIBUTION
 IN-KIND: CATERING

C. DR. JONATHAN C. JAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 8300 TWIN FORKS LANE
 City CHEVY CHASE State MD Zip Code 20815-4847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **8000.00**

Date of Receipt **10 / 16 / 2015**
Transaction ID : SA11.117843
 Amount of Each Receipt this Period **2000.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4391.58
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 35 OF 639
	<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 USA

A. MR. ARCADIO XAVIER NEIRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 STURTZ CIRCLE
 City NORMAN State OK Zip Code 73072-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCC Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 16 / 2015
Transaction ID : SA11.117601
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. MASS ARCHITECTS, INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 W. PARK PLACE
 City OKLAHOMA CITY State OK Zip Code 73103-4914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 16 / 2015
Transaction ID : SA11.117600
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

C. MR. CARLOS J. ALFONSO JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2913 HARBOR VIEW AVENUE
 City TAMPA State FL Zip Code 33611-1642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALFONSO ARCHITECTS Occupation ARCHITECT/DEVELOPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3708.13

Date of Receipt 10 / 19 / 2015
Transaction ID : SA11.117846
 Amount of Each Receipt this Period 3708.13
 CONTRIBUTION
 IN-KIND: CATERING AND FLOWERS

SUBTOTAL of Receipts This Page (optional).....▶ 13708.13
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 36 OF 639
	<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 USA

A. MR. STEPHEN M. LESSING SR.
Full Name (Last, First, Middle Initial)

Mailing Address 9 SNAKE HILL ROAD

City COLD SPRING HARBOR State NY Zip Code 11724-1105

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

Name of Employer BARCLAYS CAPITAL Occupation MANAGING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **528371.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11.117847

Amount of Each Receipt this Period
1608.75

CONTRIBUTION

IN-KIND: CATERING / EVENT FEES

B. MS. JEANNE GODWIN
Full Name (Last, First, Middle Initial)

Mailing Address 3109 GRAND AVENUE SUITE 345

City MIAMI State FL Zip Code 33133-5103

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

Name of Employer JEANNEGODWIN Occupation INVESTMENT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11.117848

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. RESORT INNS OF AMERICA, INC.
Full Name (Last, First, Middle Initial)

Mailing Address 5600 GULF BLVD.

City ST. PETE BEACH State FL Zip Code 33706-2248

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

Name of Employer Occupation

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
10 / 20 / 2015

Transaction ID : SA11.117845

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	4608.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<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 to Rise USA

A. C.V. STARR & CO, INC
 Full Name (Last, First, Middle Initial)
 Mailing Address 399 PARK AVE
 City NEW YORK State NY Zip Code 10022-4614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11.118089
 Amount of Each Receipt this Period
 10000000.00
 CONTRIBUTION

B. AMBASSADOR SUE MCCOURT COBB
 Full Name (Last, First, Middle Initial)
 Mailing Address POST OFFICE BOX 144200
 City CORAL GABLES State FL Zip Code 33114-4200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 COBB PARTNERS ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 77500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : SA11.118085
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. MR. SCOTT W. OPENSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 925 N GARFIELD STREET
 APT. 522
 City ARLINGTON State VA Zip Code 22201-6709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMERICAN CHEMISTRY COUNCIL SENIOR DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : SA11.118087
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	▶	10002800.00
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 38 OF 639
	<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 USA

A. ROONEY HOLDINGS, INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 S. 122ND E. AVENUE
 City TULSA State OK Zip Code 74146-6912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2301706.80

Date of Receipt 10 / 23 / 2015
Transaction ID : SA11.117849
 Amount of Each Receipt this Period 300000.00
 CONTRIBUTION

B. CLAUDIA B. REICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2314 PRINCESS ANN STREET
 City GREENSBORO State NC Zip Code 27408-5514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2015
Transaction ID : SA11.118088
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. MR. ROBERT T. BARLICK JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5400 BANYAN TRAIL
 City CORAL GABLES State FL Zip Code 33156-3477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GOLDMAN SACHS PRIVATE BANKING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60000.00

Date of Receipt 10 / 28 / 2015
Transaction ID : SA11.118092
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	311000.00
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 39 OF 639
	<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 USA

A. HON. SANDY K. BARUAH
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 MIDDLESEX ROAD
 City State Zip Code
 GROSSE POINTE PARK MI 48230-1742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DETROIT REGIONAL CHAMBER BUSINESS EXECUTIVE
 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
 10 / 28 / 2015
Transaction ID : SA11.118091
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. MR. SCOTT W. OPENSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 925 N GARFIELD STREET
 APT. 522
 City State Zip Code
 ARLINGTON VA 22201-6709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMERICAN CHEMISTRY COUNCIL SENIOR DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11.118334
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. MR. LUIGI V. FERDINANDI
 Full Name (Last, First, Middle Initial)
 Mailing Address 16481 COMMON ROAD
 City State Zip Code
 ROSEVILLE MI 48066-5905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LUIGI FERDINANDI & SON CEMENT COMPAN VICE PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015
Transaction ID : SA11.118338
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	7100.00
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 40 OF 639
	<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 USA

A. MR. RICHARD GILDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 COLUMBUS CIRCLE
 FL 25
 City NEW YORK State NY Zip Code 10019-8760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GILDER, GAGNON, HOWE & CO. Occupation STOCK BROKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **40000.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : SA11.118336
 Amount of Each Receipt this Period **10000.00**
 CONTRIBUTION

B. MR. GARY B. OAKES
 Full Name (Last, First, Middle Initial)
 Mailing Address 31485 GROESBECK HWY
 STE F
 City FRASER State MI Zip Code 48026-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OAKES ROOFING Occupation OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : SA11.118335
 Amount of Each Receipt this Period **3000.00**
 CONTRIBUTION

C. ALEXANDRA PROPERTY HOLDINGS, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 261358
 City MIAMI State FL Zip Code 33126-0024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **40000.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : SA11.118339
 Amount of Each Receipt this Period **15000.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **28000.00**
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:	PAGE 41 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

Full Name (Last, First, Middle Initial)
A. ANCO PAINTING COMPANY, INC.

Mailing Address 1288 EMMONS AVE

City BIRMINGHAM State MI Zip Code 48009-2082

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : SA11.118344

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. CENTURY AT GIRALDA AVENUE, LLC

Mailing Address P.O. BOX 261358

City MIAMI State FL Zip Code 33126-0024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : SA11.118341

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CENTURY COMMERCIAL GROUP, LLC

Mailing Address PO BOX 261358

City MIAMI State FL Zip Code 33126-0024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : SA11.118342

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
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 42 OF 639
	<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 USA

A. CENTURY HOMEBUILDERS GROUP LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address POST OFFICE BOX 261358
 City MIAMI State FL Zip Code 33126-0024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015
Transaction ID : SA11.118340
 Amount of Each Receipt this Period
 10000.00
 CONTRIBUTION

B. CENTURY LAGUNA, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 261358
 City MIAMI State FL Zip Code 33126-0024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015
Transaction ID : SA11.118343
 Amount of Each Receipt this Period
 15000.00
 CONTRIBUTION

C. LUIGI FERDINANDI & SON CEMENT COMPANY, INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 16481 COMMON ROAD
 City ROSEVILLE State MI Zip Code 48066-5905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 11 / 03 / 2015
Transaction ID : SA11.118345
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	30000.00
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 43 OF 639
	<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 USA

A. MRS. TOMMY CLEM
Full Name (Last, First, Middle Initial)

Mailing Address 7702 STUYVESANT AVE

City AMARILLO State TX Zip Code 79121-1914

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 05 / 2015
Transaction ID : SA11.118353

Amount of Each Receipt this Period 35.00

CONTRIBUTION

B. AMBASSADOR JOHN D. ROOD
Full Name (Last, First, Middle Initial)

Mailing Address 3030 HARTLEY ROAD SUITE 310

City JACKSONVILLE State FL Zip Code 32257

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

Name of Employer VESTCOR COMPANIES Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 135000.00

Date of Receipt 11 / 09 / 2015
Transaction ID : SA11.118462

Amount of Each Receipt this Period 10000.00

CONTRIBUTION

C. KAPEC DEVELOPMENT
Full Name (Last, First, Middle Initial)

Mailing Address 782 NW 42ND AVENUE SUITE 3

City MIAMI State FL Zip Code 33126-5546

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 09 / 2015
Transaction ID : SA11.118463

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 15035.00

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:	PAGE 44 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MR. RICHARD D. FAIN
Full Name (Last, First, Middle Initial)

Mailing Address 1050 CARIBBEAN WAY

City MIAMI	State FL	Zip Code 33132-2028
---------------	-------------	------------------------

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

Name of Employer ROYAL CARIBBEAN CRUISES LTD.	Occupation CHAIRMAN & CEO
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2015

Transaction ID : SA11.118466

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

B. WILLIAM H. PAINE
Full Name (Last, First, Middle Initial)

Mailing Address 11 SANBORN ST

City WINCHESTER	State MA	Zip Code 01890-3919
--------------------	-------------	------------------------

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

Name of Employer WILMERHALE	Occupation LAWYER
--------------------------------	----------------------

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
11	/	11	/	2015

Transaction ID : SA11.118470

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. WILLIAM WILBY
Full Name (Last, First, Middle Initial)

Mailing Address 7731 SE GOLFHOUSE DRIVE

City HOBE SOUND	State FL	Zip Code 33455-8011
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2015

Transaction ID : SA11.118471

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	28500.00
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 45 OF 639
	<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 USA

A. MR. JEFFREY A. SINE
Full Name (Last, First, Middle Initial)

Mailing Address 805 EAST 85TH STREET PH 2CD

City NEW YORK	State NY	Zip Code 10028-
------------------	-------------	--------------------

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

Name of Employer THE RAINE GROUP	Occupation PARTNER
-------------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2015

Transaction ID : SA11.118468

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

B. DR. JONATHAN C. JAVITT
Full Name (Last, First, Middle Initial)

Mailing Address 8300 TWIN FORKS LANE

City CHEVY CHASE	State MD	Zip Code 20815-4847
---------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

Transaction ID : SA11.118565

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C. MR. ALLAN E. KEEN
Full Name (Last, First, Middle Initial)

Mailing Address 121 GARFIELD AVENUE

City WINTER PARK	State FL	Zip Code 32789-3861
---------------------	-------------	------------------------

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

Name of Employer THE KEEWIN REAL PROPERTY COMPANY	Occupation REAL ESTATE
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
130000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

Transaction ID : SA11.118560

Amount of Each Receipt this Period

30000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	52000.00
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:	PAGE 46 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MR. JUSTIN M. PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4969 HILLBROOK LN NW
 City WASHINGTON State DC Zip Code 20016-3208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DCI GROUP Occupation MANAGING PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 11 / 16 / 2015
Transaction ID : SA11.118561
 Amount of Each Receipt this Period 25000.00
 CONTRIBUTION

B. MR. THOMAS F. PETWAY III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 BEACH AVENUE
 City ATLANTIC BEACH State FL Zip Code 32233-5840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PETWAY COMPANIES Occupation INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 226000.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11.118562
 Amount of Each Receipt this Period 100000.00
 CONTRIBUTION

C. JOHN FIELDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 162 N BEACH RD
 City HOBE SOUND State FL Zip Code 33455-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIELDS AUTO GROUP Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 18 / 2015
Transaction ID : SA11.118566
 Amount of Each Receipt this Period 2500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	127500.00
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 47 OF 639
	<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 USA

A. MR. JAMES B. FRANCIS JR.
Full Name (Last, First, Middle Initial)

Mailing Address 3904 MIRAMAR

City DALLAS State TX Zip Code 75205

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

Name of Employer SELF-EMPLOYED Occupation CONSULTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
539.70

Date of Receipt
11 / 18 / 2015
Transaction ID : SA11.119400

Amount of Each Receipt this Period
539.70

CONTRIBUTION

IN-KIND: EVENT PARKING

B. MR. BOBBY B. LYLE
Full Name (Last, First, Middle Initial)

Mailing Address 6688 NORTH CENTRAL EXPRESSWAY
SUITE 1600

City DALLAS State TX Zip Code 75206-3927

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120000.00

Date of Receipt
11 / 19 / 2015
Transaction ID : SA11.118716

Amount of Each Receipt this Period
20000.00

CONTRIBUTION

C. MR. SCOTT W. OPENSHAW
Full Name (Last, First, Middle Initial)

Mailing Address 925 N GARFIELD STREET
APT. 522

City ARLINGTON State VA Zip Code 22201-6709

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

Name of Employer AMERICAN CHEMISTRY COUNCIL Occupation SENIOR DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
11 / 19 / 2015
Transaction ID : SA11.118567

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	20639.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MR. ROBERT J. BISHOP
Full Name (Last, First, Middle Initial)

Mailing Address 628 WEST RD

City NEW CANAAN	State CT	Zip Code 06840-2513
--------------------	-------------	------------------------

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

Name of Employer IMPALA ASSET MANAGEMENT	Occupation PRINCIPAL
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11.118720

Amount of Each Receipt this Period
75000.00

CONTRIBUTION

B. TED CASEY
Full Name (Last, First, Middle Initial)

Mailing Address 1 ABBEY WOODS LANE

City DALLAS	State TX	Zip Code 75248-7900
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11.118721

Amount of Each Receipt this Period
6000.00

CONTRIBUTION

C. MRS. TOMMY CLEM
Full Name (Last, First, Middle Initial)

Mailing Address 7702 STUYVESANT AVE

City AMARILLO	State TX	Zip Code 79121-1914
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11.118722

Amount of Each Receipt this Period
75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	81075.00
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: PAGE 49 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. MR. EDWARD W. EASTON JR.

Mailing Address 10165 NORTHWEST 19TH STREET

City State Zip Code
MIAMI FL 33172-2529

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

Name of Employer Occupation
EASTON & ASSOCIATES CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
110000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11.118568

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. JONATHAN PARDEE

Mailing Address 540 BELLEVUE AVENUE

City State Zip Code
NEWPORT RI 02840-4118

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

Name of Employer Occupation
SELF MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11.118729

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. JERRY REGIER

Mailing Address 20958 ASHBURN HEIGHTS DR

City State Zip Code
ASHBURN VA 20148-4487

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

Name of Employer Occupation
WATER4 NONPROFIT EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2015
Transaction ID : SA11.118734

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 25200.00

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:	PAGE 50 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

Full Name (Last, First, Middle Initial) A. PAMELA FERGUSON		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2015
Mailing Address 447 E 65TH ST		Transaction ID : SA11.118735
City NEW YORK	State NY	Zip Code 10065-6913
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NONE	Occupation WEALTH MANAGEMENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. JAMES GUSTAFSON		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2015
Mailing Address 27203 JADE ISLE CT		Transaction ID : SA11.118736
City LEESBURG	State FL	Zip Code 34748-2147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MR. MORTON S. BOUCHARD III		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 58 S SERVICE RD STE 150		Transaction ID : SA11.118737
City MELVILLE	State NY	Zip Code 11747-2342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500000.00
Name of Employer BOUCHARD TRANSPORTATION CO., INC.	Occupation PETROLEUM TRANSPORT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1525000.00	

SUBTOTAL of Receipts This Page (optional).....▶	500600.00
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 51 OF 639
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Right to Rise USA

A. MR. JOHN C. CUSHMAN III
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 GRANITE DRIVE #406
 City PASADENA State CA Zip Code 91101-5084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CUSHMAN & WAKEFIELD, INC. Occupation COMMERCIAL REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350000.00**

Date of Receipt **11 / 25 / 2015**
Transaction ID : SA11.118738
 Amount of Each Receipt this Period **50000.00**
 CONTRIBUTION

B. MR. SCOTT W. OPENSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 925 N GARFIELD STREET APT. 522
 City ARLINGTON State VA Zip Code 22201-6709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN CHEMISTRY COUNCIL Occupation SENIOR DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 01 / 2015**
Transaction ID : SA11.118870
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION

C. MR. RICHARD GILDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 COLUMBUS CIRCLE FL 25
 City NEW YORK State NY Zip Code 10019-8760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GILDER, GAGNON, HOWE & CO. Occupation STOCK BROKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **40000.00**

Date of Receipt **12 / 02 / 2015**
Transaction ID : SA11.118868
 Amount of Each Receipt this Period **10000.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	60100.00
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:	PAGE 52 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MARGOT B. PEROT
Full Name (Last, First, Middle Initial)

Mailing Address 2300 W. PLANO PKWY

City PLANO State TX Zip Code 75075-8427

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
12 / 03 / 2015
Transaction ID : SA11.118871

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

B. MR. G. O. GRIFFITH JR.
Full Name (Last, First, Middle Initial)

Mailing Address 625 OAKLAND TERRACE

City ALEXANDRIA State VA Zip Code 22302-4114

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

Name of Employer: **BGR GROUP** Occupation: **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt
12 / 04 / 2015
Transaction ID : SA11.118872

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. DR. WILLIAM G. HARRISON
Full Name (Last, First, Middle Initial)

Mailing Address 1012 WEST 11TH STREET

City PANAMA CITY State FL Zip Code 32401-2042

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

Name of Employer: **HARRISON, RIVARD & DUNCAN** Occupation: **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 04 / 2015
Transaction ID : SA11.118873

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	13500.00
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:	PAGE 53 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MRS. MADELEINE ARISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9999 COLLINS AVENUE
 APT. 15G
 City BAL HARBOUR State FL Zip Code 33154-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **12 / 09 / 2015**
Transaction ID : SA11.119049
 Amount of Each Receipt this Period: **5000.00**
CONTRIBUTION

B. MR. MICKY ARISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3655 NW 87TH AVENUE
 City MIAMI State FL Zip Code 33178-2418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **CARNIVAL CORPORATION** Occupation: **CHAIRMAN**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **505000.00**

Date of Receipt: **12 / 09 / 2015**
Transaction ID : SA11.119041
 Amount of Each Receipt this Period: **5000.00**
CONTRIBUTION

C. MR. MICHAEL E. DURDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2605 THOMAS DRIVE
 SUITE 150
 City PANAMA CITY State FL Zip Code 32408-6218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **RAIL MANAGEMENT** Occupation: **PRESIDENT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **15000.00**

Date of Receipt: **12 / 09 / 2015**
Transaction ID : SA11.119044
 Amount of Each Receipt this Period: **15000.00**
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
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 54 OF 639
	<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 USA

A. MR. MIGUEL B. FERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 ALHAMBRA PLZ
 STE 1100
 City State Zip Code
 CORAL GABLES FL 33134-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MBF HEALTHCARE PARTNERS CHAIRMAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3165520.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11.119045
 Amount of Each Receipt this Period
 150000.00
 CONTRIBUTION

B. MR. MANUEL KADRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5345 HAMMOCK DRIVE
 City State Zip Code
 CORAL GABLES FL 33156-2103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MBB AUTO, LLC CHAIRMAN & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 35000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11.119043
 Amount of Each Receipt this Period
 10000.00
 CONTRIBUTION

C. MR. JOHN FOSTER KIRTLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 WEST BAY STREET
 SUITE 350
 City State Zip Code
 TAMPA FL 33606-2770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 K.L.H. CAPITAL PRINCIPAL & FOUNDER/SENIOR PARTNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 117037.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11.119040
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	165000.00
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:	PAGE 55 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. THE HONORA PATRICK K. NEAL
Full Name (Last, First, Middle Initial)

Mailing Address 5800 LAKEWOOD RANCH BLVD N.

City LAKEWOOD RANCH	State FL	Zip Code 34240-8479
------------------------	-------------	------------------------

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

Name of Employer NEAL COMMUNITIES	Occupation CEO
--------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2015

Transaction ID : SA11.119046

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

B. ALEXANDRA PROPERTY HOLDINGS, LLC
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 261358

City MIAMI	State FL	Zip Code 33126-0024
---------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2015

Transaction ID : SA11.119037

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

C. CENTURY AT GIRALDA AVENUE, LLC
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 261358

City MIAMI	State FL	Zip Code 33126-0024
---------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2015

Transaction ID : SA11.119038

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	22300.00
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:	PAGE 56 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MANUEL KADRE P.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5345 HAMMOCK DRIVE
 City State Zip Code
 CORAL GABLES FL 33156-2103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11.119050
 Amount of Each Receipt this Period
 10000.00
 CONTRIBUTION

B. PRIVATE LENDING GROUP, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 261358
 City State Zip Code
 MIAMI FL 33126-0024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11.119039
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. MRS. MARGARITA PALAU HERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 NORTH SAN RAFAEL AVENUE
 City State Zip Code
 PASADENA CA 91105-1258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 20000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.119187
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	20000.00
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 57 OF 639
	<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 USA

A. MR. RAY L. HUNT
Full Name (Last, First, Middle Initial)

Mailing Address 1900 NORTH AKARD STREET

City DALLAS	State TX	Zip Code 75201-2300
----------------	-------------	------------------------

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

Name of Employer HUNT CONSOLIDATED, INC.	Occupation CHAIRMAN, PRESIDENT & CEO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

Transaction ID : SA11.119186

Amount of Each Receipt this Period

400000.00

CONTRIBUTION

B. DR. JONATHAN C. JAVITT
Full Name (Last, First, Middle Initial)

Mailing Address 8300 TWIN FORKS LANE

City CHEVY CHASE	State MD	Zip Code 20815-4847
---------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

Transaction ID : SA11.119199

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C. JAMES GUSTAFSON
Full Name (Last, First, Middle Initial)

Mailing Address 27203 JADE ISLE CT

City LEESBURG	State FL	Zip Code 34748-2147
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2015

Transaction ID : SA11.119200

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	402100.00
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:	PAGE 58 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 USA

A. MR. JONATHAN PARDEE
Full Name (Last, First, Middle Initial)

Mailing Address 540 BELLEVUE AVENUE

City NEWPORT State RI Zip Code 02840-4118

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

Name of Employer SELF Occupation MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11.119203

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. MRS. TOMMY CLEM
Full Name (Last, First, Middle Initial)

Mailing Address 7702 STUYVESANT AVE

City AMARILLO State TX Zip Code 79121-1914

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015

Transaction ID : SA11.119387

Amount of Each Receipt this Period
 35.00

CONTRIBUTION

C. MR. GEORGE KLEIN
Full Name (Last, First, Middle Initial)

Mailing Address 535 MADISON AVENUE

City NEW YORK State NY Zip Code 10022-4214

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

Name of Employer PARK TOWER GROUP Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 175000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015

Transaction ID : SA11.119300

Amount of Each Receipt this Period
 50000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	50135.00
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: PAGE 59 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. MR. STEPHEN M. LESSING SR.
Mailing Address 9 SNAKE HILL ROAD
City State Zip Code
COLD SPRING HARBOR NY 11724-1105
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
BARCLAYS CAPITAL MANAGING DIRECTOR
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
528371.52

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2015
Transaction ID : SA11.119299
Amount of Each Receipt this Period
250000.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JOE PANTER
Mailing Address 6440 EAST IRONWOOD
City State Zip Code
PARADISE VALLEY AZ 85253-2618
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CADDIS PARTNERS REAL ESTATE INVESTMENT
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2015
Transaction ID : SA11.119386
Amount of Each Receipt this Period
1000.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. GEORGE C. HIXON
Mailing Address 315 E. COMMERCE STREET
STE 300
City State Zip Code
SAN ANTONIO TX 78205-2947
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
SELF-EMPLOYED INVESTOR
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2015
Transaction ID : SA11.119207
Amount of Each Receipt this Period
10000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **261000.00**
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: PAGE 60 OF 639
(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
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NAME OF COMMITTEE (In Full)
Right to Rise USA

A. MR. J. FRANK MERMOUD
Full Name (Last, First, Middle Initial)
Mailing Address 5220 PARTRIDGE LANE NORTH WEST
City WASHINGTON State DC Zip Code 20016-5338
FEC ID number of contributing federal political committee. **C**
Name of Employer ORPHEUS INTERNATIONAL Occupation INTERNATIONAL ADVISORY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 12 / 21 / 2015
Transaction ID : SA11.119393
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. MR. SCOTT W. OPENSHAW
Full Name (Last, First, Middle Initial)
Mailing Address 925 N GARFIELD STREET APT. 522
City ARLINGTON State VA Zip Code 22201-6709
FEC ID number of contributing federal political committee. **C**
Name of Employer AMERICAN CHEMISTRY COUNCIL Occupation SENIOR DIRECTOR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt 12 / 21 / 2015
Transaction ID : SA11.119392
Amount of Each Receipt this Period 100.00
CONTRIBUTION

C. MR. RICHARD GILDER
Full Name (Last, First, Middle Initial)
Mailing Address 3 COLUMBUS CIRCLE FL 25
City NEW YORK State NY Zip Code 10019-8760
FEC ID number of contributing federal political committee. **C**
Name of Employer GILDER, GAGNON, HOWE & CO. Occupation STOCK BROKER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 40000.00

Date of Receipt 12 / 22 / 2015
Transaction ID : SA11.119302
Amount of Each Receipt this Period 10000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 11100.00
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 61 OF 639
	<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 USA

A. MR. JOE W. ROGERS JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1245 WEST GARMON ROAD
 City ATLANTA State GA Zip Code 30327-4403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WAFFLE HOUSE INC. Occupation CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt **12 / 22 / 2015**
Transaction ID : SA11.119301
 Amount of Each Receipt this Period **10000.00**
 CONTRIBUTION

B. AMBASSADOR ROBERT HOLMES TUTTLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9701 WILSHIRE BLVD SUITE 1100
 City BEVERLY HILLS State CA Zip Code 90212-2011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation BUSINESS EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300000.00**

Date of Receipt **12 / 22 / 2015**
Transaction ID : SA11.119303
 Amount of Each Receipt this Period **50000.00**
 CONTRIBUTION

C. MR. CHARLES B. JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 SOUTH OCEAN BOULEVARD
 City PALM BEACH State FL Zip Code 33480-5016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500000.00**

Date of Receipt **12 / 23 / 2015**
Transaction ID : SA11.119304
 Amount of Each Receipt this Period **500000.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	560000.00
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 62 OF 639
	<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 USA

A. MR. MARC I. STERN
Full Name (Last, First, Middle Initial)

Mailing Address 23700 MALIBU COLONY ROAD
SUITE 1800

City MALIBU State CA Zip Code 90265-6629

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

Name of Employer TCW GROUP INC. Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600000.00

Date of Receipt
12 / 28 / 2015
Transaction ID : SA11.119394

Amount of Each Receipt this Period
100000.00

CONTRIBUTION

B. MRS. MARCIA L. ULM
Full Name (Last, First, Middle Initial)

Mailing Address 1240 RAMSER DRIVE

City WATKINSVILLE State GA Zip Code 30677-6972

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

Name of Employer MLU SERVICES, INC. Occupation BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt
12 / 28 / 2015
Transaction ID : SA11.119395

Amount of Each Receipt this Period
20000.00

CONTRIBUTION

C. MR. BRADFORD M. FREEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 11100 SANTA MONICA BOULEVARD
SUITE 1900

City LOS ANGELES State CA Zip Code 90025-0525

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

Name of Employer FREEMAN SPOGLI & CO. Occupation INVESTMENT BANKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100000.00

Date of Receipt
12 / 29 / 2015
Transaction ID : SA11.119397

Amount of Each Receipt this Period
100000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	220000.00
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: PAGE 63 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. MS. COLLEEN M. CASTILLE

Mailing Address 3209 ADWOOD DRIVE

City State Zip Code
TALLAHASSEE FL 32312-2523

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

Name of Employer Occupation
TERRA CONSERVATION GROUP REAL ESTATE SALESMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11.119464

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JAMES GUSTAFSON

Mailing Address 27203 JADE ISLE CT

City State Zip Code
LEESBURG FL 34748-2147

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11.119462

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. GERALD HINES

Mailing Address 2800 POST OAK BLVD

City State Zip Code
HOUSTON TX 77056-6100

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

Name of Employer Occupation
HINES INTERESTS LP CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11.119465

Amount of Each Receipt this Period
 4600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4750.00

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: PAGE 64 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. BRADLEY JOHNSON

Mailing Address 9913 KINGSBRIDGE ROAD

City State Zip Code
RICHMOND VA 23238-5713

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

Name of Employer Occupation
UNITED SPORTING COMPANIES CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11.119460

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. CENTURY HOMEBUILDERS GROUP LLC

Mailing Address POST OFFICE BOX 261358

City State Zip Code
MIAMI FL 33126-0024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11.119458

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. WALKER INVESTMENTS LLC

Mailing Address 21 VINEYARD LANE

City State Zip Code
GREENWICH CT 06831-3713

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
110000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11.119456

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 20250.00

TOTAL This Period (last page this line number only)..... ▶ 15079443.93

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

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

FOR LINE NUMBER: PAGE 65 OF 639
(check only one)

<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
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NAME OF COMMITTEE (In Full)
Right to Rise USA

A. REVOLUTION MEDIA GROUP
Full Name (Last, First, Middle Initial)
Mailing Address 1020 PRINCESS ST
City ALEXANDRIA State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
26000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 13 / 2015
Transaction ID : SA15.1967
Amount of Each Receipt this Period
26000.00
REFUND - MEDIA PRODUCTION

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	26000.00
TOTAL This Period (last page this line number only).....▶	26000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 639
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Receipt
Mailing Address 1445 LAUGHLIN AVE		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City MCLEAN	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.1968
Name of Employer		Amount of Each Receipt this Period <input type="text" value="2463.50"/>
Occupation		INTEREST INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="16905.71"/>	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Receipt
Mailing Address 1445 LAUGHLIN AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City MCLEAN	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.1970
Name of Employer		Amount of Each Receipt this Period <input type="text" value="4834.15"/>
Occupation		INTEREST INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="16905.71"/>	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Receipt
Mailing Address 1445 LAUGHLIN AVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City MCLEAN	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.1972
Name of Employer		Amount of Each Receipt this Period <input type="text" value="4100.36"/>
Occupation		INTEREST INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="16905.71"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="11398.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 67 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise USA

A. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)
Mailing Address 1445 LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **16905.71**

Date of Receipt: **11 / 30 / 2015**
Transaction ID : SA17.1973

Amount of Each Receipt this Period: **2985.99**

INTEREST INCOME

B. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)
Mailing Address 1445 LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **16905.71**

Date of Receipt: **12 / 31 / 2015**
Transaction ID : SA17.1974

Amount of Each Receipt this Period: **2521.71**

INTEREST INCOME

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: / /

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional).....▶	5507.70
TOTAL This Period (last page this line number only).....▶	16905.71

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DIGITAL CORE CAMPAIGN LLC

Mailing Address 1017 EL CAMINO REAL
SUITE 298

City REDWOOD State CA Zip Code 94063

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : **SB21B.I983**

Amount of Each Disbursement this Period

237341.00

Full Name (Last, First, Middle Initial)

B. SALVATORE PURPURA

Mailing Address 2475 BRICKELL AVE, APT 2009

City MIAMI State FL Zip Code 33129

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
07 / 02 / 2015

Transaction ID : **SB21B.I912**

Amount of Each Disbursement this Period

2406.65

Full Name (Last, First, Middle Initial)

C. ARISTOTLE INTERNATIONAL, INC.

Mailing Address 205 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.I946**

Amount of Each Disbursement this Period

12500.00

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

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

252247.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. CLARK HILL PLC

Mailing Address P.O. BOX 3760

City State Zip Code
PITTSBURGH PA 15230

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2015

Transaction ID : **SB21B.I962**

Amount of Each Disbursement this Period

5143.79

Full Name (Last, First, Middle Initial)

B. FLS CONNECT

Mailing Address 7300 HUDSON BLVD N #270

City State Zip Code
ST PAUL MN 55128

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2015

Transaction ID : **SB21B.I1005**

Amount of Each Disbursement this Period

683.19

Full Name (Last, First, Middle Initial)

C. LIBERTY MUTUAL INSURANCE

Mailing Address P.O. BOX 85834

City State Zip Code
SAN DIEGO CA 92186

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2015

Transaction ID : **SB21B.I1059**

Amount of Each Disbursement this Period

854.00

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

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

6680.98

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. PINNACLE COMMUNICATIONS SVC

Mailing Address 730 FAIRMONT AVE

City State Zip Code
GLENDALE CA 91203

Purpose of Disbursement
IT SERVICES/MAINTENANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I1087

Amount of Each Disbursement this Period

7431.88

Full Name (Last, First, Middle Initial)

B. STANDARD PARKING

Mailing Address 6100 WILSHIRE BLVD P1

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I1125

Amount of Each Disbursement this Period

2035.00

Full Name (Last, First, Middle Initial)

C. STRATEGIC SOLUTIONS

Mailing Address 3724 DUNBARTON DR.

City State Zip Code
MOUNTAIN BROOK AL 35223

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
07 / 02 / 2015

Transaction ID : SB21B.I1132

Amount of Each Disbursement this Period

6200.00

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

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

15666.88

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2015

Transaction ID : SB21B.I1140

Amount of Each Disbursement this Period: 3409.90

Category/Type

Full Name (Last, First, Middle Initial)

B. THE BILTMORE

Mailing Address 1200 ANASTASIA AVE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement VENUE RENTAL/CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2015

Transaction ID : SB21B.I1200

Amount of Each Disbursement this Period: 3236.73

Category/Type

Full Name (Last, First, Middle Initial)

C. THE LARRISON GROUP

Mailing Address P.O. BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2015

Transaction ID : SB21B.I1201

Amount of Each Disbursement this Period: 31.16

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6677.79

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TIME WARNER CABLE

Mailing Address P.O. BOX 60074

City State Zip Code
CITY OF INDUSTRY CA 91716

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.I1205**

Amount of Each Disbursement this Period

1465.00

Full Name (Last, First, Middle Initial)

B. TIME WARNER CABLE

Mailing Address P.O. BOX 60074

City State Zip Code
CITY OF INDUSTRY CA 91716

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.I1211**

Amount of Each Disbursement this Period

141.72

Full Name (Last, First, Middle Initial)

C. V.I.P. VALET SERVICES INC.

Mailing Address P.O. BOX 6014

City State Zip Code
ELGIN IL 60121

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.I1220**

Amount of Each Disbursement this Period

1737.00

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

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

3343.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TREVOR D. REES-JONES

Mailing Address 5956 SHERRY LANE
SUITE 1500

City DALLAS State TX Zip Code 75225-8026

Purpose of Disbursement
IN-KIND: EVENT ORGANIZATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.116597**

Amount of Each Disbursement this Period

18746.95

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

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
07 / 06 / 2015

Transaction ID : **SB21B.I941**

Amount of Each Disbursement this Period

13899.62

Full Name (Last, First, Middle Initial)

C. FIRST BANKCARD

Mailing Address P.O. BOX 2340

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1002**

Amount of Each Disbursement this Period

65222.29

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

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

97868.86

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. ADOBE		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 345 PARK AVENUE		Transaction ID : SB21B.I1333
City SAN JOSE	State CA	
Zip Code 95110	Purpose of Disbursement OFFICE SUPPLIES	Amount of Each Disbursement this Period 319.18
Candidate Name	Category/Type	[MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address P.O. BOX 619616		Transaction ID : SB21B.I1335
City DALLAS	State TX	
Zip Code 75261	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 15176.38
Candidate Name	Category/Type	[MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) C. CORNER BAKERY		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 1425 K ST NW		Transaction ID : SB21B.I1341
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement CATERING	Amount of Each Disbursement this Period 502.93
Candidate Name	Category/Type	[MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. COURTYARD MARRIOTT

Mailing Address 10400 FERNWOOD ROAD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1342

Amount of Each Disbursement this Period

242.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address P.O. BOX 20706

City State Zip Code
ATLANTA GA 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1343

Amount of Each Disbursement this Period

1555.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DROPBOX

Mailing Address 185 BERRY ST

City State Zip Code
SAN FRANCISCO CA 94107

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1344

Amount of Each Disbursement this Period

9.99

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address P.O. BOX 371461

City State Zip Code
PITTSBURGH PA 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1346

Amount of Each Disbursement this Period

2946.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FIRST BANKCARD

Mailing Address P.O. BOX 2340

City State Zip Code
OMAHA NE 68103

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
07 / 06 / 2015

Transaction ID : SB21B.I1347

Amount of Each Disbursement this Period

39.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FLS CONNECT

Mailing Address 7300 HUDSON BLVD N #270

City State Zip Code
ST PAUL MN 55128

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1348

Amount of Each Disbursement this Period

2215.74

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. HILTON HOTELS

Mailing Address 7930 JONES BRANCH DRIVE
STE 1100

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1351

Amount of Each Disbursement this Period

294.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. INTERCONTINENTAL HOTEL

Mailing Address 2151 AVENUE OF THE STARS

City LOS ANGELES State CA Zip Code 90067

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1352

Amount of Each Disbursement this Period

-312.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JETBLUE

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1353

Amount of Each Disbursement this Period

406.20

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. MACNAIR TRAVEL MGMT

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1354**

Amount of Each Disbursement this Period: 2045.00

[MEMO ITEM]

Mailing Address: 1101 KING ST #190

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement: TRAVEL

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type:

Full Name (Last, First, Middle Initial)
B. OFFICE DEPOT

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1355**

Amount of Each Disbursement this Period: 351.03

[MEMO ITEM]

Mailing Address: 1416 APALACHEE PKWY

City: TALLAHASSEE State: FL Zip Code: 32301

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type:

Full Name (Last, First, Middle Initial)
C. RESERVE WINE & FOOD

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1359**

Amount of Each Disbursement this Period: 2591.62

[MEMO ITEM]

Mailing Address: 201 MONROE AVE NW

City: GRAND RAPIDS State: MI Zip Code: 49503

Purpose of Disbursement: VENUE RENTAL/CATERING

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. SOFITEL

Mailing Address 5800 BLUE LAGOON DR.

City MIAMI State FL Zip Code 33126

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2015

Transaction ID : **SB21B.I1360**

Amount of Each Disbursement this Period: 129.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SOUTHERN AUDIO VISUAL

Mailing Address 11700 NW 102ND ROAD SUITE 1

City MEDLEY State FL Zip Code 33178

Purpose of Disbursement A/V SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2015

Transaction ID : **SB21B.I1361**

Amount of Each Disbursement this Period: 3795.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 2121 BISCAYNE BLVD

City MIAMI State FL Zip Code 33137

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2015

Transaction ID : **SB21B.I1364**

Amount of Each Disbursement this Period: 818.64

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. THE BILTMORE

Mailing Address 1200 ANASTASIA AVE

City State Zip Code
CORAL GABLES FL 33134

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I1365**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNIVERSAL METRO

Mailing Address 12253 FLORENCE AVE

City State Zip Code
SANTA FE SPRINGS CA 90670

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I1372**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City State Zip Code
TEMPE AZ 85281

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I1373**

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address **CENTERVILLE STATION**

City **TALLAHASSE** State **FL** Zip Code **32308**

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

Transaction ID : SB21B.I1374

Amount of Each Disbursement this Period

2457.01

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VAST

Mailing Address **333 W SHERIDAN AVE**

City **OKLAHOMA CITY** State **OK** Zip Code **73102**

Purpose of Disbursement
VENUE RENTAL / CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

Transaction ID : SB21B.I1375

Amount of Each Disbursement this Period

2909.93

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VIRGIN AMERICA AIRLINE

Mailing Address **555 AIRPORT BLVD, STE 200**

City **BURLINGAME** State **CA** Zip Code **94010**

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

Transaction ID : SB21B.I1376

Amount of Each Disbursement this Period

222.10

[MEMO ITEM]

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

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

0.00

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. WALDORF AZ

Mailing Address 2400 E MISSOURI AVE

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1377

Amount of Each Disbursement this Period

1980.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1379

Amount of Each Disbursement this Period

17167.27

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GREENPOINTE HOLDINGS, L.L.C.

Mailing Address 7807 BAYMEADOWS WAY
SUITE 205

City JACKSONVILLE State FL Zip Code 32256-7511

Purpose of Disbursement
IN-KIND: CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.110211

Amount of Each Disbursement this Period

4884.12

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

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

4884.12

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
07 / 06 / 2015

Transaction ID : SB21B.I1141

Amount of Each Disbursement this Period

145.30

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I935

Amount of Each Disbursement this Period

7538.16

Full Name (Last, First, Middle Initial)

C. ALASKA AIRLINES

Mailing Address P.O. BOX 68900

City SEATTLE State WA Zip Code 98168

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1404

Amount of Each Disbursement this Period

402.10

[MEMO ITEM]

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

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

7683.46

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AMAZON.COM

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1405

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMAZON.COM

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1406

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMAZON.COM

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1407

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AMAZON.COM

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1408

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMAZON.COM

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1409

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

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
07 / 10 / 2015

Transaction ID : SB21B.I1411

Amount of Each Disbursement this Period

90.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. FRYE ELECTRONICS

Mailing Address 600 EAST BROKAW

City SAN JOSE State CA Zip Code 95112

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1413

Amount of Each Disbursement this Period

196.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRYE ELECTRONICS

Mailing Address 600 EAST BROKAW

City SAN JOSE State CA Zip Code 95112

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1414

Amount of Each Disbursement this Period

17.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1415

Amount of Each Disbursement this Period

4.99

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1416

Amount of Each Disbursement this Period

4.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1417

Amount of Each Disbursement this Period

4.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1418

Amount of Each Disbursement this Period

4.99

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1419

Amount of Each Disbursement this Period

4.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GRAND BOHEMIAN HOTEL

Mailing Address 325 S ORANGE AVE

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1420

Amount of Each Disbursement this Period

333.27

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL MGMT

Mailing Address 1101 KING ST
#190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1421

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MAILBOX DEPOT

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1422

Amount of Each Disbursement this Period

264.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1423

Amount of Each Disbursement this Period

16.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 1416 APALACHEE PKWY

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1424

Amount of Each Disbursement this Period

817.49

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ST REGIS

Mailing Address ONE STARPOINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1426

Amount of Each Disbursement this Period

939.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1427

Amount of Each Disbursement this Period

14.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1428

Amount of Each Disbursement this Period

16.11

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : SB21B.I1429

Amount of Each Disbursement this Period

33.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : SB21B.I1430

Amount of Each Disbursement this Period

138.06

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : SB21B.I1431

Amount of Each Disbursement this Period

150.86

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TARGET

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1432

Amount of Each Disbursement this Period: 6.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1433

Amount of Each Disbursement this Period: 6.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1434

Amount of Each Disbursement this Period: 73.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TECHNOFIX

Mailing Address 1412 E WILSON

City GLENDALE State CA Zip Code 91206

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1435

Amount of Each Disbursement this Period

746.66

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TECHSMITH

Mailing Address 2405 WOODLAKE DR.

City OKEMOS State MI Zip Code 48864

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1436

Amount of Each Disbursement this Period

104.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VIRTRU PRO

Mailing Address 1808 FLORIDA AVE. NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1437

Amount of Each Disbursement this Period

2.50

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VONAGE

Mailing Address 23 MAIN STREET

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1438

Amount of Each Disbursement this Period

1061.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VONAGE

Mailing Address 23 MAIN STREET

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1439

Amount of Each Disbursement this Period

430.08

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WHITAKER BROTHERS

Mailing Address 9265 DOWDY DRIVE, #108

City SAN DIEGO State CA Zip Code 92126

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I1442

Amount of Each Disbursement this Period

1090.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.I745

Amount of Each Disbursement this Period

5800.75

Category/
Type

Full Name (Last, First, Middle Initial)

B. ALASKA AIRLINES

Mailing Address P.O. BOX 68900

City SEATTLE State WA Zip Code 98168

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1334

Amount of Each Disbursement this Period

331.10

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. EQUITY RESIDENTIAL

Mailing Address 401 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1345

Amount of Each Disbursement this Period

2374.50

Category/
Type

[MEMO ITEM]

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

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

5800.75

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1366**

Amount of Each Disbursement this Period

20.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED VAN LINES

Mailing Address ONE UNITED DRIVE

City State Zip Code
FENTON MO 63026

Purpose of Disbursement
TRANSPORTATION SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1371**

Amount of Each Disbursement this Period

3012.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City State Zip Code
GARDENA CA 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1381**

Amount of Each Disbursement this Period

63.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ANNIE DICKERSON

Mailing Address 40 WEST 57TH STREET
4TH FLOOR

City NEW YORK State NY Zip Code 10019-4001

Purpose of Disbursement
IN-KIND: CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.110123

Amount of Each Disbursement this Period

777.46

Category/
Type

Full Name (Last, First, Middle Initial)

B. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.I836

Amount of Each Disbursement this Period

1112.72

Category/
Type

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : SB21B.I1385

Amount of Each Disbursement this Period

1064.20

Category/
Type

[MEMO ITEM]

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

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

1890.18

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : **SB21B.I1397**

Amount of Each Disbursement this Period

23.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : **SB21B.I1398**

Amount of Each Disbursement this Period

8.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : **SB21B.I798**

Amount of Each Disbursement this Period

2822.72

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

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

2822.72

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1336

Amount of Each Disbursement this Period

653.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1337

Amount of Each Disbursement this Period

653.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address P.O. BOX 536216

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1338

Amount of Each Disbursement this Period

86.62

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. AT&T

Mailing Address P.O. BOX 536216

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1339**

Amount of Each Disbursement this Period: 86.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1349**

Amount of Each Disbursement this Period: 39.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1367**

Amount of Each Disbursement this Period: 37.82

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1368**

Amount of Each Disbursement this Period: 21.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1369**

Amount of Each Disbursement this Period: 15.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1380**

Amount of Each Disbursement this Period: 968.34

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1382**

Amount of Each Disbursement this Period

59.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : **SB21B.I868**

Amount of Each Disbursement this Period

280.22

Full Name (Last, First, Middle Initial)

C. STANDARD PARKING

Mailing Address 6100 WILSHIRE BLVD P1

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I1363**

Amount of Each Disbursement this Period

32.50

[MEMO ITEM]

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

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

280.22

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1370

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1383

Amount of Each Disbursement this Period

45.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DANIEL SENOR

Mailing Address 375 GREENWICH STREET
SUITE 714

City NEW YORK State NY Zip Code 10013-2376

Purpose of Disbursement
IN-KIND: CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.110124

Amount of Each Disbursement this Period

777.46

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

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

777.46

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. PAUL E. SINGER

Date of Disbursement: MM / DD / YYYY
07 / 13 / 2015

Mailing Address: 40 WEST 57TH STREET
4TH FLOOR

City: NEW YORK State: NY Zip Code: 10019-4001

Purpose of Disbursement: IN-KIND: CATERING

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.110122**

Amount of Each Disbursement this Period: 2700.00

Full Name (Last, First, Middle Initial)
B. CMDI

Date of Disbursement: MM / DD / YYYY
07 / 13 / 2015

Mailing Address: 1593 SPRING HILL RD
SUITE 400

City: TYSONS CORNER State: VA Zip Code: 22182

Purpose of Disbursement: DATABASE MANAGEMENT

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I967**

Amount of Each Disbursement this Period: 19800.35

Full Name (Last, First, Middle Initial)
C. DIGITAL CORE CAMPAIGN LLC

Date of Disbursement: MM / DD / YYYY
07 / 13 / 2015

Mailing Address: 1017 EL CAMINO REAL
SUITE 298

City: REDWOOD State: CA Zip Code: 94063

Purpose of Disbursement: DATABASE MANAGEMENT

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I984**

Amount of Each Disbursement this Period: 187651.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 210151.35

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. FELTON BUCKLEY CORPORATION

Mailing Address 523 W 6TH ST, STE 430

City LOS ANGELES State CA Zip Code 90014

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : **SB21B.I999**

Amount of Each Disbursement this Period

2359.85

Full Name (Last, First, Middle Initial)

B. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : **SB21B.1318**

Amount of Each Disbursement this Period

21398.40

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
07 / 13 / 2015

Transaction ID : **SB21B.I1142**

Amount of Each Disbursement this Period

0.59

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

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

23758.84

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

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

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : **SB21B.I1143**

Amount of Each Disbursement this Period

6.43

Full Name (Last, First, Middle Initial)

B. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : **SB21B.I751**

Amount of Each Disbursement this Period

1923.04

Full Name (Last, First, Middle Initial)

C. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : **SB21B.I841**

Amount of Each Disbursement this Period

7856.77

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

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

9786.24

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2015

Transaction ID : SB21B.I768

Amount of Each Disbursement this Period

6971.80

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	08	/	2015

Transaction ID : SB21B.I1384

Amount of Each Disbursement this Period

313.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AVIS

Mailing Address ORLANDO INTERNATIONAL AIRPORT TRAM

City ORLANDO State FL Zip Code 32827

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	08	/	2015

Transaction ID : SB21B.I1386

Amount of Each Disbursement this Period

326.48

[MEMO ITEM]

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

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

6971.80

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address P.O. BOX 371461

City State Zip Code
PITTSBURGH PA 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : **SB21B.I1389**

Amount of Each Disbursement this Period

514.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GOGOAIR

Mailing Address 111 N. CANAL STREET

City State Zip Code
CHICAGO IL 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : **SB21B.I1390**

Amount of Each Disbursement this Period

59.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HILTON HOTELS

Mailing Address 7930 JONES BRANCH DRIVE
STE 1100

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : **SB21B.I1391**

Amount of Each Disbursement this Period

645.53

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MAILBOX DEPOT

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement DELIVERY SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 08 / 2015

Transaction ID : **SB21B.I1392**

Amount of Each Disbursement this Period: 29.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MOTOR MOVERS AUTO TRANSPORT

Mailing Address 8502 E VIA DE VENTURA #140

City SCOTTSDALE State AZ Zip Code 85258

Purpose of Disbursement DELIVERY SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 08 / 2015

Transaction ID : **SB21B.I1393**

Amount of Each Disbursement this Period: 1305.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NRCC

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 08 / 2015

Transaction ID : **SB21B.I1394**

Amount of Each Disbursement this Period: 950.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. SHARP IMAGE PRINTING

Mailing Address **6230 WILSHIRE BLVD**

City **LOS ANGELES** State **CA** Zip Code **90048**

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
07 / 08 / 2015

Transaction ID : SB21B.I1395

Amount of Each Disbursement this Period
328.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. UBER

Mailing Address **1455 MARKET ST**

City **SAN FRANCISCO** State **CA** Zip Code **94103**

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
07 / 08 / 2015

Transaction ID : SB21B.I1396

Amount of Each Disbursement this Period
88.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. UHAUL

Mailing Address **2727 NORTH CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85004**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
07 / 08 / 2015

Transaction ID : SB21B.I1399

Amount of Each Disbursement this Period
53.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : SB21B.I1400

Amount of Each Disbursement this Period

280.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : SB21B.I1401

Amount of Each Disbursement this Period

1917.59

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : SB21B.I1403

Amount of Each Disbursement this Period

57.90

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB21B.I773

Amount of Each Disbursement this Period

1889.86

Full Name (Last, First, Middle Initial)

B. RAY JOINER

Mailing Address 1410 MOHLE DRIVE

City AUSTIN State TX Zip Code 78703

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB21B.I884

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB21B.I805

Amount of Each Disbursement this Period

3961.98

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

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

8351.84

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : **SB21B.I872**

Amount of Each Disbursement this Period

4858.74

Category/
Type

Full Name (Last, First, Middle Initial)

B. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : **SB21B.I854**

Amount of Each Disbursement this Period

3217.20

Category/
Type

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE CONNECTOR, LLC

Mailing Address 190 MONROE AVE NW
STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : **SB21B.I974**

Amount of Each Disbursement this Period

7000.00

Category/
Type

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

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

15075.94

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GERLINDE

Mailing Address 6756 STIRLING RD

City HOLLYWOOD State FL Zip Code 33024

Purpose of Disbursement
PHOTOGRAPHY SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB21B.I1006

Amount of Each Disbursement this Period

1192.50

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement
PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB21B.I1012

Amount of Each Disbursement this Period

5689.86

Full Name (Last, First, Middle Initial)

C. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB21B.I1027

Amount of Each Disbursement this Period

13209.08

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

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

20091.44

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

A. RSM

Full Name (Last, First, Middle Initial)

Mailing Address 1702 E HIGHLAND AVE
STE 408

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2015

Transaction ID : **SB21B.I1121**

Amount of Each Disbursement this Period: 5000.00

Category/Type

B. STRATEGIC SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 3724 DUNBARTON DR.

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2015

Transaction ID : **SB21B.I1133**

Amount of Each Disbursement this Period: 16145.17

Category/Type

C. THE OLIVER GROUP

Full Name (Last, First, Middle Initial)

Mailing Address OLIVER GROUP
P.O. BOX 50102

City CLAYTON State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2015

Transaction ID : **SB21B.I1202**

Amount of Each Disbursement this Period: 3008.96

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 24154.13

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VOTER CONSUMER RESEARCH

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2015

Mailing Address P.O. BOX 130607

City HOUSTON State TX Zip Code 77219

Purpose of Disbursement SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.I1221**

Amount of Each Disbursement this Period: 9750.00

Full Name (Last, First, Middle Initial)

B. INVERSELOGIC, INC.

Date of Disbursement: MM / DD / YYYY
07 / 17 / 2015

Mailing Address 3467 OCEAN VIEW BLVD, STE A

City GLENDALE State CA Zip Code 91208

Purpose of Disbursement OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.I1044**

Amount of Each Disbursement this Period: 3402.25

Full Name (Last, First, Middle Initial)

C. DEAN CLEARY

Date of Disbursement: MM / DD / YYYY
07 / 20 / 2015

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement TRAVEL/PHONE SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.I750**

Amount of Each Disbursement this Period: 114.25

SUBTOTAL of Disbursements This Page (optional)..... ▶ 13266.50

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 01 / 2015

Transaction ID : **SB21B.I1322**

Amount of Each Disbursement this Period: 16.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 01 / 2015

Transaction ID : **SB21B.I1323**

Amount of Each Disbursement this Period: 10.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement TRAVEL/DELIVERY SVC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 20 / 2015

Transaction ID : **SB21B.I871**

Amount of Each Disbursement this Period: 4709.02

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4709.02

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DOOR TO DOOR MOVING

Mailing Address 8263 PATUXENT RANGE RD

City State Zip Code
JESSUP MD 20794

Purpose of Disbursement
DELIVERY SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 16 / 2015

Transaction ID : SB21B.I1443

Amount of Each Disbursement this Period

2476.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address P.O. BOX 371461

City State Zip Code
PITTSBURGH PA 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 16 / 2015

Transaction ID : SB21B.I1444

Amount of Each Disbursement this Period

670.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ROAD RUNNER TRANSPORT

Mailing Address 1055 STEWART AVE, STE 7

City State Zip Code
BETHPAGE NY 11714

Purpose of Disbursement
DELIVERY SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 16 / 2015

Transaction ID : SB21B.I1445

Amount of Each Disbursement this Period

1349.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. THE CONTAINER STORE

Mailing Address 2800 CLARENDON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB21B.I1446

Amount of Each Disbursement this Period

214.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AIPR, LLC

Mailing Address 18375 VENTURA BLVD #523

City TARZANA State CA Zip Code 91356

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2015

Transaction ID : SB21B.1230

Amount of Each Disbursement this Period

10950.00

Full Name (Last, First, Middle Initial)

C. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PHOTOGRAPHY SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2015

Transaction ID : SB21B.I1112

Amount of Each Disbursement this Period

18429.75

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

29379.75

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
07 / 20 / 2015

Transaction ID : SB21B.I1144

Amount of Each Disbursement this Period

218.10

Full Name (Last, First, Middle Initial)

B. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.I887

Amount of Each Disbursement this Period

3673.14

Full Name (Last, First, Middle Initial)

C. ALAMO CAR RENTAL

Mailing Address 10999 TERMINAL ACCESS RD

City FORT MYERS State FL Zip Code 33913

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2015

Transaction ID : SB21B.I1447

Amount of Each Disbursement this Period

45.25

[MEMO ITEM]

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

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

3891.24

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

A. CASA ANTIGUA

Full Name (Last, First, Middle Initial)

Mailing Address 2299 OAKMONT DRIVE

City SIERRA VISTA State AZ Zip Code 85635

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2015

Transaction ID : **SB21B.I1448**

Amount of Each Disbursement this Period: 2327.40

[MEMO ITEM]

B. UBER

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2015

Transaction ID : **SB21B.I1457**

Amount of Each Disbursement this Period: 40.00

[MEMO ITEM]

C. UHAUL

Full Name (Last, First, Middle Initial)

Mailing Address 2727 NORTH CENTRAL AVE.

City PHOENIX State AZ Zip Code 85004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2015

Transaction ID : **SB21B.I1458**

Amount of Each Disbursement this Period: 25.49

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. UHAUL		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 2727 NORTH CENTRAL AVE.		Transaction ID : SB21B.I1459
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 5.56
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:		

Full Name (Last, First, Middle Initial) B. UHAUL		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 2727 NORTH CENTRAL AVE.		Transaction ID : SB21B.I1460
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 13.15
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:		

Full Name (Last, First, Middle Initial) C. UHAUL		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 2727 NORTH CENTRAL AVE.		Transaction ID : SB21B.I1461
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 800.39
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. LAUREN HENSARLING		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 6230 WILSHIRE BLVD. PMB 1790		Transaction ID : SB21B.I822
City LOS ANGELES	State CA	
Zip Code 90048	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 738.20
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. VIRGIN AMERICA AIRLINE		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 555 AIRPORT BLVD, STE 200		Transaction ID : SB21B.I1462
City BURLINGAME	State CA	
Zip Code 94010	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 738.20
Candidate Name	Category/Type	
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) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. LEXISNEXIS		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address P.O. BOX 894166		Transaction ID : SB21B.I1053
City LOS ANGELES	State CA	
Zip Code 90189	Purpose of Disbursement SUBSCRIPTION	Amount of Each Disbursement this Period 246.98
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	985.18
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TECHNOFIX

Mailing Address 1412 E WILSON

City GLENDALE State CA Zip Code 91206

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.I1192

Amount of Each Disbursement this Period

258.88

B. TIME WARNER CABLE

Mailing Address P.O. BOX 60074

City CITY OF INDUSTRY State CA Zip Code 91716

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.I1206

Amount of Each Disbursement this Period

1465.00

C. TIME WARNER CABLE

Mailing Address P.O. BOX 60074

City CITY OF INDUSTRY State CA Zip Code 91716

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.I1212

Amount of Each Disbursement this Period

141.72

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

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

1865.60

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : **SB21B.I968**

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

B. ERIC GALLAGHER

Mailing Address 365 W 52 STREET, APT 5H

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2015

Transaction ID : **SB21B.I767**

Amount of Each Disbursement this Period

1512.00

Full Name (Last, First, Middle Initial)

C. ONYX TOWER, LLC

Mailing Address 6100 WILSHIRE BLVD
STE 330

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2015

Transaction ID : **SB21B.I1082**

Amount of Each Disbursement this Period

10325.60

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

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

12287.60

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Transaction ID : **SB21B.I1145**

Amount of Each Disbursement this Period

2	9	.	3	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CLARK HILL PLC

Mailing Address P.O. BOX 3760

City PITTSBURGH State PA Zip Code 15230

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Transaction ID : **SB21B.I963**

Amount of Each Disbursement this Period

5	2	1	4	.	8	6
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MCCARTHY HENNINGS WHALEN, INC.

Mailing Address 1850 M STREET NW
SUITE 235

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PHOTOGRAPHY/MEDIA PRODUCTION/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Transaction ID : **SB21B.I1074**

Amount of Each Disbursement this Period

4	3	6	8	.	9	1
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9	5	8	5	.	4	0
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VOTER CONSUMER RESEARCH

Mailing Address P.O. BOX 130607

City HOUSTON State TX Zip Code 77219

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2015

Transaction ID : **SB21B.I1222**

Amount of Each Disbursement this Period

22500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : **SB21B.I890**

Amount of Each Disbursement this Period

1991.60

Category/
Type

Full Name (Last, First, Middle Initial)

C. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : **SB21B.I752**

Amount of Each Disbursement this Period

1923.04

Category/
Type

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

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

26414.64

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RUSSELL HAYES

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : **SB21B.I901**

Amount of Each Disbursement this Period

1217.61

Full Name (Last, First, Middle Initial)

B. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : **SB21B.I825**

Amount of Each Disbursement this Period

1021.82

Full Name (Last, First, Middle Initial)

C. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : **SB21B.I842**

Amount of Each Disbursement this Period

7856.77

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

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

10096.20

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I774

Amount of Each Disbursement this Period

1899.41

Full Name (Last, First, Middle Initial)

B. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I806

Amount of Each Disbursement this Period

3961.98

Full Name (Last, First, Middle Initial)

C. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I873

Amount of Each Disbursement this Period

4858.74

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

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

10720.13

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I855

Amount of Each Disbursement this Period

3217.20

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement
PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1013

Amount of Each Disbursement this Period

7235.68

Full Name (Last, First, Middle Initial)

C. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1028

Amount of Each Disbursement this Period

14488.62

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

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

24941.50

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2015

Transaction ID : **SB21B.I1146**

Amount of Each Disbursement this Period: 279.73

Category/Type

Full Name (Last, First, Middle Initial)

B. FIRST BANKCARD

Mailing Address P.O. BOX 2340

City OMAHA State NE Zip Code 68103

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2015

Transaction ID : **SB21B.I1003**

Amount of Each Disbursement this Period: 206.63

Category/Type

Full Name (Last, First, Middle Initial)

C. DROPBOX

Mailing Address 185 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2015

Transaction ID : **SB21B.I1472**

Amount of Each Disbursement this Period: 9.99

Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 486.36

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address P.O. BOX 371461

City State Zip Code
PITTSBURGH PA 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Transaction ID : SB21B.I1474

Amount of Each Disbursement this Period

2	9	.	0	7
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL MGMT

Mailing Address 1101 KING ST
#190

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Transaction ID : SB21B.I1484

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	5

Transaction ID : SB21B.I866

Amount of Each Disbursement this Period

1	4	.	2	.	6	1
---	---	---	---	---	---	---

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

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

1	4	.	2	.	6	1
---	---	---	---	---	---	---

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT

Mailing Address 1416 APALACHEE PKWY

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2015

Transaction ID : SB21B.I1463

Amount of Each Disbursement this Period

76.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.I936

Amount of Each Disbursement this Period

29415.33

Full Name (Last, First, Middle Initial)

C. ALASKA AIRLINES

Mailing Address P.O. BOX 68900

City SEATTLE State WA Zip Code 98168

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1465

Amount of Each Disbursement this Period

280.20

[MEMO ITEM]

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

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

29415.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AMAZON.COM

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1466

Amount of Each Disbursement this Period

13.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMAZON.COM

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1467

Amount of Each Disbursement this Period

20.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1468

Amount of Each Disbursement this Period

707.10

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. CIVICOM

Mailing Address P.O. BOX 4689

City GREENWICH State CT Zip Code 06831

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Transaction ID : SB21B.I1470

Amount of Each Disbursement this Period

1	7	7	4	1
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Transaction ID : SB21B.I1471

Amount of Each Disbursement this Period

5	0	1	9	.30
---	---	---	---	-----

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address P.O. BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Transaction ID : SB21B.I1473

Amount of Each Disbursement this Period

2	6	0	.35
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[MEMO ITEM]

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

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

0	0	0
---	---	---

0	0	0
---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.I1476**

Amount of Each Disbursement this Period: 33.18

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.I1477**

Amount of Each Disbursement this Period: 4.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.I1478**

Amount of Each Disbursement this Period: 4.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2015

Transaction ID : SB21B.I1479

Amount of Each Disbursement this Period

4.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HYATT-NA

Mailing Address 71 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2015

Transaction ID : SB21B.I1480

Amount of Each Disbursement this Period

2418.66

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. INTERCONTINENTAL HOTEL

Mailing Address 2151 AVENUE OF THE STARS

City LOS ANGELES State CA Zip Code 90067

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2015

Transaction ID : SB21B.I1481

Amount of Each Disbursement this Period

871.42

[MEMO ITEM]

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

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

0.00

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. INTERCONTINENTAL HOTEL

Mailing Address 2151 AVENUE OF THE STARS

City LOS ANGELES State CA Zip Code 90067

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1482

Amount of Each Disbursement this Period

239.36

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL MGMT

Mailing Address 1101 KING ST #190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1483

Amount of Each Disbursement this Period

1755.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1485

Amount of Each Disbursement this Period

16.50

[MEMO ITEM]

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

0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MOVER SERVICES

Mailing Address 721 E COMPTON BLVD

City RANCHO DOMINGUEZ State CA Zip Code 90220

Purpose of Disbursement
DELIVERY SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1486

Amount of Each Disbursement this Period

1507.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1489

Amount of Each Disbursement this Period

204.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1490

Amount of Each Disbursement this Period

230.00

[MEMO ITEM]

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

0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1491

Amount of Each Disbursement this Period

228.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SPIRIT AIRLINES

Mailing Address 2800 EXECUTIVE WAY

City MIRAMAR State FL Zip Code 33025

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1492

Amount of Each Disbursement this Period

239.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ST REGIS

Mailing Address ONE STARPOINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1493

Amount of Each Disbursement this Period

252.91

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1495

Amount of Each Disbursement this Period

64.39

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1496

Amount of Each Disbursement this Period

35.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1497

Amount of Each Disbursement this Period

19.62

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2015

Transaction ID : SB21B.I1498

Amount of Each Disbursement this Period

90.05

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2015

Transaction ID : SB21B.I1499

Amount of Each Disbursement this Period

10.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2015

Transaction ID : SB21B.I1500

Amount of Each Disbursement this Period

68.27

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. THE SUMMIT

Mailing Address 15 W 6TH ST

City TULSA State OK Zip Code 74119

Purpose of Disbursement
VENUE RENTAL / CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

449.26

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address 233 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : SB21B.I1502

Amount of Each Disbursement this Period

412.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VIRGIN AMERICA AIRLINE

Mailing Address 555 AIRPORT BLVD, STE 200

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : SB21B.I1505

Amount of Each Disbursement this Period

490.20

[MEMO ITEM]

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

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

0.00

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VIRGIN AMERICA AIRLINE

Mailing Address 555 AIRPORT BLVD, STE 200

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1506

Amount of Each Disbursement this Period

490.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VIRTRU PRO

Mailing Address 1808 FLORIDA AVE. NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1507

Amount of Each Disbursement this Period

126.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VONAGE

Mailing Address 23 MAIN STREET

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1508

Amount of Each Disbursement this Period

308.39

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VONAGE

Mailing Address 23 MAIN STREET

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.I1509**

Amount of Each Disbursement this Period: 517.36

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.I1510**

Amount of Each Disbursement this Period: 345.93

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.I1511**

Amount of Each Disbursement this Period: 691.86

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. WILSHIRE HOTEL		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 6317 WILSHIRE BLVD		Transaction ID : SB21B.I1512
City LOS ANGELES	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 691.86
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:		

Full Name (Last, First, Middle Initial) B. WILSHIRE HOTEL		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 6317 WILSHIRE BLVD		Transaction ID : SB21B.I1513
City LOS ANGELES	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 691.86
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:		

Full Name (Last, First, Middle Initial) C. WILSHIRE HOTEL		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 6317 WILSHIRE BLVD		Transaction ID : SB21B.I1514
City LOS ANGELES	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1037.97
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:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	0.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1515

Amount of Each Disbursement this Period

666.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1516

Amount of Each Disbursement this Period

691.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I1517

Amount of Each Disbursement this Period

333.20

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.I1518**

Amount of Each Disbursement this Period

6612.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

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 / 05 / 2015

Transaction ID : **SB21B.I942**

Amount of Each Disbursement this Period

7728.92

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : **SB21B.I969**

Amount of Each Disbursement this Period

27026.46

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

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

34755.38

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. INVERSELOGIC, INC.

Mailing Address 3467 OCEAN VIEW BLVD, STE A

City GLENDALE State CA Zip Code 91208

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : **SB21B.I1045**

Amount of Each Disbursement this Period

1028.56

Full Name (Last, First, Middle Initial)

B. M STREET INSIGHT, LLC

Mailing Address P.O. BOX 1575

City RANCHO SANTA FE State CA Zip Code 92067

Purpose of Disbursement
RESEARCH 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 / 05 / 2015

Transaction ID : **SB21B.I1063**

Amount of Each Disbursement this Period

61000.00

Full Name (Last, First, Middle Initial)

C. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL/FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : **SB21B.I824**

Amount of Each Disbursement this Period

82.71

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

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

62111.27

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AD ASTRA INSIGHTS

Mailing Address 333 W 9TH ST, SUITE C

City LAWRENCE State KS Zip Code 66044

Purpose of Disbursement DATA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 06 / 2015

Transaction ID : **SB21B.I924**

Amount of Each Disbursement this Period: 26000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. AIPR, LLC

Mailing Address 18375 VENTURA BLVD #523

City TARZANA State CA Zip Code 91356

Purpose of Disbursement WEB DEVELOPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 06 / 2015

Transaction ID : **SB21B.I933**

Amount of Each Disbursement this Period: 6750.00

Category/Type

Full Name (Last, First, Middle Initial)

C. CGLW LLC

Mailing Address 1201 ORANGE STREET, #600

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 06 / 2015

Transaction ID : **SB21B.I954**

Amount of Each Disbursement this Period: 322334.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 355084.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. IQ MEDIA GROUP, LLC

Mailing Address 625 W RIDGE PIKE
BUILDING C

City CONSHOHOCKEN State PA Zip Code 19428

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : **SB21B.I1051**

Amount of Each Disbursement this Period

13750.00

Full Name (Last, First, Middle Initial)

B. STRATEGIC SOLUTIONS

Mailing Address 3724 DUNBARTON DR.

City MOUNTAIN BROOK State AL Zip Code 35223

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 / 06 / 2015

Transaction ID : **SB21B.I1134**

Amount of Each Disbursement this Period

21829.34

Full Name (Last, First, Middle Initial)

C. LKJ, LLC

Mailing Address C/O CLARK HILL
601 PENN AVE NW-N BLDG, #1000

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FINANCE 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 / 07 / 2015

Transaction ID : **SB21B.I1060**

Amount of Each Disbursement this Period

226940.29

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

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

262519.63

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LKJ, LLC

Mailing Address C/O CLARK HILL
601 PENN AVE NW-N BLDG, #1000

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FINANCE 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 / 07 / 2015

Transaction ID : **SB21B.I1061**

Amount of Each Disbursement this Period

19700.64

Full Name (Last, First, Middle Initial)

B. RSM

Mailing Address 1702 E HIGHLAND AVE
STE 408

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement
COMMUNICATIONS 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 / 10 / 2015

Transaction ID : **SB21B.I1122**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : **SB21B.I746**

Amount of Each Disbursement this Period

521.02

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

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

25221.66

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : **SB21B.I1324**

Amount of Each Disbursement this Period

269.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : **SB21B.I1537**

Amount of Each Disbursement this Period

59.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL/OFFICE SUPPLIES/VENUE RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : **SB21B.I772**

Amount of Each Disbursement this Period

2286.48

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

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

2286.48

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I1522

Amount of Each Disbursement this Period

21.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. INTERCONTINENTAL HOTEL

Mailing Address 2151 AVENUE OF THE STARS

City LOS ANGELES State CA Zip Code 90067

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I1523

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LIGHTNING MESSENGER EXPRESS

Mailing Address 3419 VIA LIDO, SUITE 413

City NEWPORT BEACH State CA Zip Code 92663

Purpose of Disbursement
DELIVERY SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I1524

Amount of Each Disbursement this Period

295.00

[MEMO ITEM]

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

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

0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MAILBOX DEPOT

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement OFFICE SUPPLIES/POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I1525

Amount of Each Disbursement this Period: 118.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MAILBOX DEPOT

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I1526

Amount of Each Disbursement this Period: 495.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MAILBOX DEPOT

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I1527

Amount of Each Disbursement this Period: 165.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. SHARP IMAGE PRINTING

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I1531

Amount of Each Disbursement this Period

212.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I1533

Amount of Each Disbursement this Period

21.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I1534

Amount of Each Disbursement this Period

3.26

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TARGET

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

Transaction ID : SB21B.I1535

Amount of Each Disbursement this Period

9	.	8	8
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNION LEAGUE CLUB OF CHICAGO

Mailing Address 65 W JACKSON BLVD

City CHICAGO State IL Zip Code 60604

Purpose of Disbursement
VENUE RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

Transaction ID : SB21B.I1538

Amount of Each Disbursement this Period

1	8	3	.	8	9
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

Transaction ID : SB21B.I1539

Amount of Each Disbursement this Period

1	3	8	.	7	5
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[MEMO ITEM]

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

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

0	0	0
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0	0	0
---	---	---

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

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

M M M	/	D D D	/	Y Y Y Y Y
08	/	11	/	2015

Transaction ID : **SB21B.I1147**

Amount of Each Disbursement this Period

6.73

Full Name (Last, First, Middle Initial)

B. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2015

Transaction ID : **SB21B.I891**

Amount of Each Disbursement this Period

1998.24

Full Name (Last, First, Middle Initial)

C. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2015

Transaction ID : **SB21B.I753**

Amount of Each Disbursement this Period

1923.04

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

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

3928.01

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RUSSELL HAYES

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB21B.I902**

Amount of Each Disbursement this Period

1112.17

Full Name (Last, First, Middle Initial)

B. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB21B.I826**

Amount of Each Disbursement this Period

1946.27

Full Name (Last, First, Middle Initial)

C. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB21B.I843**

Amount of Each Disbursement this Period

7856.77

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

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

10915.21

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB21B.I775**

Amount of Each Disbursement this Period

1899.41

Full Name (Last, First, Middle Initial)

B. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB21B.I807**

Amount of Each Disbursement this Period

3961.98

Full Name (Last, First, Middle Initial)

C. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB21B.I874**

Amount of Each Disbursement this Period

4858.74

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

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

10720.13

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. MATTHEW WALL

Date of Disbursement: MM / DD / YYYY
08 / 14 / 2015

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I856**

Amount of Each Disbursement this Period
3217.20

Full Name (Last, First, Middle Initial)
B. INSPERITY

Date of Disbursement: MM / DD / YYYY
08 / 14 / 2015

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1014**

Amount of Each Disbursement this Period
7484.59

Full Name (Last, First, Middle Initial)
C. INTERNAL REVENUE SERVICE

Date of Disbursement: MM / DD / YYYY
08 / 14 / 2015

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement PAYROLL TAX

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1029**

Amount of Each Disbursement this Period
14982.82

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25684.61

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. R2R RESEARCH LLC		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 801 RAPIDIAN CT		Transaction ID : SB21B.I1095
City ALEXANDRIA	State VA	
Zip Code 22304	Purpose of Disbursement SURVEY RESEARCH/TRAVEL	Amount of Each Disbursement this Period 318896.61
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. REDWAVE COMMUNICATIONS LLC		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 4019 INGERSOLL AVE		Transaction ID : SB21B.I1101
City DES MOINES	State IA	
Zip Code 50312	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 11477.20
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 3180 18TH ST		Transaction ID : SB21B.I1148
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Amount of Each Disbursement this Period 0.59
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	330374.40
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. INVERSELOGIC, INC.

Mailing Address 3467 OCEAN VIEW BLVD, STE A

City GLENDALE State CA Zip Code 91208

Purpose of Disbursement
OFFICE EQUIPMENT/IT SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : SB21B.I1048

Amount of Each Disbursement this Period

17919.30

Full Name (Last, First, Middle Initial)

B. MAGELLAN STRATEGIES

Mailing Address 1685 BOXELDER ST., SUITE 300

City LOUISVILLE State CO Zip Code 80027

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : SB21B.I1067

Amount of Each Disbursement this Period

19026.00

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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 / 19 / 2015

Transaction ID : SB21B.I1149

Amount of Each Disbursement this Period

1.03

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

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

36946.33

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : **SB21B.I799**

Amount of Each Disbursement this Period

2255.08

Category/
Type

Full Name (Last, First, Middle Initial)

B. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PER DIEM

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : **SB21B.I1325**

Amount of Each Disbursement this Period

290.00

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BOA

Mailing Address 9200 SUNSET BLVD #650

City WEST HOLLYWOOD State CA Zip Code 90069

Purpose of Disbursement
VENUE RENTAL/CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : **SB21B.I1541**

Amount of Each Disbursement this Period

1406.30

Category/
Type

[MEMO ITEM]

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

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

2255.08

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOGOAIR

Mailing Address 111 N. CANAL STREET

City State Zip Code
CHICAGO IL 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : SB21B.I1542

Amount of Each Disbursement this Period

14.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : SB21B.I1543

Amount of Each Disbursement this Period

36.66

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : SB21B.I1544

Amount of Each Disbursement this Period

21.91

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2015

Transaction ID : SB21B.I1545

Amount of Each Disbursement this Period: 46.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address 233 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2015

Transaction ID : SB21B.I1546

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 233 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2015

Transaction ID : SB21B.I1547

Amount of Each Disbursement this Period: 282.10

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB21B.I1548

Amount of Each Disbursement this Period

86.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB21B.I1549

Amount of Each Disbursement this Period

44.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HUNT CONSOLIDATED, INC.

Mailing Address 1900 N AKARD STREET

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
VENUE RENTAL/CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.I1008

Amount of Each Disbursement this Period

1835.16

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

1835.16

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LEXISNEXIS

Mailing Address P.O. BOX 894166

City LOS ANGELES State CA Zip Code 90189

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.I1054

Amount of Each Disbursement this Period

570.00

Full Name (Last, First, Middle Initial)

B. MOBY DICK AIRWAYS

Mailing Address P.O. BOX 77518

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
TRANSPORTATION SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.I1080

Amount of Each Disbursement this Period

1800.00

Full Name (Last, First, Middle Initial)

C. RSM

Mailing Address 1702 E HIGHLAND AVE
STE 408

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.I1123

Amount of Each Disbursement this Period

11250.00

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

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

13620.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. THE UNION LEAGUE CLUB

Mailing Address 38 EAST 37TH STREET

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
VENUE RENTAL / CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : **SB21B.I1203**

Amount of Each Disbursement this Period

1722.13

Full Name (Last, First, Middle Initial)

B. TIME WARNER CABLE

Mailing Address P.O. BOX 60074

City CITY OF INDUSTRY State CA Zip Code 91716

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : **SB21B.I1207**

Amount of Each Disbursement this Period

1465.00

Full Name (Last, First, Middle Initial)

C. TRINITY FINANCIAL REPORTING & COMPLIANCE

Mailing Address P.O. BOX 710993

City HERNDON State VA Zip Code 20171

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 / 20 / 2015

Transaction ID : **SB21B.I1217**

Amount of Each Disbursement this Period

1312.50

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

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

4499.63

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LKJ, LLC

Mailing Address C/O CLARK HILL
601 PENN AVE NW-N BLDG, #1000

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FINANCE 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 / 21 / 2015

Transaction ID : **SB21B.I1062**

Amount of Each Disbursement this Period

41746.90

Full Name (Last, First, Middle Initial)

B. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL/PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : **SB21B.I840**

Amount of Each Disbursement this Period

5419.20

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **SB21B.I1557**

Amount of Each Disbursement this Period

3105.00

[MEMO ITEM]

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

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

47166.10

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. THE FAIRMONT DALLAS		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 1717 N AKARD ST		Transaction ID : SB21B.I1559
City DALLAS	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 213.23
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:		

Full Name (Last, First, Middle Initial) B. THE HOLLYWOOD ROOSEVELT		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 7000 HOLLYWOOD BLVD		Transaction ID : SB21B.I1560
City LOS ANGELES	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1723.75
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:		

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB21B.I1561
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 22.40
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:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	0.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **SB21B.I1562**

Amount of Each Disbursement this Period

32.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **SB21B.I1563**

Amount of Each Disbursement this Period

107.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **SB21B.I1564**

Amount of Each Disbursement this Period

53.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : SB21B.I1565

Amount of Each Disbursement this Period

60.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address CENTERVILLE STATION

City TALLAHASSE State FL Zip Code 32308

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : SB21B.I1566

Amount of Each Disbursement this Period

57.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. YELLOW CAB--DC

Mailing Address 1636 BLADENSBURG RD NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : SB21B.I1567

Amount of Each Disbursement this Period

23.42

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. KATHERINE JORTNER		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 6230 WILSHIRE BLVD. PMB 1790		Transaction ID : SB21B.I804
City LOS ANGELES State CA Zip Code 90048	Amount of Each Disbursement this Period 1989.86	
Purpose of Disbursement TRAVEL / PHONE SVC	Candidate Name	Category/ Type
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:	

Full Name (Last, First, Middle Initial) B. KATHERINE JORTNER		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 6230 WILSHIRE BLVD. PMB 1790		Transaction ID : SB21B.I1326
City LOS ANGELES State CA Zip Code 90048	Amount of Each Disbursement this Period 165.00	
Purpose of Disbursement PER DIEM	Candidate Name	Category/ Type
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address P.O. BOX 619616		Transaction ID : SB21B.I1550
City DALLAS State TX Zip Code 75261	Amount of Each Disbursement this Period 1555.20	
Purpose of Disbursement TRAVEL	Candidate Name	Category/ Type
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:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶	1989.86
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. AT&T

Mailing Address P.O. BOX 536216

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 20 / 2015

Transaction ID : **SB21B.I1551**

Amount of Each Disbursement this Period: 101.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 20 / 2015

Transaction ID : **SB21B.I1552**

Amount of Each Disbursement this Period: 36.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 20 / 2015

Transaction ID : **SB21B.I1553**

Amount of Each Disbursement this Period: 39.95

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.I1554

Amount of Each Disbursement this Period

14.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. YELLOW CAB--DC

Mailing Address 1636 BLADENSBURG RD NE

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.I1555

Amount of Each Disbursement this Period

26.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City State Zip Code
GARDENA CA 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.I1556

Amount of Each Disbursement this Period

50.45

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. CLARK HILL PLC

Mailing Address P.O. BOX 3760

City State Zip Code
PITTSBURGH PA 15230

Purpose of Disbursement
LEGAL 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 / 25 / 2015

Transaction ID : **SB21B.I964**

Amount of Each Disbursement this Period

45325.97

Full Name (Last, First, Middle Initial)

B. DEEP ROOT ANALYTICS LLC

Mailing Address 1600 WILSON BLVD.
SUITE 330

City State Zip Code
ARLINGTON VA 22209

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : **SB21B.I978**

Amount of Each Disbursement this Period

45000.00

Full Name (Last, First, Middle Initial)

C. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
VIDEO PRODUCTION/RESEARCH SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : **SB21B.I1119**

Amount of Each Disbursement this Period

86939.95

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

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

177265.92

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STANDARD PARKING

Mailing Address 6100 WILSHIRE BLVD P1

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB21B.I1126

Amount of Each Disbursement this Period

1540.00

Full Name (Last, First, Middle Initial)

B. TECHNOFIX

Mailing Address 1412 E WILSON

City GLENDALE State CA Zip Code 91206

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB21B.I1193

Amount of Each Disbursement this Period

498.93

Full Name (Last, First, Middle Initial)

C. TIME WARNER CABLE

Mailing Address P.O. BOX 60074

City CITY OF INDUSTRY State CA Zip Code 91716

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB21B.I1213

Amount of Each Disbursement this Period

141.72

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

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

2180.65

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. JULIAN H. ROBERTSON JR.

Mailing Address 101 PARK AVE
FL 48

City NEW YORK State NY Zip Code 10178-4799

Purpose of Disbursement
IN-KIND: EVENT ORGANIZATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : **SB21B.116595**

Amount of Each Disbursement this Period

15084.85

Full Name (Last, First, Middle Initial)

B. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.I789**

Amount of Each Disbursement this Period

1525.04

Full Name (Last, First, Middle Initial)

C. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.I892**

Amount of Each Disbursement this Period

1991.60

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

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

18601.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I754

Amount of Each Disbursement this Period

1923.04

Full Name (Last, First, Middle Initial)

B. RUSSELL HAYES

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I903

Amount of Each Disbursement this Period

1112.17

Full Name (Last, First, Middle Initial)

C. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I827

Amount of Each Disbursement this Period

1946.27

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

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

4981.48

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	31	/	2015

Transaction ID : SB21B.I844

Amount of Each Disbursement this Period

7856.77

Full Name (Last, First, Middle Initial)

B. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	31	/	2015

Transaction ID : SB21B.I776

Amount of Each Disbursement this Period

1899.41

Full Name (Last, First, Middle Initial)

C. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	31	/	2015

Transaction ID : SB21B.I808

Amount of Each Disbursement this Period

3961.98

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

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

13718.16

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.I875**

Amount of Each Disbursement this Period

4858.74

Full Name (Last, First, Middle Initial)

B. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.I732**

Amount of Each Disbursement this Period

1881.45

Full Name (Last, First, Middle Initial)

C. REGAL AUTO TRANSPORT

Mailing Address 5895 WILKINSON AVE

City VALLEY VILLAGE State CA Zip Code 91607

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : **SB21B.I1568**

Amount of Each Disbursement this Period

1050.00

[MEMO ITEM]

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

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

6740.19

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address 233 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	28	/	2015

Transaction ID : **SB21B.I1569**

Amount of Each Disbursement this Period

781.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	28	/	2015

Transaction ID : **SB21B.I1570**

Amount of Each Disbursement this Period

50.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	31	/	2015

Transaction ID : **SB21B.I736**

Amount of Each Disbursement this Period

1249.98

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

1249.98

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

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.I857**

Amount of Each Disbursement this Period

3217.20

Full Name (Last, First, Middle Initial)

B. ATCHLEY & ASSOCIATES

Mailing Address 6850 AUSTIN CENTER BLVD
STE 180

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.I947**

Amount of Each Disbursement this Period

654.00

Full Name (Last, First, Middle Initial)

C. CGLW LLC

Mailing Address 1201 ORANGE STREET, #600

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
FINANCE CONSULTING/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.I958**

Amount of Each Disbursement this Period

203505.67

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

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

207376.87

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. FIRST BANKCARD

Mailing Address P.O. BOX 2340

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1004

Amount of Each Disbursement this Period

25.98

Category/Type

Full Name (Last, First, Middle Initial)

B. DROPBOX

Mailing Address 185 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1571

Amount of Each Disbursement this Period

9.99

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement
PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1015

Amount of Each Disbursement this Period

9017.37

Category/Type

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

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

9043.35

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2015

Transaction ID : SB21B.I1016

Amount of Each Disbursement this Period: 846.33

Category/Type

Full Name (Last, First, Middle Initial)

B. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement PAYROLL TAX

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2015

Transaction ID : SB21B.I1030

Amount of Each Disbursement this Period: 14982.82

Category/Type

Full Name (Last, First, Middle Initial)

C. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement PAYROLL TAX

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2015

Transaction ID : SB21B.I1031

Amount of Each Disbursement this Period: 888.62

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 16717.77

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. INVERSELOGIC, INC.

Date of Disbursement: MM / DD / YYYY
08 / 31 / 2015

Mailing Address 3467 OCEAN VIEW BLVD, STE A

City: GLENDALE State: CA Zip Code: 91208

Purpose of Disbursement: OFFICE EQUIPMENT

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1046**

Amount of Each Disbursement this Period: 3369.14

Full Name (Last, First, Middle Initial)
B. ONYX TOWER, LLC

Date of Disbursement: MM / DD / YYYY
08 / 31 / 2015

Mailing Address 6100 WILSHIRE BLVD STE 330

City: LOS ANGELES State: CA Zip Code: 90048

Purpose of Disbursement: RENT

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1083**

Amount of Each Disbursement this Period: 11154.24

Full Name (Last, First, Middle Initial)
C. STANDARD PARKING

Date of Disbursement: MM / DD / YYYY
08 / 31 / 2015

Mailing Address 6100 WILSHIRE BLVD P1

City: LOS ANGELES State: CA Zip Code: 90048

Purpose of Disbursement: PARKING

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1127**

Amount of Each Disbursement this Period: 2290.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 16813.38

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VOTER CONSUMER RESEARCH

Mailing Address P.O. BOX 130607

City HOUSTON State TX Zip Code 77219

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.I1223**

Amount of Each Disbursement this Period

63500.00

Full Name (Last, First, Middle Initial)

B. AIPR, LLC

Mailing Address 18375 VENTURA BLVD #523

City TARZANA State CA Zip Code 91356

Purpose of Disbursement
DIGITAL 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 / 03 / 2015

Transaction ID : **SB21B.I928**

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

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
09 / 05 / 2015

Transaction ID : **SB21B.I950C**

Amount of Each Disbursement this Period

39.24

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

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

83539.24

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT/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
09 / 09 / 2015

Transaction ID : **SB21B.I971**

Amount of Each Disbursement this Period

10278.41

Full Name (Last, First, Middle Initial)

B. OATH STRATEGIES LLC

Mailing Address P.O. BOX 2484

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
MEDIA 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 / 09 / 2015

Transaction ID : **SB21B.I1081**

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

C. RED CARPET VALET

Mailing Address PO BOX 20832

City SEATTLE State WA Zip Code 98102-1832

Purpose of Disbursement
IN-KIND: VALET SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : **SB21B.118349**

Amount of Each Disbursement this Period

432.92

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

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

35711.33

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA PLACEMENT - DID NOT AIR

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SB21B.I1104_B

Amount of Each Disbursement this Period

26000.00

Full Name (Last, First, Middle Initial)

B. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SB21B.I785

Amount of Each Disbursement this Period

2839.21

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2015

Transaction ID : SB21B.I1573

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

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

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

28839.21

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address P.O. BOX 20706		Transaction ID : SB21B.I1575
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 639.60
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:		

Full Name (Last, First, Middle Initial) B. NATIONAL CAR RENTAL		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 600 CORPORATE PARK DRIVE		Transaction ID : SB21B.I1576
City ST. LOUIS	State MO	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 323.79
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:		

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB21B.I1580
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 45.11
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER HAUL LOGISTICS

Mailing Address 19008 N 43RD DR.

City State Zip Code
GLENDALE AZ 85308

Purpose of Disbursement
TRANSPORTATION SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : SB21B.I1581

Amount of Each Disbursement this Period

1443.01

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : SB21B.I1584

Amount of Each Disbursement this Period

188.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City State Zip Code
GARDENA CA 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : SB21B.I1585

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : **SB21B.I1586**

Amount of Each Disbursement this Period

37.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I790**

Amount of Each Disbursement this Period

1425.27

Full Name (Last, First, Middle Initial)

C. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I888**

Amount of Each Disbursement this Period

244.26

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

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

1669.53

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. FAIRFIELD INN & SUITES

Mailing Address 10400 FERNWOOD ROAD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.I1606

Amount of Each Disbursement this Period

3.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.I1616

Amount of Each Disbursement this Period

8.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.I1617

Amount of Each Disbursement this Period

18.01

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. YELLOW CAB--LA

Date of Disbursement
MM / DD / YYYY
09 / 10 / 2015

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1622**

Amount of Each Disbursement this Period
53.76

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ROBERT CHARETTE

Date of Disbursement
MM / DD / YYYY
09 / 15 / 2015

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I893**

Amount of Each Disbursement this Period
1991.60

Full Name (Last, First, Middle Initial)
C. DEAN CLEARY

Date of Disbursement
MM / DD / YYYY
09 / 15 / 2015

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I755**

Amount of Each Disbursement this Period
1923.04

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3914.64

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RUSSELL HAYES

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2015

Transaction ID : **SB21B.I904**

Amount of Each Disbursement this Period

1112.17

Full Name (Last, First, Middle Initial)

B. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2015

Transaction ID : **SB21B.I828**

Amount of Each Disbursement this Period

1946.27

Full Name (Last, First, Middle Initial)

C. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2015

Transaction ID : **SB21B.I845**

Amount of Each Disbursement this Period

7856.77

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

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

10915.21

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I777**

Amount of Each Disbursement this Period

1899.41

Full Name (Last, First, Middle Initial)

B. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I800**

Amount of Each Disbursement this Period

3596.27

Full Name (Last, First, Middle Initial)

C. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PER DIEM

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : **SB21B.I1327**

Amount of Each Disbursement this Period

90.00

[MEMO ITEM]

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

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

5495.68

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. KATHERINE JORTNER		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 6230 WILSHIRE BLVD. PMB 1790		Transaction ID : SB21B.I1328
City LOS ANGELES	State CA	
Purpose of Disbursement PER DIEM	Candidate Name	Amount of Each Disbursement this Period 165.00
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:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address P.O. BOX 619616		Transaction ID : SB21B.I1587
City DALLAS	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 856.20
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:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address P.O. BOX 619616		Transaction ID : SB21B.I1596
City DALLAS	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1306.20
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 09 / 2015

Transaction ID : **SB21B.I1597**

Amount of Each Disbursement this Period: 72.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 08 / 2015

Transaction ID : **SB21B.I1589**

Amount of Each Disbursement this Period: 4.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 09 / 2015

Transaction ID : **SB21B.I1598**

Amount of Each Disbursement this Period: 49.95

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. THE NOMAD HOTEL

Mailing Address 1170 BROADWAY

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

Transaction ID : SB21B.I1590

Amount of Each Disbursement this Period

3	4	2	.	0	1
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

Transaction ID : SB21B.I1591

Amount of Each Disbursement this Period

1	3	.	8	2
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

Transaction ID : SB21B.I1592

Amount of Each Disbursement this Period

4	3	.	8	2
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0	0
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0	0	0	0
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : **SB21B.I1599**

Amount of Each Disbursement this Period

16.74

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : **SB21B.I1600**

Amount of Each Disbursement this Period

14.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : **SB21B.I1602**

Amount of Each Disbursement this Period

462.78

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : **SB21B.I1603**

Amount of Each Disbursement this Period

47.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I809**

Amount of Each Disbursement this Period

3961.98

Full Name (Last, First, Middle Initial)

C. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I876**

Amount of Each Disbursement this Period

4858.74

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

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

8820.72

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL/TRANSPORTATION SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2015

Transaction ID : SB21B.I735

Amount of Each Disbursement this Period

2963.56

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2015

Transaction ID : SB21B.I1615

Amount of Each Disbursement this Period

20.26

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED VAN LINES

Mailing Address ONE UNITED DRIVE

City FENTON State MO Zip Code 63026

Purpose of Disbursement
TRANSPORTATION SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2015

Transaction ID : SB21B.I1601

Amount of Each Disbursement this Period

2851.70

[MEMO ITEM]

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

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

2963.56

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : **SB21B.I1621**

Amount of Each Disbursement this Period

53.58

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I737**

Amount of Each Disbursement this Period

1782.53

Full Name (Last, First, Middle Initial)

C. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I858**

Amount of Each Disbursement this Period

3217.20

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

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

4999.73

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AD ASTRA INSIGHTS

Mailing Address 333 W 9TH ST, SUITE C

City LAWRENCE State KS Zip Code 66044

Purpose of Disbursement
DATA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SB21B.I925

Amount of Each Disbursement this Period

11746.95

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SB21B.I937

Amount of Each Disbursement this Period

22742.57

Full Name (Last, First, Middle Initial)

C. ALASKA AIRLINES

Mailing Address P.O. BOX 68900

City SEATTLE State WA Zip Code 98168

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SB21B.I1626

Amount of Each Disbursement this Period

402.10

[MEMO ITEM]

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

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

34489.52

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AMAZON.COM

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1627

Amount of Each Disbursement this Period

122.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1628

Amount of Each Disbursement this Period

1508.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CORNER BAKERY

Mailing Address 1425 K ST NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1630

Amount of Each Disbursement this Period

141.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1631

Amount of Each Disbursement this Period

714.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address P.O. BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1632

Amount of Each Disbursement this Period

609.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1634

Amount of Each Disbursement this Period

24.95

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1635

Amount of Each Disbursement this Period

86.66

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HILTON HOTELS

Mailing Address 7930 JONES BRANCH DRIVE
STE 1100

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1637

Amount of Each Disbursement this Period

468.46

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN-NA

Mailing Address 3 RAVINIA DRIVE, STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1638

Amount of Each Disbursement this Period

151.51

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. HYATT-NA

Mailing Address 71 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1639

Amount of Each Disbursement this Period

194.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL MGMT

Mailing Address 1101 KING ST #190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1642

Amount of Each Disbursement this Period

1125.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1643

Amount of Each Disbursement this Period

16.50

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RADISSON HOTEL-NA

Mailing Address 11340 BLONDO STREET
SUITE 100

City OMAHA State NE Zip Code 68164

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1646

Amount of Each Disbursement this Period

377.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. READY REFRESH

Mailing Address 6661 DIXIE HWY, STE 4

City LOUISVILLE State KY Zip Code 40258

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1647

Amount of Each Disbursement this Period

48.89

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1648

Amount of Each Disbursement this Period

518.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 500 STAPLES DRIVE

City State Zip Code
FRAMINGHAM MA 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1650

Amount of Each Disbursement this Period

602.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SURVEY MONKEY

Mailing Address 101 LYTTON AVENUE

City State Zip Code
PALO ALTO CA 94301

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1651

Amount of Each Disbursement this Period

780.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 1000 NICOLLET MALL

City State Zip Code
MINNEAPOLIS MN 55403

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1652

Amount of Each Disbursement this Period

29.38

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. UNITED AIRLINES

Mailing Address 233 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I1653**

Amount of Each Disbursement this Period: 874.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I1654**

Amount of Each Disbursement this Period: 2524.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. USPS

Mailing Address CENTERVILLE STATION

City TALLAHASSE State FL Zip Code 32308

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I1655**

Amount of Each Disbursement this Period: 1.05

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VIRGIN AMERICA AIRLINE

Mailing Address 555 AIRPORT BLVD, STE 200

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1656

Amount of Each Disbursement this Period

1289.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VIRTRU PRO

Mailing Address 1808 FLORIDA AVE. NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1657

Amount of Each Disbursement this Period

118.36

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VONAGE

Mailing Address 23 MAIN STREET

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1658

Amount of Each Disbursement this Period

828.20

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I1659**

Amount of Each Disbursement this Period

8317.46

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DAVID JOHNSON GROUP

Mailing Address P.O. BOX 1034

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement
POLITICAL STRATEGY 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 / 15 / 2015

Transaction ID : **SB21B.I975**

Amount of Each Disbursement this Period

8000.00

Full Name (Last, First, Middle Initial)

C. DEEP ROOT ANALYTICS LLC

Mailing Address 1600 WILSON BLVD.
SUITE 330

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I979**

Amount of Each Disbursement this Period

45000.00

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

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

53000.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. HOWARD W PHILLIPS & CO

Mailing Address 2555 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1007

Amount of Each Disbursement this Period

139891.00

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement
PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1017

Amount of Each Disbursement this Period

8470.89

Full Name (Last, First, Middle Initial)

C. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1032

Amount of Each Disbursement this Period

16150.02

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

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

164511.91

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

A. INVERSELOGIC, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 3467 OCEAN VIEW BLVD, STE A

City GLENDALE State CA Zip Code 91208

Purpose of Disbursement OFFICE EQUIPMENT/IT SUPPORT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2015

Transaction ID : **SB21B.I1049**

Amount of Each Disbursement this Period: 4726.41

B. MAGELLAN STRATEGIES

Full Name (Last, First, Middle Initial)

Mailing Address 1685 BOXELDER ST., SUITE 300

City LOUISVILLE State CO Zip Code 80027

Purpose of Disbursement SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2015

Transaction ID : **SB21B.I1068**

Amount of Each Disbursement this Period: 16912.00

C. REVOLUTION MEDIA GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement AUDIO/VISUAL/RESEARCH SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2015

Transaction ID : **SB21B.I1104**

Amount of Each Disbursement this Period: 20824.62

SUBTOTAL of Disbursements This Page (optional)..... ▶ 42463.03

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRATEGIC SOLUTIONS

Mailing Address 3724 DUNBARTON DR.

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I1135

Amount of Each Disbursement this Period

14500.00

B. FELTON BUCKLEY CORPORATION

Full Name (Last, First, Middle Initial)

Mailing Address 523 W 6TH ST, STE 430

City LOS ANGELES State CA Zip Code 90014

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : SB21B.I1000

Amount of Each Disbursement this Period

2725.00

C. STRIPE

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : SB21B.I1150

Amount of Each Disbursement this Period

1450.30

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

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

18675.30

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VOTER CONSUMER RESEARCH

Mailing Address P.O. BOX 130607

City HOUSTON State TX Zip Code 77219

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : **SB21B.I1224**

Amount of Each Disbursement this Period

6500.00

Full Name (Last, First, Middle Initial)

B. DIGITAL CORE CAMPAIGN LLC

Mailing Address 1017 EL CAMINO REAL
SUITE 298

City REDWOOD State CA Zip Code 94063

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : **SB21B.I985**

Amount of Each Disbursement this Period

199040.00

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
09 / 21 / 2015

Transaction ID : **SB21B.I1151**

Amount of Each Disbursement this Period

58.30

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

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

205598.30

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
OFFICE SUPPLIES/FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : SB21B.I819

Amount of Each Disbursement this Period

408.94

Category/
Type

Full Name (Last, First, Middle Initial)

B. INSTACART

Mailing Address 420 BRYANT ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : SB21B.I1660

Amount of Each Disbursement this Period

162.62

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MAILBOX DEPOT

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
DELIVERY SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SB21B.I1624

Amount of Each Disbursement this Period

33.77

Category/
Type

[MEMO ITEM]

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

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

408.94

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. SHARP IMAGE PRINTING

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB21B.I1625

Amount of Each Disbursement this Period

212.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ACTUATE STRATEGIES

Mailing Address 806 LAZY BROOK LANE

City JEFFERSON CITY State MO Zip Code 65109

Purpose of Disbursement
PHONE CALLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.I918

Amount of Each Disbursement this Period

6080.40

Full Name (Last, First, Middle Initial)

C. FIRST BANKCARD

Mailing Address P.O. BOX 2340

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.I1001

Amount of Each Disbursement this Period

21.32

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

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

6101.72

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. APPLE, INC.

Mailing Address 1 INFINITE LOOP

City CUPERTINO State CA Zip Code 95014

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.I1661

Amount of Each Disbursement this Period

5.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LEXISNEXIS

Mailing Address P.O. BOX 894166

City LOS ANGELES State CA Zip Code 90189

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.I1055

Amount of Each Disbursement this Period

855.00

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
09 / 22 / 2015

Transaction ID : SB21B.I1152

Amount of Each Disbursement this Period

290.30

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

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

1145.30

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TECHNOFIX

Mailing Address 1412 E WILSON

City GLENDALE State CA Zip Code 91206

Purpose of Disbursement OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2015

Transaction ID : **SB21B.I1194**

Amount of Each Disbursement this Period: 380.09

Category/Type

Full Name (Last, First, Middle Initial)

B. TIME WARNER CABLE

Mailing Address P.O. BOX 60074

City CITY OF INDUSTRY State CA Zip Code 91716

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2015

Transaction ID : **SB21B.I1208**

Amount of Each Disbursement this Period: 1465.00

Category/Type

Full Name (Last, First, Middle Initial)

C. TIME WARNER CABLE

Mailing Address P.O. BOX 60074

City CITY OF INDUSTRY State CA Zip Code 91716

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2015

Transaction ID : **SB21B.I1214**

Amount of Each Disbursement this Period: 141.72

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1986.81

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. HYNES COMMUNICATIONS LLC

Mailing Address 121 BOW STREET, SUITE 6

City PORTSMOUTH State NH Zip Code 03801

Purpose of Disbursement
DIGITAL 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 / 24 / 2015

Transaction ID : SB21B.I1011

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. VOTER CONSUMER RESEARCH

Mailing Address P.O. BOX 130607

City HOUSTON State TX Zip Code 77219

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I1227

Amount of Each Disbursement this Period

793.21

Full Name (Last, First, Middle Initial)

C. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I747

Amount of Each Disbursement this Period

140.08

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

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

10933.29

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB21B.I1691**

Amount of Each Disbursement this Period

32.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
TRAVEL/OFFICE SUPPLIES / FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB21B.I770**

Amount of Each Disbursement this Period

1125.65

Full Name (Last, First, Middle Initial)

C. AMAZON.COM

Mailing Address 440 TERRY AVE. N

City State Zip Code
SEATTLE WA 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB21B.I1663**

Amount of Each Disbursement this Period

17.99

[MEMO ITEM]

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

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

1125.65

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AMAZON.COM

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	5		

Transaction ID : SB21B.I1664

Amount of Each Disbursement this Period

1	9	.	5	7
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AVIS

Mailing Address ORLANDO INTERNATIONAL AIRPORT TRAM

City ORLANDO State FL Zip Code 32827

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	5		

Transaction ID : SB21B.I1665

Amount of Each Disbursement this Period

1	9	7	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DROPBOX

Mailing Address 185 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	5		

Transaction ID : SB21B.I1670

Amount of Each Disbursement this Period

1	3	8	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

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

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

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SB21B.I1671

Amount of Each Disbursement this Period

21.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MAILBOX DEPOT

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SB21B.I1673

Amount of Each Disbursement this Period

165.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ONYX TOWER, LLC

Mailing Address 6100 WILSHIRE BLVD
STE 330

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SB21B.I1677

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB21B.I1681**

Amount of Each Disbursement this Period: 24.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB21B.I1682**

Amount of Each Disbursement this Period: 8.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB21B.I1683**

Amount of Each Disbursement this Period: 22.87

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB21B.I1692**

Amount of Each Disbursement this Period: 138.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB21B.I1693**

Amount of Each Disbursement this Period: 138.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB21B.I1699**

Amount of Each Disbursement this Period: 22.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SB21B.I733

Amount of Each Disbursement this Period

130.17

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SB21B.I1688

Amount of Each Disbursement this Period

26.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SB21B.I1689

Amount of Each Disbursement this Period

22.95

[MEMO ITEM]

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

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

130.17

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB21B.I1690**

Amount of Each Disbursement this Period

17.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AIPR, LLC

Mailing Address 18375 VENTURA BLVD #523

City State Zip Code
TARZANA CA 91356

Purpose of Disbursement
DIGITAL 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 / 28 / 2015

Transaction ID : **SB21B.I929**

Amount of Each Disbursement this Period

22420.00

Full Name (Last, First, Middle Initial)

C. CGLW LLC

Mailing Address 1201 ORANGE STREET, #600

City State Zip Code
WILMINGTON DE 19899

Purpose of Disbursement
FINANCE CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB21B.I959**

Amount of Each Disbursement this Period

151931.35

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

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

174351.35

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. EMI ONLINE RESEARCH SOLUTIONS

Mailing Address P.O. BOX 8314

City CINCINNATI State OH Zip Code 45208

Purpose of Disbursement
DATA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB21B.I994**

Amount of Each Disbursement this Period

5644.25

Full Name (Last, First, Middle Initial)

B. INVERSELOGIC, INC.

Mailing Address 3467 OCEAN VIEW BLVD, STE A

City GLENDALE State CA Zip Code 91208

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB21B.I1047**

Amount of Each Disbursement this Period

1124.30

Full Name (Last, First, Middle Initial)

C. ONYX TOWER, LLC

Mailing Address 6100 WILSHIRE BLVD
STE 330

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB21B.I1084**

Amount of Each Disbursement this Period

8038.18

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

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

14806.73

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. R2R RESEARCH LLC

Mailing Address **801 RAPIDIAN CT**

City **ALEXANDRIA** State **VA** Zip Code **22304**

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **09 / 28 / 2015**

Transaction ID : SB21B.I1089

Amount of Each Disbursement this Period
12242.38

Category/Type

Full Name (Last, First, Middle Initial)
B. REVOLUTION MEDIA GROUP

Mailing Address **1020 PRINCESS ST**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement
DIGITAL ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **09 / 28 / 2015**

Transaction ID : SB21B.I1105

Amount of Each Disbursement this Period
1988.46

Category/Type

Full Name (Last, First, Middle Initial)
C. STANDARD PARKING

Mailing Address **6100 WILSHIRE BLVD P1**

City **LOS ANGELES** State **CA** Zip Code **90048**

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **09 / 28 / 2015**

Transaction ID : SB21B.I1128

Amount of Each Disbursement this Period
2290.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ **16520.84**

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ACTUATE STRATEGIES

Mailing Address 806 LAZY BROOK LANE

City State Zip Code
JEFFERSON CITY MO 65109

Purpose of Disbursement
PHONE CALLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SB21B.I919

Amount of Each Disbursement this Period

3914.04

Full Name (Last, First, Middle Initial)

B. PINNACLE WEST CAPITAL CORPORATION

Mailing Address 400 N 5TH STREET

City State Zip Code
PHOENIX AZ 85004-3902

Purpose of Disbursement
IN-KIND: CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SB21B.118083

Amount of Each Disbursement this Period

269.36

Full Name (Last, First, Middle Initial)

C. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
PHOTOGRAPHY SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SB21B.I1113

Amount of Each Disbursement this Period

68114.36

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

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

72297.76

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SB21B.I791

Amount of Each Disbursement this Period

1425.27

Full Name (Last, First, Middle Initial)

B. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SB21B.I894

Amount of Each Disbursement this Period

1991.60

Full Name (Last, First, Middle Initial)

C. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SB21B.I756

Amount of Each Disbursement this Period

1923.04

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

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

5339.91

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RUSSELL HAYES

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SB21B.I905

Amount of Each Disbursement this Period

1112.17

Full Name (Last, First, Middle Initial)

B. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SB21B.I829

Amount of Each Disbursement this Period

1946.27

Full Name (Last, First, Middle Initial)

C. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SB21B.I846

Amount of Each Disbursement this Period

8259.77

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

11318.21

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

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I778

Amount of Each Disbursement this Period

1899.41

Full Name (Last, First, Middle Initial)

B. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I810

Amount of Each Disbursement this Period

3961.98

Full Name (Last, First, Middle Initial)

C. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I877

Amount of Each Disbursement this Period

4858.74

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

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

10720.13

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I738

Amount of Each Disbursement this Period

1,234.56
2160.88

Full Name (Last, First, Middle Initial)

B. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I859

Amount of Each Disbursement this Period

1,234.56
3217.20

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement
PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I1018

Amount of Each Disbursement this Period

1,234.56
8283.14

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

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

1,234.56
13661.22

1,234.56

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I1033

Amount of Each Disbursement this Period

15747.02

Full Name (Last, First, Middle Initial)

B. MAGELLAN STRATEGIES

Mailing Address 1685 BOXELDER ST., SUITE 300

City LOUISVILLE State CO Zip Code 80027

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I1069

Amount of Each Disbursement this Period

20536.00

Full Name (Last, First, Middle Initial)

C. R2R RESEARCH LLC

Mailing Address 801 RAPIDIAN CT

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I1096

Amount of Each Disbursement this Period

1625.24

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

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

37908.26

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. REDWAVE COMMUNICATIONS LLC

Mailing Address 4019 INGERSOLL AVE

City DES MOINES State IA Zip Code 50312

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Transaction ID : SB21B.I1102

Amount of Each Disbursement this Period

10829.22

Full Name (Last, First, Middle Initial)

B. ANNE D. BAKER

Mailing Address 3710 RICHMOND STREET

City JACKSONVILLE State FL Zip Code 32205-9426

Purpose of Disbursement
IN KIND: CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SB21B.119195

Amount of Each Disbursement this Period

812.99

Full Name (Last, First, Middle Initial)

C. JOHN D. BAKER II

Mailing Address 501 RIVERSIDE AVENUE
SUITE 500

City JACKSONVILLE State FL Zip Code 32202-4936

Purpose of Disbursement
IN-KIND: CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SB21B.119194

Amount of Each Disbursement this Period

812.99

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

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

12455.20

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SB21B.I837

Amount of Each Disbursement this Period

2066.40

Category/
Type

Full Name (Last, First, Middle Initial)

B. SOFITEL

Mailing Address 5800 BLUE LAGOON DR.

City MIAMI State FL Zip Code 33126

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Transaction ID : SB21B.I1700

Amount of Each Disbursement this Period

1970.96

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Transaction ID : SB21B.I1701

Amount of Each Disbursement this Period

21.75

Category/
Type

[MEMO ITEM]

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

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

2066.40

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. YELLOW CAB--DC

Mailing Address 1636 BLADENSBURG RD NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I1702

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I1703

Amount of Each Disbursement this Period

48.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I938

Amount of Each Disbursement this Period

34291.59

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

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

34291.59

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. AMAZON.COM

Mailing Address **440 TERRY AVE. N**

City **SEATTLE** State **WA** Zip Code **98109**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 02 / 2015**

Transaction ID : SB21B.I1739

Amount of Each Disbursement this Period: **494.88**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. AMERICAN AIRLINES

Mailing Address **P.O. BOX 619616**

City **DALLAS** State **TX** Zip Code **75261**

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 02 / 2015**

Transaction ID : SB21B.I1740

Amount of Each Disbursement this Period: **839.80**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CIVICOM

Mailing Address **P.O. BOX 4689**

City **GREENWICH** State **CT** Zip Code **06831**

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 02 / 2015**

Transaction ID : SB21B.I1741

Amount of Each Disbursement this Period: **190.83**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. CORDIALLY INVITED

Mailing Address 5513 PICO BLVD

City LOS ANGELES State CA Zip Code 90019

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.I1742**

Amount of Each Disbursement this Period: 3893.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DOUBLETREE

Mailing Address 7930 JONES BRANCH DR. #1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.I1743**

Amount of Each Disbursement this Period: 1169.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. DROPBOX

Mailing Address 185 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.I1744**

Amount of Each Disbursement this Period: 9.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. FAIRFIELD INN & SUITES

Mailing Address 10400 FERNWOOD ROAD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I1745

Amount of Each Disbursement this Period

4593.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address P.O. BOX 371461

City State Zip Code
PITTSBURGH PA 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I1746

Amount of Each Disbursement this Period

2023.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FIRE PIT ARTISAN PIZZA

Mailing Address 108 W 2ND ST

City State Zip Code
LOS ANGELES CA 90012

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I1747

Amount of Each Disbursement this Period

254.21

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. FOUR POINTS BY SHERATON-NA

Mailing Address **ONE STARPOINT**

City **STAMFORD** State **CT** Zip Code **06902**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I1748

Amount of Each Disbursement this Period
1352.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. FOUR SEASONS

Mailing Address **1300 LAMAR ST**

City **HOUSTON** State **TX** Zip Code **77010**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I1749

Amount of Each Disbursement this Period
965.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. GOOGLE.COM

Mailing Address **1600 AMPHITHEATRE PKWY**

City **MOUNTAIN VIEW** State **CA** Zip Code **94043**

Purpose of Disbursement **SUBSCRIPTION**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I1750

Amount of Each Disbursement this Period
72.86

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.I1751**

Amount of Each Disbursement this Period: 124.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. HOLIDAY INN-NA

Mailing Address 3 RAVINIA DRIVE, STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.I1752**

Amount of Each Disbursement this Period: 313.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JEFFERSON HOTEL

Mailing Address 101 W FRANKLIN ST

City RICHMOND State VA Zip Code 23220

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.I1753**

Amount of Each Disbursement this Period: 263.25

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LENOX HOTEL

Mailing Address 61 EXETER ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.I1754**

Amount of Each Disbursement this Period: 265.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL MGMT

Mailing Address 1101 KING ST #190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.I1755**

Amount of Each Disbursement this Period: 1720.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.I1756**

Amount of Each Disbursement this Period: 56.95

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. OMNI BERKSHIRE

Mailing Address **21 EAST 52 ST**

City **NEW YORK** State **NY** Zip Code **10022**

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 02 / 2015**

Transaction ID : **SB21B.I1757**

Amount of Each Disbursement this Period: **461.35**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. STAPLES

Mailing Address **500 STAPLES DRIVE**

City **FRAMINGHAM** State **MA** Zip Code **01702**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 02 / 2015**

Transaction ID : **SB21B.I1760**

Amount of Each Disbursement this Period: **705.50**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. TARGET

Mailing Address **1000 NICOLLET MALL**

City **MINNEAPOLIS** State **MN** Zip Code **55403**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 02 / 2015**

Transaction ID : **SB21B.I1761**

Amount of Each Disbursement this Period: **128.91**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address 233 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
10 / 02 / 2015

Transaction ID : **SB21B.I1762**

Amount of Each Disbursement this Period: 3789.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
10 / 02 / 2015

Transaction ID : **SB21B.I1763**

Amount of Each Disbursement this Period: 843.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VIRTRU PRO

Mailing Address 1808 FLORIDA AVE. NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
10 / 02 / 2015

Transaction ID : **SB21B.I1765**

Amount of Each Disbursement this Period: 119.54

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VONAGE

Mailing Address 23 MAIN STREET

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I1766

Amount of Each Disbursement this Period

519.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WHOLE FOODS

Mailing Address 550 BOWIE STREET

City AUSTIN State TX Zip Code 78703

Purpose of Disbursement
FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I1768

Amount of Each Disbursement this Period

203.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I1769

Amount of Each Disbursement this Period

8610.06

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DEEP ROOT ANALYTICS LLC

Mailing Address 1600 WILSON BLVD.
SUITE 330

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : **SB21B.I980**

Amount of Each Disbursement this Period

46001.03

Full Name (Last, First, Middle Initial)

B. EMI ONLINE RESEARCH SOLUTIONS

Mailing Address P.O. BOX 8314

City CINCINNATI State OH Zip Code 45208

Purpose of Disbursement
DATA 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 / 02 / 2015

Transaction ID : **SB21B.I995**

Amount of Each Disbursement this Period

13100.00

Full Name (Last, First, Middle Initial)

C. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : **SB21B.1300**

Amount of Each Disbursement this Period

14636.02

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

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

73737.05

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

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

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : **SB21B.I1153**

Amount of Each Disbursement this Period

3.20

Full Name (Last, First, Middle Initial)

B. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : **SB21B.I786**

Amount of Each Disbursement this Period

1162.21

Full Name (Last, First, Middle Initial)

C. FRY'S ELECTRONICS

Mailing Address 600 EAST BROKAW

City State Zip Code
SAN JOSE CA 95112

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : **SB21B.I1731**

Amount of Each Disbursement this Period

68.49

[MEMO ITEM]

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

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

1165.41

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I1732

Amount of Each Disbursement this Period

32.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MAILBOX DEPOT

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I1733

Amount of Each Disbursement this Period

343.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ONYX TOWER, LLC

Mailing Address 6100 WILSHIRE BLVD
STE 330

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I1734

Amount of Each Disbursement this Period

140.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I1735

Amount of Each Disbursement this Period

69.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I1736

Amount of Each Disbursement this Period

345.74

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WHOLE FOODS

Mailing Address 550 BOWIE STREET

City AUSTIN State TX Zip Code 78703

Purpose of Disbursement
FOOD / BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I1737

Amount of Each Disbursement this Period

156.61

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : **SB21B.I889**

Amount of Each Disbursement this Period

170.49

Category/
Type

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : **SB21B.I1721**

Amount of Each Disbursement this Period

26.95

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : **SB21B.I1722**

Amount of Each Disbursement this Period

19.37

Category/
Type

[MEMO ITEM]

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

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

170.49

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SB21B.I853

Amount of Each Disbursement this Period

453.71

Category/
Type

Full Name (Last, First, Middle Initial)

B. BUDGET CAR RENTAL

Mailing Address 6 SYLVAN WAY.

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SB21B.I1704

Amount of Each Disbursement this Period

453.71

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ACTUATE STRATEGIES

Mailing Address 806 LAZY BROOK LANE

City JEFFERSON CITY State MO Zip Code 65109

Purpose of Disbursement
PHONE CALLS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SB21B.I921

Amount of Each Disbursement this Period

462.50

Category/
Type

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

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

916.21

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AD ASTRA INSIGHTS

Mailing Address 333 W 9TH ST, SUITE C

City LAWRENCE State KS Zip Code 66044

Purpose of Disbursement
DATA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.I926

Amount of Each Disbursement this Period

10452.41

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

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
10 / 05 / 2015

Transaction ID : SB21B.I943

Amount of Each Disbursement this Period

282.80

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

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
10 / 05 / 2015

Transaction ID : SB21B.I950

Amount of Each Disbursement this Period

39.24

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

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

10774.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. PREMIERE VALET

Mailing Address 6700 SW 105TH STREET
SUITE 104

City BEAVERTON State OR Zip Code 97008

Purpose of Disbursement
PARKING SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : **SB21B.I1088**

Amount of Each Disbursement this Period

540.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : **SB21B.I1154**

Amount of Each Disbursement this Period

3.20

Category/
Type

Full Name (Last, First, Middle Initial)

C. MAGELLAN STRATEGIES

Mailing Address 1685 BOXELDER ST., SUITE 300

City LOUISVILLE State CO Zip Code 80027

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : **SB21B.I1070**

Amount of Each Disbursement this Period

2173.36

Category/
Type

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

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

2716.56

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT/CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 07 / 2015

Transaction ID : **SB21B.I972**

Amount of Each Disbursement this Period

10291.16

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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

M M / D D / Y Y Y Y Y Y
10 / 07 / 2015

Transaction ID : **SB21B.I1155**

Amount of Each Disbursement this Period

87.30

Full Name (Last, First, Middle Initial)

C. KOHLBERG KRAVIS ROBERTS & CO., LLC

Mailing Address 9 W 57TH STREET
SUITE 4200

City NEW YORK State NY Zip Code 10019-2707

Purpose of Disbursement
IN-KIND: CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : **SB21B.118348**

Amount of Each Disbursement this Period

715.00

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

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

11093.46

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
10 / 08 / 2015

Transaction ID : SB21B.I1156

Amount of Each Disbursement this Period

291.33

Full Name (Last, First, Middle Initial)

B. JAMES E. WALKER III

Mailing Address 21 VINEYARD LANE
23RD FLOOR

City GREENWICH State CT Zip Code 06831-3713

Purpose of Disbursement
IN-KIND: CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.118347

Amount of Each Disbursement this Period

586.67

Full Name (Last, First, Middle Initial)

C. AIPR, LLC

Mailing Address 18375 VENTURA BLVD #523

City TARZANA State CA Zip Code 91356

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.I930

Amount of Each Disbursement this Period

1000.00

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

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

1878.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. EMI ONLINE RESEARCH SOLUTIONS

Mailing Address P.O. BOX 8314

City CINCINNATI State OH Zip Code 45208

Purpose of Disbursement
DATA 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 / 2015

Transaction ID : **SB21B.I996**

Amount of Each Disbursement this Period

9450.00

Full Name (Last, First, Middle Initial)

B. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **SB21B.I792**

Amount of Each Disbursement this Period

1425.27

Full Name (Last, First, Middle Initial)

C. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **SB21B.I895**

Amount of Each Disbursement this Period

1991.60

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

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

12866.87

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SB21B.I748

Amount of Each Disbursement this Period

352.41

Full Name (Last, First, Middle Initial)

B. ALAMO CAR RENTAL

Mailing Address 10999 TERMINAL ACCESS RD

City FORT MYERS State FL Zip Code 33913

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SB21B.I1770

Amount of Each Disbursement this Period

161.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SB21B.I1777

Amount of Each Disbursement this Period

14.36

[MEMO ITEM]

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

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

352.41

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : **SB21B.I1778**

Amount of Each Disbursement this Period

21.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : **SB21B.I1782**

Amount of Each Disbursement this Period

52.38

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **SB21B.I757**

Amount of Each Disbursement this Period

1923.04

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

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

1923.04

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RUSSELL HAYES

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : **SB21B.I906**

Amount of Each Disbursement this Period

1112.17

Full Name (Last, First, Middle Initial)

B. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : **SB21B.I830**

Amount of Each Disbursement this Period

1946.27

Full Name (Last, First, Middle Initial)

C. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : **SB21B.I847**

Amount of Each Disbursement this Period

7918.64

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

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

10977.08

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.I779

Amount of Each Disbursement this Period

1899.41

Full Name (Last, First, Middle Initial)

B. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.I811

Amount of Each Disbursement this Period

3612.92

Full Name (Last, First, Middle Initial)

C. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.I878

Amount of Each Disbursement this Period

4054.68

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

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

9567.01

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.I739

Amount of Each Disbursement this Period

1782.53

Category/
Type

Full Name (Last, First, Middle Initial)

B. WILL E. OBERNDORF JR.

Mailing Address 101 WALNUT ST

City SAN FRANCISCO State CA Zip Code 94118-2031

Purpose of Disbursement
IN-KIND: CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.117844

Amount of Each Disbursement this Period

410.31

Category/
Type

Full Name (Last, First, Middle Initial)

C. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.I860

Amount of Each Disbursement this Period

3217.20

Category/
Type

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

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

5410.04

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. HUNTER GLOBAL INVESTORS L.P.

Mailing Address POST OFFICE BOX 3343

City PALM BEACH State FL Zip Code 33480-1543

Purpose of Disbursement
IN-KIND: CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.118084

Amount of Each Disbursement this Period

1981.27

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement
PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.I1019

Amount of Each Disbursement this Period

7483.62

Full Name (Last, First, Middle Initial)

C. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.I1034

Amount of Each Disbursement this Period

13926.60

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

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

23391.49

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. REVOLUTION MEDIA GROUP		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 1020 PRINCESS ST		Transaction ID : SB21B.I1115
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement FIELD RESEARCH	Amount of Each Disbursement this Period 6000.00
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. STRATEGIC SOLUTIONS		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 3724 DUNBARTON DR.		Transaction ID : SB21B.I1136
City MOUNTAIN BROOK	State AL	
Zip Code 35223	Purpose of Disbursement COMPLIANCE CONSULTING	Amount of Each Disbursement this Period 13728.41
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C. KATHERINE JORTNER		Date of Disbursement MM / DD / YYYY 10 / 16 / 2015
Mailing Address 6230 WILSHIRE BLVD. PMB 1790		Transaction ID : SB21B.I801
City LOS ANGELES	State CA	
Zip Code 90048	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 5295.62
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	25024.03
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PER DIEM

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

Transaction ID : SB21B.I1329

Amount of Each Disbursement this Period

145.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PER DIEM

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SB21B.I1330

Amount of Each Disbursement this Period

220.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

Transaction ID : SB21B.I1797

Amount of Each Disbursement this Period

856.20

[MEMO ITEM]

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

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

0.00

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **SB21B.I1808**

Amount of Each Disbursement this Period

1239.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address P.O. BOX 536216

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : **SB21B.I1798**

Amount of Each Disbursement this Period

101.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **SB21B.I1809**

Amount of Each Disbursement this Period

39.95

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SB21B.I1810

Amount of Each Disbursement this Period

39.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. INK48

Mailing Address 653 11TH AVENUE

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SB21B.I1799

Amount of Each Disbursement this Period

1037.54

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SB21B.I1800

Amount of Each Disbursement this Period

15.55

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : **SB21B.I1801**

Amount of Each Disbursement this Period

284.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : **SB21B.I1802**

Amount of Each Disbursement this Period

11.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **SB21B.I1811**

Amount of Each Disbursement this Period

9.70

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2015

Transaction ID : **SB21B.I1812**

Amount of Each Disbursement this Period: 26.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2015

Transaction ID : **SB21B.I1813**

Amount of Each Disbursement this Period: 1041.24

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2015

Transaction ID : **SB21B.I1814**

Amount of Each Disbursement this Period: 48.18

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ACE METRIX

Mailing Address 1960 E. GRAND AVENUE
SUITE 510

City EL SEGUNDO State CA Zip Code 90245

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : **SB21B.I917**

Amount of Each Disbursement this Period

35200.00

Full Name (Last, First, Middle Initial)

B. R2R RESEARCH LLC

Mailing Address 801 RAPIDIAN CT

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : **SB21B.I1097**

Amount of Each Disbursement this Period

733.45

Full Name (Last, First, Middle Initial)

C. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
DIGITAL SERVICES/PHOTOGRAPHY/PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : **SB21B.I1120**

Amount of Each Disbursement this Period

38437.90

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

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

74371.35

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. CARLOS J. ALFONSO JR.

Mailing Address 2913 HARBOR VIEW AVENUE

City TAMPA State FL Zip Code 33611-1642

Purpose of Disbursement
IN-KIND: CATERING AND FLOWERS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : SB21B.117846

Amount of Each Disbursement this Period

3708.13

Category/
Type

Full Name (Last, First, Middle Initial)

B. STEPHEN M. LESSING SR.

Mailing Address 9 SNAKE HILL ROAD

City COLD SPRING HARBOR State NY Zip Code 11724-1105

Purpose of Disbursement
IN-KIND: CATERING / EVENT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : SB21B.117847

Amount of Each Disbursement this Period

1608.75

Category/
Type

Full Name (Last, First, Middle Initial)

C. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : SB21B.I734

Amount of Each Disbursement this Period

526.26

Category/
Type

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

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

5843.14

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ENTERPRISE CAR RENTAL

Mailing Address 2010 AIRPORT HOTEL DR.

City ALCOA State TN Zip Code 37701

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 12 / 2015

Transaction ID : **SB21B.I1788**

Amount of Each Disbursement this Period

259.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 12 / 2015

Transaction ID : **SB21B.I1793**

Amount of Each Disbursement this Period

17.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LEXISNEXIS

Mailing Address P.O. BOX 894166

City LOS ANGELES State CA Zip Code 90189

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : **SB21B.I1056**

Amount of Each Disbursement this Period

855.00

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

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

855.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. M STREET INSIGHT, LLC

Mailing Address P.O. BOX 1575

City RANCHO SANTA FE State CA Zip Code 92067

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : **SB21B.I1064**

Amount of Each Disbursement this Period

20000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. THATCHER 59 CONSULTING ASSOCIATES, LLC

Mailing Address 30 MEHARG ROAD,

City MOLINO State FL Zip Code 32577

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : **SB21B.I1197**

Amount of Each Disbursement this Period

4500.00

Category/Type

Full Name (Last, First, Middle Initial)

C. TIME WARNER CABLE

Mailing Address P.O. BOX 60074

City CITY OF INDUSTRY State CA Zip Code 91716

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : **SB21B.I1209**

Amount of Each Disbursement this Period

1465.00

Category/Type

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

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

25965.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UNION LEAGUE CLUB OF CHICAGO

Mailing Address 65 W JACKSON BLVD

City CHICAGO State IL Zip Code 60604

Purpose of Disbursement VENUE RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2015

Transaction ID : **SB21B.I1218**

Amount of Each Disbursement this Period: 1873.30

Category/Type

Full Name (Last, First, Middle Initial)

B. DIGITAL CORE CAMPAIGN LLC

Mailing Address 1017 EL CAMINO REAL SUITE 298

City REDWOOD State CA Zip Code 94063

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2015

Transaction ID : **SB21B.I986**

Amount of Each Disbursement this Period: 192809.00

Category/Type

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2015

Transaction ID : **SB21B.I1157**

Amount of Each Disbursement this Period: 58.30

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 194740.60

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
10 / 22 / 2015

Transaction ID : **SB21B.I1158**

Amount of Each Disbursement this Period

29.30

Full Name (Last, First, Middle Initial)

B. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PHOTOGRAPHY SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : **SB21B.I1114**

Amount of Each Disbursement this Period

16991.67

Full Name (Last, First, Middle Initial)

C. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL/PHONE SVC/OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : **SB21B.I788**

Amount of Each Disbursement this Period

1241.06

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

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

18262.03

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AMAZON.COM

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1823

Amount of Each Disbursement this Period

41.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRY'S ELECTRONICS

Mailing Address 600 EAST BROKAW

City SAN JOSE State CA Zip Code 95112

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1824

Amount of Each Disbursement this Period

24.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MAILBOX DEPOT

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1826

Amount of Each Disbursement this Period

7.00

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 23 / 2015

Transaction ID : **SB21B.I1828**

Amount of Each Disbursement this Period: 416.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 23 / 2015

Transaction ID : **SB21B.I1829**

Amount of Each Disbursement this Period: 243.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 23 / 2015

Transaction ID : **SB21B.I1830**

Amount of Each Disbursement this Period: 108.13

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : **SB21B.I1831**

Amount of Each Disbursement this Period

129.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : **SB21B.I1818**

Amount of Each Disbursement this Period

86.11

Full Name (Last, First, Middle Initial)

C. APPLE, INC.

Mailing Address 1 INFINITE LOOP

City CUPERTINO State CA Zip Code 95014

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : **SB21B.I1815**

Amount of Each Disbursement this Period

86.11

[MEMO ITEM]

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

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

86.11

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Transaction ID : **SB21B.I838**

Amount of Each Disbursement this Period

1729.06

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2015

Transaction ID : **SB21B.I1816**

Amount of Each Disbursement this Period

968.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2015

Transaction ID : **SB21B.I1817**

Amount of Each Disbursement this Period

421.20

[MEMO ITEM]

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

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

1729.06

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address 234 WEST 31 ST

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : **SB21B.I1818**

Amount of Each Disbursement this Period

216.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : **SB21B.I1819**

Amount of Each Disbursement this Period

74.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : **SB21B.I1820**

Amount of Each Disbursement this Period

17.53

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2015

Transaction ID : **SB21B.I1821**

Amount of Each Disbursement this Period

12.59

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AIPR, LLC

Mailing Address 18375 VENTURA BLVD #523

City State Zip Code
TARZANA CA 91356

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : **SB21B.I931**

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. MCCARTHY HENNINGS WHALEN, INC.

Mailing Address 1850 M STREET NW
SUITE 235

City State Zip Code
WASHINGTON DC 20036

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : **SB21B.I1075**

Amount of Each Disbursement this Period

4325.14

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

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

24325.14

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2015

Transaction ID : **SB21B.I1159**

Amount of Each Disbursement this Period: 72.80

Category/Type

Full Name (Last, First, Middle Initial)

B. TECHNOFIX

Mailing Address 1412 E WILSON

City GLENDALE State CA Zip Code 91206

Purpose of Disbursement OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2015

Transaction ID : **SB21B.I1195**

Amount of Each Disbursement this Period: 379.87

Category/Type

Full Name (Last, First, Middle Initial)

C. THATCHER 59 CONSULTING ASSOCIATES, LLC

Mailing Address 30 MEHARG ROAD,

City MOLINO State FL Zip Code 32577

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2015

Transaction ID : **SB21B.I1199**

Amount of Each Disbursement this Period: 1614.70

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2067.37

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TIME WARNER CABLE

Mailing Address P.O. BOX 60074

City State Zip Code
CITY OF INDUSTRY CA 91716

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Transaction ID : **SB21B.I1215**

Amount of Each Disbursement this Period

141.72

Full Name (Last, First, Middle Initial)

B. DIGITAL CORE CAMPAIGN LLC

Mailing Address 1017 EL CAMINO REAL
SUITE 298

City State Zip Code
REDWOOD CA 94063

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2015

Transaction ID : **SB21B.I987**

Amount of Each Disbursement this Period

152356.00

Full Name (Last, First, Middle Initial)

C. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2015

Transaction ID : **SB21B.I1107**

Amount of Each Disbursement this Period

13723.50

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

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

166221.22

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 27 / 2015

Transaction ID : **SB21B.I1160**

Amount of Each Disbursement this Period: 9.00

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 28 / 2015

Transaction ID : **SB21B.I1161**

Amount of Each Disbursement this Period: 32.50

Full Name (Last, First, Middle Initial)

C. REVOLUTION AGENCY

Mailing Address 1020 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 29 / 2015

Transaction ID : **SB21B.C002**

Amount of Each Disbursement this Period: 31063.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 31104.50

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. REVOLUTION AGENCY

Mailing Address 1020 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.C003

Amount of Each Disbursement this Period

18354.00

Full Name (Last, First, Middle Initial)

B. REVOLUTION AGENCY

Mailing Address 1020 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.C004

Amount of Each Disbursement this Period

141843.10

Full Name (Last, First, Middle Initial)

C. REVOLUTION AGENCY

Mailing Address 1020 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.C005

Amount of Each Disbursement this Period

56063.00

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

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

216260.10

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **SB21B.I793**

Amount of Each Disbursement this Period

1425.27

Full Name (Last, First, Middle Initial)

B. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **SB21B.I896**

Amount of Each Disbursement this Period

1991.60

Full Name (Last, First, Middle Initial)

C. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **SB21B.I758**

Amount of Each Disbursement this Period

1923.04

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

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

5339.91

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. RUSSELL HAYES

Date of Disbursement: / /

Mailing Address: 6230 WILSHIRE BLVD.
PMB 1790

City: LOS ANGELES State: CA Zip Code: 90048

Purpose of Disbursement: PAYROLL

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.I907**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)
B. LAUREN HENSARLING

Date of Disbursement: / /

Mailing Address: 6230 WILSHIRE BLVD.
PMB 1790

City: LOS ANGELES State: CA Zip Code: 90048

Purpose of Disbursement: PAYROLL

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.I831**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)
C. LIESL HICKEY

Date of Disbursement: / /

Mailing Address: 6230 WILSHIRE BLVD.
PMB 1790

City: LOS ANGELES State: CA Zip Code: 90048

Purpose of Disbursement: PAYROLL

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.I848**

Amount of Each Disbursement this Period:

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

Transaction ID : SB21B.I780

Amount of Each Disbursement this Period

1899.41

Full Name (Last, First, Middle Initial)

B. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

Transaction ID : SB21B.I812

Amount of Each Disbursement this Period

3612.92

Full Name (Last, First, Middle Initial)

C. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

Transaction ID : SB21B.I879

Amount of Each Disbursement this Period

4054.68

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

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

9567.01

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : **SB21B.I740**

Amount of Each Disbursement this Period

1782.53

Full Name (Last, First, Middle Initial)

B. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : **SB21B.I861**

Amount of Each Disbursement this Period

3217.20

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement
PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : **SB21B.I1020**

Amount of Each Disbursement this Period

7567.42

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

12567.15

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement PAYROLL TAX

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2015

Transaction ID : SB21B.I1035

Amount of Each Disbursement this Period: 13926.60

Category/Type

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2015

Transaction ID : SB21B.I1162

Amount of Each Disbursement this Period: 3.20

Category/Type

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2015

Transaction ID : SB21B.I1163

Amount of Each Disbursement this Period: 3.20

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 13933.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2015

Transaction ID : **SB21B.I802**

Amount of Each Disbursement this Period

781.28

Category/
Type

Full Name (Last, First, Middle Initial)

B. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PER DIEM

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2015

Transaction ID : **SB21B.I1331**

Amount of Each Disbursement this Period

220.00

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2015

Transaction ID : **SB21B.I1850**

Amount of Each Disbursement this Period

368.70

Category/
Type

[MEMO ITEM]

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

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

781.28

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. APPLE, INC.

Mailing Address 1 INFINITE LOOP

City CUPERTINO State CA Zip Code 95014

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I1851

Amount of Each Disbursement this Period

21.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I1854

Amount of Each Disbursement this Period

49.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I1855

Amount of Each Disbursement this Period

25.64

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : **SB21B.I1856**

Amount of Each Disbursement this Period

33.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 04 / 2015

Transaction ID : **SB21B.I869**

Amount of Each Disbursement this Period

602.65

Full Name (Last, First, Middle Initial)

C. ENTERPRISE CAR RENTAL

Mailing Address 2010 AIRPORT HOTEL DR.

City State Zip Code
ALCOA TN 37701

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : **SB21B.I1853**

Amount of Each Disbursement this Period

175.91

[MEMO ITEM]

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

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

602.65

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I1861

Amount of Each Disbursement this Period

20.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I1857

Amount of Each Disbursement this Period

12.59

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I1870

Amount of Each Disbursement this Period

168.07

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SB21B.I1871

Amount of Each Disbursement this Period

67.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

Transaction ID : SB21B.I939

Amount of Each Disbursement this Period

15893.56

Full Name (Last, First, Middle Initial)

C. ALOFT HOTELS

Mailing Address ONE STARPOINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

Transaction ID : SB21B.I1872

Amount of Each Disbursement this Period

402.75

[MEMO ITEM]

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

15893.56

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

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. AMAZON.COM

Date of Disbursement: MM / DD / YYYY
11 / 04 / 2015

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1873**

Amount of Each Disbursement this Period: 24.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. AMERICAN AIRLINES

Date of Disbursement: MM / DD / YYYY
11 / 04 / 2015

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1874**

Amount of Each Disbursement this Period: 2932.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CIVICOM

Date of Disbursement: MM / DD / YYYY
11 / 04 / 2015

Mailing Address P.O. BOX 4689

City GREENWICH State CT Zip Code 06831

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1877**

Amount of Each Disbursement this Period: 346.17

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. CORDIALLY INVITED

Mailing Address 5513 PICO BLVD

City LOS ANGELES State CA Zip Code 90019

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 04 / 2015

Transaction ID : **SB21B.I1878**

Amount of Each Disbursement this Period: 1297.77

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DELTA AIRLINES

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 04 / 2015

Transaction ID : **SB21B.I1879**

Amount of Each Disbursement this Period: 652.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. DROPBOX

Mailing Address 185 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 04 / 2015

Transaction ID : **SB21B.I1880**

Amount of Each Disbursement this Period: 9.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. EXCALIBUR HOTEL

Mailing Address 3850 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2015

Transaction ID : SB21B.I1881

Amount of Each Disbursement this Period

320.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FAIRFIELD INN & SUITES

Mailing Address 10400 FERNWOOD ROAD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2015

Transaction ID : SB21B.I1882

Amount of Each Disbursement this Period

1418.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address P.O. BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2015

Transaction ID : SB21B.I1883

Amount of Each Disbursement this Period

636.26

[MEMO ITEM]

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

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

0.00

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

Transaction ID : SB21B.I1884

Amount of Each Disbursement this Period

168.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. III FORKS

Mailing Address 17776 DALLAS PARKWAY

City DALLAS State TX Zip Code 75287

Purpose of Disbursement
VENUE RENTAL/CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

Transaction ID : SB21B.I1885

Amount of Each Disbursement this Period

2418.74

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL MGMT

Mailing Address 1101 KING ST
#190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

Transaction ID : SB21B.I1887

Amount of Each Disbursement this Period

445.00

[MEMO ITEM]

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

0.00

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

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I1888

Amount of Each Disbursement this Period

49.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. QUALITY LAPEL PINS

Mailing Address 13978 W BOWLES AVE #100

City LITTLETON State CO Zip Code 80127

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I1892

Amount of Each Disbursement this Period

374.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. READY REFRESH

Mailing Address 6661 DIXIE HWY, STE 4

City LOUISVILLE State KY Zip Code 40258

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I1893

Amount of Each Disbursement this Period

202.64

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. SLACK

Mailing Address 155 5TH STREET, 6TH FLOOR

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

Transaction ID : SB21B.I1894

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 500 STAPLES DRIVE

City State Zip Code
FRAMINGHAM MA 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

Transaction ID : SB21B.I1896

Amount of Each Disbursement this Period

146.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 1000 NICOLLET MALL

City State Zip Code
MINNEAPOLIS MN 55403

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

Transaction ID : SB21B.I1897

Amount of Each Disbursement this Period

133.11

[MEMO ITEM]

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

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

0.00

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VIRTRU PRO

Mailing Address 1808 FLORIDA AVE. NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
11 / 04 / 2015

Transaction ID : **SB21B.I1899**

Amount of Each Disbursement this Period: 116.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VISTAPRINT

Mailing Address 275 WYMAN STREET

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
11 / 04 / 2015

Transaction ID : **SB21B.I1900**

Amount of Each Disbursement this Period: 468.68

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VONAGE

Mailing Address 23 MAIN STREET

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
11 / 04 / 2015

Transaction ID : **SB21B.I1901**

Amount of Each Disbursement this Period: 522.78

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. WILSHIRE HOTEL		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address 6317 WILSHIRE BLVD		Transaction ID : SB21B.I1902
City LOS ANGELES	State CA	
Zip Code 90048	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 2386.81
Candidate Name	Category/Type	[MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Transaction ID : SB21B.I970
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT	Amount of Each Disbursement this Period 10958.89
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C. DEEP ROOT ANALYTICS LLC		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address 1600 WILSON BLVD. SUITE 330		Transaction ID : SB21B.I981
City ARLINGTON	State VA	
Zip Code 22209	Purpose of Disbursement SUBSCRIPTION	Amount of Each Disbursement this Period 45000.00
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	55958.89
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ONYX TOWER, LLC

Mailing Address 6100 WILSHIRE BLVD
STE 330

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I1085

Amount of Each Disbursement this Period

10427.32

Full Name (Last, First, Middle Initial)

B. R2R RESEARCH LLC

Mailing Address 801 RAPIDIAN CT

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I1090

Amount of Each Disbursement this Period

60000.00

Full Name (Last, First, Middle Initial)

C. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I1118

Amount of Each Disbursement this Period

3657.85

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

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

74085.17

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : **SB21B.I823**

Amount of Each Disbursement this Period

1163.73

Full Name (Last, First, Middle Initial)

B. APPLE, INC.

Mailing Address 1 INFINITE LOOP

City CUPERTINO State CA Zip Code 95014

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **SB21B.I1859**

Amount of Each Disbursement this Period

172.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GREENBLATT'S

Mailing Address 8017 SUNSET BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **SB21B.I1862**

Amount of Each Disbursement this Period

259.01

[MEMO ITEM]

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

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

1163.73

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. INSTACART

Mailing Address 420 BRYANT ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2015

Transaction ID : **SB21B.I1863**

Amount of Each Disbursement this Period: 72.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2015

Transaction ID : **SB21B.I1867**

Amount of Each Disbursement this Period: 16.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2015

Transaction ID : **SB21B.I1868**

Amount of Each Disbursement this Period: 416.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : **SB21B.I1869**

Amount of Each Disbursement this Period

39.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL/OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : **SB21B.I769**

Amount of Each Disbursement this Period

1653.84

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

Transaction ID : **SB21B.I1832**

Amount of Each Disbursement this Period

616.21

[MEMO ITEM]

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

1653.84

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

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : SB21B.I1835

Amount of Each Disbursement this Period

53.71

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MAILBOX DEPOT

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : SB21B.I1841

Amount of Each Disbursement this Period

110.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : SB21B.I1846

Amount of Each Disbursement this Period

104.45

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SB21B.I1847

Amount of Each Disbursement this Period

138.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SB21B.I1848

Amount of Each Disbursement this Period

66.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. KRISTOPHER MONEY

Mailing Address 3241 THOREAU AVE

City TALLAHASSEE State FL Zip Code 32311

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : SB21B.I817

Amount of Each Disbursement this Period

1032.70

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

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

1032.70

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 05 / 2015

Transaction ID : **SB21B.I944**

Amount of Each Disbursement this Period
140.00

Category/Type

Full Name (Last, First, Middle Initial)
B. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 05 / 2015

Transaction ID : **SB21B.I951**

Amount of Each Disbursement this Period
23.04

Category/Type

Full Name (Last, First, Middle Initial)
C. CHICAGO CLUB

Mailing Address P.O. BOX 92737

City CHICAGO State IL Zip Code 60675

Purpose of Disbursement
VENUE RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 05 / 2015

Transaction ID : **SB21B.I961**

Amount of Each Disbursement this Period
282.14

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 445.18

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. DAVID JOHNSON GROUP

Mailing Address P.O. BOX 1034

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 05 / 2015

Transaction ID : **SB21B.I976**

Amount of Each Disbursement this Period
10000.00

Full Name (Last, First, Middle Initial)
B. MAS CONSULTING GROUP

Mailing Address 1212 E EUCLID AVE

City SAN ANTONIO State TX Zip Code 78212

Purpose of Disbursement TRANSLATION SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 05 / 2015

Transaction ID : **SB21B.I1072**

Amount of Each Disbursement this Period
1015.00

Full Name (Last, First, Middle Initial)
C. MCCARTHY HENNINGS WHALEN, INC.

Mailing Address 1850 M STREET NW SUITE 235

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement PHOTOGRAPHY SVC/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 05 / 2015

Transaction ID : **SB21B.I1073**

Amount of Each Disbursement this Period
46216.22

SUBTOTAL of Disbursements This Page (optional)..... ▶ 57231.22

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
RESEARCH MATERIALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : **SB21B.I885**

Amount of Each Disbursement this Period

214.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. TVVIDEOCLIPS.COM

Mailing Address 301 GRANVILLE DRIVE

City SILVER SPRING State MD Zip Code 20901

Purpose of Disbursement
RESEARCH MATERIALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : **SB21B.I1898**

Amount of Each Disbursement this Period

214.00

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
OFFICE SUPPLIES/FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : **SB21B.I820**

Amount of Each Disbursement this Period

98.78

Category/
Type

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

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

312.78

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ACTUATE STRATEGIES

Mailing Address 806 LAZY BROOK LANE

City JEFFERSON CITY State MO Zip Code 65109

Purpose of Disbursement PHONE CALLS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 09 / 2015

Transaction ID : **SB21B.I922**

Amount of Each Disbursement this Period: 511.25

Category/Type

Full Name (Last, First, Middle Initial)

B. INVERSELOGIC, INC.

Mailing Address 3467 OCEAN VIEW BLVD, STE A

City GLENDALE State CA Zip Code 91208

Purpose of Disbursement IT SUPPORT/PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 09 / 2015

Transaction ID : **SB21B.I1042**

Amount of Each Disbursement this Period: 302.50

Category/Type

Full Name (Last, First, Middle Initial)

C. IQ MEDIA GROUP, LLC

Mailing Address 625 W RIDGE PIKE BUILDING C

City CONSHOHOCKEN State PA Zip Code 19428

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 09 / 2015

Transaction ID : **SB21B.I1050**

Amount of Each Disbursement this Period: 13750.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 14563.75

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STANDARD PARKING

Mailing Address 6100 WILSHIRE BLVD P1

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : SB21B.I1129

Amount of Each Disbursement this Period

2200.00

Full Name (Last, First, Middle Initial)

B. STRATEGIC SOLUTIONS

Mailing Address 3724 DUNBARTON DR.

City MOUNTAIN BROOK State AL Zip Code 35223

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
11 / 09 / 2015

Transaction ID : SB21B.I1137

Amount of Each Disbursement this Period

15786.12

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
11 / 09 / 2015

Transaction ID : SB21B.I1164

Amount of Each Disbursement this Period

0.72

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

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

17986.84

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

Transaction ID : SB21B.I1165

Amount of Each Disbursement this Period

1.32

Full Name (Last, First, Middle Initial)

B. CGLW LLC

Mailing Address 1201 ORANGE STREET, #600

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

Transaction ID : SB21B.I955

Amount of Each Disbursement this Period

192284.71

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

Transaction ID : SB21B.I1166

Amount of Each Disbursement this Period

1.03

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

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

192287.06

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SB21B.I794**

Amount of Each Disbursement this Period

1425.27

Full Name (Last, First, Middle Initial)

B. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SB21B.I897**

Amount of Each Disbursement this Period

1991.60

Full Name (Last, First, Middle Initial)

C. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SB21B.I759**

Amount of Each Disbursement this Period

1923.04

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

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

5339.91

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. WILLIAM B. CORKERY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SB21B.I913**

Amount of Each Disbursement this Period

1388.87

Full Name (Last, First, Middle Initial)

B. RUSSELL HAYES

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SB21B.I908**

Amount of Each Disbursement this Period

1112.17

Full Name (Last, First, Middle Initial)

C. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SB21B.I832**

Amount of Each Disbursement this Period

1946.27

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

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

4447.31

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : **SB21B.I849**

Amount of Each Disbursement this Period

7918.64

Full Name (Last, First, Middle Initial)

B. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : **SB21B.I781**

Amount of Each Disbursement this Period

1899.41

Full Name (Last, First, Middle Initial)

C. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : **SB21B.I813**

Amount of Each Disbursement this Period

3612.92

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

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

13430.97

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB21B.I880

Amount of Each Disbursement this Period

5126.86

Full Name (Last, First, Middle Initial)

B. DEREK LYONS

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB21B.I763

Amount of Each Disbursement this Period

2898.37

Full Name (Last, First, Middle Initial)

C. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB21B.I741

Amount of Each Disbursement this Period

1782.53

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

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

9807.76

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	1	5

Transaction ID : **SB21B.I862**

Amount of Each Disbursement this Period

3	2	1	7	.	2	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. DIGITAL CORE CAMPAIGN LLC

Mailing Address 1017 EL CAMINO REAL
SUITE 298

City REDWOOD State CA Zip Code 94063

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	1	5

Transaction ID : **SB21B.I988**

Amount of Each Disbursement this Period

9	4	7	0	.	1	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement
PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	1	5

Transaction ID : **SB21B.I1021**

Amount of Each Disbursement this Period

8	1	5	2	.	8	7
---	---	---	---	---	---	---

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

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

1	0	6	0	7	1	.	0	7
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Mailing Address IRS CENTER

Transaction ID : SB21B.I1036

City ATLANTA State GA Zip Code 39901

Amount of Each Disbursement this Period

16147.43

Purpose of Disbursement
PAYROLL TAX

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. JONATHAN CLUB

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Mailing Address 545 S FIGUEROA ST

Transaction ID : SB21B.I1052

City LOS ANGELES State CA Zip Code 90071

Amount of Each Disbursement this Period

513.13

Purpose of Disbursement
VENUE RENTAL/CATERING

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. LEXISNEXIS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Mailing Address P.O. BOX 894166

Transaction ID : SB21B.I1057

City LOS ANGELES State CA Zip Code 90189

Amount of Each Disbursement this Period

855.00

Purpose of Disbursement
SUBSCRIPTION

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

17515.56

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

A. MCCARTHY HENNINGS WHALEN, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 1850 M STREET NW
SUITE 235

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 13 / 2015

Transaction ID : **SB21B.1299C**

Amount of Each Disbursement this Period: 2610.45

Category/Type

B. R2R RESEARCH LLC

Full Name (Last, First, Middle Initial)

Mailing Address 801 RAPIDIAN CT

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 13 / 2015

Transaction ID : **SB21B.I1098**

Amount of Each Disbursement this Period: 1780.28

Category/Type

C. REVOLUTION MEDIA GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 13 / 2015

Transaction ID : **SB21B.I1108**

Amount of Each Disbursement this Period: 7586.50

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11977.23

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TIME WARNER CABLE

Mailing Address P.O. BOX 60074

City State Zip Code
CITY OF INDUSTRY CA 91716

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB21B.I1210

Amount of Each Disbursement this Period

1465.00

Full Name (Last, First, Middle Initial)

B. VOTER CONSUMER RESEARCH

Mailing Address P.O. BOX 130607

City State Zip Code
HOUSTON TX 77219

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB21B.I1225

Amount of Each Disbursement this Period

40250.00

Full Name (Last, First, Middle Initial)

C. REDWAVE COMMUNICATIONS LLC

Mailing Address 4019 INGERSOLL AVE

City State Zip Code
DES MOINES IA 50312

Purpose of Disbursement
DIRECT MAIL PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2015

Transaction ID : SB21B.C006

Amount of Each Disbursement this Period

12665.45

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

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

54380.45

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

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
11 / 16 / 2015

Transaction ID : **SB21B.I1167**

Amount of Each Disbursement this Period

102.10

Full Name (Last, First, Middle Initial)

B. M STREET INSIGHT, LLC

Mailing Address P.O. BOX 1575

City State Zip Code
RANCHO SANTA FE CA 92067

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : **SB21B.I1065**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
FIELD RESEARCH/MEDIA/VIDEO PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : **SB21B.I1116**

Amount of Each Disbursement this Period

18056.20

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

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

28158.30

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ACTUATE STRATEGIES

Mailing Address 806 LAZY BROOK LANE

City State Zip Code
JEFFERSON CITY MO 65109

Purpose of Disbursement
PHONE CALLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2015

Transaction ID : **SB21B.I920**

Amount of Each Disbursement this Period

45490.08

Full Name (Last, First, Middle Initial)

B. R2R RESEARCH LLC

Mailing Address 801 RAPIDIAN CT

City State Zip Code
ALEXANDRIA VA 22304

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2015

Transaction ID : **SB21B.I1091**

Amount of Each Disbursement this Period

36000.00

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

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
11 / 18 / 2015

Transaction ID : **SB21B.I1168**

Amount of Each Disbursement this Period

58.30

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

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

81548.38

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRATEGIC DIRECTION

Mailing Address P.O. BOX 795

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement
DATA CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

Transaction ID : SB21B.I1131

Amount of Each Disbursement this Period

37089.83

Category/Type

Full Name (Last, First, Middle Initial)

B. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SB21B.I870

Amount of Each Disbursement this Period

1100.65

Category/Type

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

Transaction ID : SB21B.I1903

Amount of Each Disbursement this Period

906.20

Category/Type

[MEMO ITEM]

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

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

38190.48

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2015

Transaction ID : SB21B.I1904

Amount of Each Disbursement this Period

32.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2015

Transaction ID : SB21B.I1905

Amount of Each Disbursement this Period

162.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ONYX TOWER, LLC

Mailing Address 6100 WILSHIRE BLVD
STE 330

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SB21B.I1086

Amount of Each Disbursement this Period

9544.96

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

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

9544.96

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. REVOLUTION MEDIA GROUP		Date of Disbursement MM / DD / YYYY 11 / 20 / 2015
Mailing Address 1020 PRINCESS ST		Transaction ID : SB21B.I1106
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement GRAPHICS SERVICES	Amount of Each Disbursement this Period 862.50
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement MM / DD / YYYY 11 / 20 / 2015
Mailing Address 3180 18TH ST		Transaction ID : SB21B.I1169
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Amount of Each Disbursement this Period 76.00
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C. CLARK HILL PLC		Date of Disbursement MM / DD / YYYY 11 / 23 / 2015
Mailing Address P.O. BOX 3760		Transaction ID : SB21B.I965
City PITTSBURGH	State PA	
Zip Code 15230	Purpose of Disbursement LEGAL CONSULTING	Amount of Each Disbursement this Period 30525.30
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	31463.80
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. HUSTLE, INC

Mailing Address 57 POST ST, #703

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2015

Transaction ID : SB21B.I1009

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. MAGELLAN STRATEGIES

Mailing Address 1685 BOXELDER ST., SUITE 300

City State Zip Code
LOUISVILLE CO 80027

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2015

Transaction ID : SB21B.I1071

Amount of Each Disbursement this Period

10800.00

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

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
11 / 23 / 2015

Transaction ID : SB21B.I1170

Amount of Each Disbursement this Period

580.30

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

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

11880.30

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TECHNOFIX

Mailing Address 1412 E WILSON

City State Zip Code
GLENDALE CA 91206

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2015

Transaction ID : SB21B.I1196

Amount of Each Disbursement this Period

355.13

Full Name (Last, First, Middle Initial)

B. TIME WARNER CABLE

Mailing Address P.O. BOX 60074

City State Zip Code
CITY OF INDUSTRY CA 91716

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2015

Transaction ID : SB21B.I1216

Amount of Each Disbursement this Period

141.72

Full Name (Last, First, Middle Initial)

C. MCCARTHY HENNINGS WHALEN, INC.

Mailing Address 1850 M STREET NW
SUITE 235

City State Zip Code
WASHINGTON DC 20036

Purpose of Disbursement
VIDEO/MEDIA PRODUCTION/EQUIP RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.I1077

Amount of Each Disbursement this Period

73965.79

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

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

74462.64

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. R2R RESEARCH LLC

Mailing Address 801 RAPIDIAN CT

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : **SB21B.I1092**

Amount of Each Disbursement this Period

3904.29

Full Name (Last, First, Middle Initial)

B. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : **SB21B.I1109**

Amount of Each Disbursement this Period

7567.00

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
11 / 24 / 2015

Transaction ID : **SB21B.I1171**

Amount of Each Disbursement this Period

2385.70

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

13856.99

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

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

M M M	/	D D D	/	Y Y Y Y Y
11		25		2015

Transaction ID : SB21B.I1172

Amount of Each Disbursement this Period

23.54

Full Name (Last, First, Middle Initial)

B. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : SB21B.I795

Amount of Each Disbursement this Period

1425.27

Full Name (Last, First, Middle Initial)

C. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : SB21B.I898

Amount of Each Disbursement this Period

1991.60

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

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

3440.41

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial) A. DEAN CLEARY		Date of Disbursement MM / DD / YYYY 11 / 27 / 2015
Mailing Address 6230 WILSHIRE BLVD. PMB 1790		Transaction ID : SB21B.I760
City LOS ANGELES State CA Zip Code 90048	Amount of Each Disbursement this Period 1923.04	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
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:	

Full Name (Last, First, Middle Initial) B. WILLIAM B. CORKERY		Date of Disbursement MM / DD / YYYY 11 / 27 / 2015
Mailing Address 6230 WILSHIRE BLVD. PMB 1790		Transaction ID : SB21B.I914
City LOS ANGELES State CA Zip Code 90048	Amount of Each Disbursement this Period 1388.87	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
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:	

Full Name (Last, First, Middle Initial) C. RUSSELL HAYES		Date of Disbursement MM / DD / YYYY 11 / 27 / 2015
Mailing Address 6230 WILSHIRE BLVD. PMB 1790		Transaction ID : SB21B.I909
City LOS ANGELES State CA Zip Code 90048	Amount of Each Disbursement this Period 1112.17	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional)..... ▶	4424.08
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : SB21B.I833

Amount of Each Disbursement this Period

1946.27

Full Name (Last, First, Middle Initial)

B. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : SB21B.I850

Amount of Each Disbursement this Period

7918.64

Full Name (Last, First, Middle Initial)

C. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : SB21B.I782

Amount of Each Disbursement this Period

1899.41

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

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

11764.32

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : SB21B.I814

Amount of Each Disbursement this Period

3612.92

Full Name (Last, First, Middle Initial)

B. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : SB21B.I881

Amount of Each Disbursement this Period

4416.59

Full Name (Last, First, Middle Initial)

C. DEREK LYONS

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : SB21B.I764

Amount of Each Disbursement this Period

2898.37

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

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

10927.88

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : **SB21B.I742**

Amount of Each Disbursement this Period

1782.53

Full Name (Last, First, Middle Initial)

B. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : **SB21B.I863**

Amount of Each Disbursement this Period

3217.20

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement
PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : **SB21B.I1022**

Amount of Each Disbursement this Period

8050.94

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

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

13050.67

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 27 / 2015

Transaction ID : SB21B.I1037

Amount of Each Disbursement this Period

15561.70

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
11 / 29 / 2015

Transaction ID : SB21B.I1173

Amount of Each Disbursement this Period

4.95

Full Name (Last, First, Middle Initial)

C. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I787

Amount of Each Disbursement this Period

1213.39

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

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

16780.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. FOUR SEASONS

Mailing Address 1300 LAMAR ST

City HOUSTON State TX Zip Code 77010

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : SB21B.I1924

Amount of Each Disbursement this Period

4.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MAILBOX DEPOT

Mailing Address 6230 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : SB21B.I1927

Amount of Each Disbursement this Period

278.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : SB21B.I1930

Amount of Each Disbursement this Period

66.25

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 500 STAPLES DRIVE

City State Zip Code
FRAMINGHAM MA 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : SB21B.I1931

Amount of Each Disbursement this Period

42.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 1000 NICOLLET MALL

City State Zip Code
MINNEAPOLIS MN 55403

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : SB21B.I1932

Amount of Each Disbursement this Period

90.38

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 1000 NICOLLET MALL

City State Zip Code
MINNEAPOLIS MN 55403

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : SB21B.I1933

Amount of Each Disbursement this Period

94.92

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : **SB21B.I1936**

Amount of Each Disbursement this Period

76.76

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : **SB21B.I1937**

Amount of Each Disbursement this Period

113.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WHOLE FOODS

Mailing Address 550 BOWIE STREET

City AUSTIN State TX Zip Code 78703

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : **SB21B.I1938**

Amount of Each Disbursement this Period

105.88

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. LAUREN HENSARLING

Date of Disbursement: MM / DD / YYYY
11 / 30 / 2015

Mailing Address: 6230 WILSHIRE BLVD.
PMB 1790

City: LOS ANGELES State: CA Zip Code: 90048

Purpose of Disbursement: OFFICE SUPPLIES/FOOD/BEVERAGE/DELIVERY

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I821**

Amount of Each Disbursement this Period: 231.76

Category/Type: _____

Full Name (Last, First, Middle Initial)
B. MAILBOX DEPOT

Date of Disbursement: MM / DD / YYYY
11 / 25 / 2015

Mailing Address: 6230 WILSHIRE BLVD

City: LOS ANGELES State: CA Zip Code: 90048

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1928**

Amount of Each Disbursement this Period: 50.42

Category/Type: _____

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. OFFICE DEPOT

Date of Disbursement: MM / DD / YYYY
11 / 25 / 2015

Mailing Address: 1416 APALACHEE PKWY

City: TALLAHASSEE State: FL Zip Code: 32301

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1929**

Amount of Each Disbursement this Period: 166.53

Category/Type: _____

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 231.76

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : SB21B.I839

Amount of Each Disbursement this Period

2559.24

Category/
Type

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : SB21B.I1906

Amount of Each Disbursement this Period

572.20

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : SB21B.I1907

Amount of Each Disbursement this Period

496.20

Category/
Type

[MEMO ITEM]

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

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

2559.24

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. AMERICAN AIRLINES

Date of Disbursement: MM / DD / YYYY
11 / 23 / 2015

Mailing Address P.O. BOX 619616

City: DALLAS State: TX Zip Code: 75261

Purpose of Disbursement: TRAVEL

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID : **SB21B.I1908**

Amount of Each Disbursement this Period: 1030.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. HILTON HOTELS

Date of Disbursement: MM / DD / YYYY
11 / 23 / 2015

Mailing Address 7930 JONES BRANCH DRIVE STE 1100

City: MCLEAN State: VA Zip Code: 22101

Purpose of Disbursement: TRAVEL

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID : **SB21B.I1910**

Amount of Each Disbursement this Period: 284.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. NATIONAL CAR RENTAL

Date of Disbursement: MM / DD / YYYY
11 / 23 / 2015

Mailing Address 600 CORPORATE PARK DRIVE

City: ST. LOUIS State: MO Zip Code: 63105

Purpose of Disbursement: TRAVEL

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID : **SB21B.I1911**

Amount of Each Disbursement this Period: 97.67

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2015

Transaction ID : SB21B.I1912

Amount of Each Disbursement this Period

16.08

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. YELLOW CAB--DC

Mailing Address 1636 BLADENSBURG RD NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2015

Transaction ID : SB21B.I1914

Amount of Each Disbursement this Period

21.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. YELLOW CAB--DC

Mailing Address 1636 BLADENSBURG RD NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2015

Transaction ID : SB21B.I1915

Amount of Each Disbursement this Period

21.05

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : SB21B.I803

Amount of Each Disbursement this Period

1911.61

Full Name (Last, First, Middle Initial)

B. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PER DIEM

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

Transaction ID : SB21B.I1332

Amount of Each Disbursement this Period

145.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

Transaction ID : SB21B.I1916

Amount of Each Disbursement this Period

1113.75

[MEMO ITEM]

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

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

1911.61

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address P.O. BOX 536216

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 24 / 2015

Transaction ID : **SB21B.I1917**

Amount of Each Disbursement this Period: 101.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 24 / 2015

Transaction ID : **SB21B.I1918**

Amount of Each Disbursement this Period: 49.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 24 / 2015

Transaction ID : **SB21B.I1919**

Amount of Each Disbursement this Period: 19.38

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.I1920

Amount of Each Disbursement this Period

416.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. YELLOW CAB--LA

Mailing Address 2129 W ROSECRANS AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.I1921

Amount of Each Disbursement this Period

65.46

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
RESEARCH MATERIALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I867

Amount of Each Disbursement this Period

1909.75

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

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

1909.75

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. FLORIDA STATE ARCHIVES

Mailing Address 500 S BRONOUGH ST

City TALLAHASSEE State FL Zip Code 32399

Purpose of Disbursement
RESEARCH MATERIALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2015

Transaction ID : SB21B.I1909

Amount of Each Disbursement this Period

1909.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ACTUATE STRATEGIES

Mailing Address 806 LAZY BROOK LANE

City JEFFERSON CITY State MO Zip Code 65109

Purpose of Disbursement
PHONE CALLS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I923

Amount of Each Disbursement this Period

465.50

Full Name (Last, First, Middle Initial)

C. AIPR, LLC

Mailing Address 18375 VENTURA BLVD #523

City TARZANA State CA Zip Code 91356

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I932

Amount of Each Disbursement this Period

20000.00

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

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

20465.50

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DEEP ROOT ANALYTICS LLC

Mailing Address 1600 WILSON BLVD.
SUITE 330

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : **SB21B.I982**

Amount of Each Disbursement this Period

45000.00

Full Name (Last, First, Middle Initial)

B. INVERSELOGIC, INC.

Mailing Address 3467 OCEAN VIEW BLVD, STE A

City GLENDALE State CA Zip Code 91208

Purpose of Disbursement
IT SUPPORT/PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : **SB21B.I1043**

Amount of Each Disbursement this Period

1956.25

Full Name (Last, First, Middle Initial)

C. MERRIMACK POTOMAC + CHARLES

Mailing Address 20 TRAFALGAR SQ, STE 602

City NASHUA State NH Zip Code 03062

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : **SB21B.I1079**

Amount of Each Disbursement this Period

2162.24

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

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

49118.49

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. R2R RESEARCH LLC

Mailing Address **801 RAPIDIAN CT**

City **ALEXANDRIA** State **VA** Zip Code **22304**

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **11 / 30 / 2015**

Transaction ID : **SB21B.I1093**

Amount of Each Disbursement this Period
83300.00

Category/Type

Full Name (Last, First, Middle Initial)
B. STANDARD PARKING

Mailing Address **6100 WILSHIRE BLVD P1**

City **LOS ANGELES** State **CA** Zip Code **90048**

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **11 / 30 / 2015**

Transaction ID : **SB21B.I1130**

Amount of Each Disbursement this Period
2200.00

Category/Type

Full Name (Last, First, Middle Initial)
C. STRIPE

Mailing Address **3180 18TH ST**

City **SAN FRANCISCO** State **CA** Zip Code **94110**

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 01 / 2015**

Transaction ID : **SB21B.I1174**

Amount of Each Disbursement this Period
0.59

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ **85500.59**

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. BLITZ CANVASSING

Mailing Address 4950 SOUTH YOSEMITE ST F2 #195

City GREENWOOD VILLAGE State CO Zip Code 80111

Purpose of Disbursement
GOTV SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B.I949

Amount of Each Disbursement this Period

125000.00

Full Name (Last, First, Middle Initial)

B. EASTPOINT STRATEGIES

Mailing Address P.O. BOX 3726

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B.I991

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. REDWAVE COMMUNICATIONS LLC

Mailing Address 4019 INGERSOLL AVE

City DES MOINES State IA Zip Code 50312

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B.I1103

Amount of Each Disbursement this Period

8786.88

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

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

143786.88

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B.I1175

Amount of Each Disbursement this Period

1.03

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

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

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : SB21B.I952

Amount of Each Disbursement this Period

23.04

Full Name (Last, First, Middle Initial)

C. CGLW LLC

Mailing Address 1201 ORANGE STREET, #600

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : SB21B.I956

Amount of Each Disbursement this Period

54193.00

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

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

54217.07

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. EMI ONLINE RESEARCH SOLUTIONS

Mailing Address P.O. BOX 8314

City State Zip Code
CINCINNATI OH 45208

Purpose of Disbursement
DATA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : **SB21B.I997**

Amount of Each Disbursement this Period

9550.00

Full Name (Last, First, Middle Initial)

B. MJF, LLC

Mailing Address 1520 2ND ST.

City State Zip Code
SANTA MONICA CA 90401

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : **SB21B.I1975**

Amount of Each Disbursement this Period

-54193.00

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

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
12 / 03 / 2015

Transaction ID : **SB21B.I1176**

Amount of Each Disbursement this Period

3.20

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

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

-44639.80

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. VOTER CONSUMER RESEARCH

Mailing Address P.O. BOX 130607

City HOUSTON State TX Zip Code 77219

Purpose of Disbursement SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2015

Transaction ID : **SB21B.I1226**

Amount of Each Disbursement this Period: 43500.00

Category/Type

Full Name (Last, First, Middle Initial)

B. HUSTLE, INC

Mailing Address 57 POST ST, #703

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2015

Transaction ID : **SB21B.I1010**

Amount of Each Disbursement this Period: 500.00

Category/Type

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2015

Transaction ID : **SB21B.I945**

Amount of Each Disbursement this Period: 2996.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 46996.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA/VIDEO PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SB21B.I1111

Amount of Each Disbursement this Period

58742.65

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT/CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : SB21B.I973

Amount of Each Disbursement this Period

10691.54

Full Name (Last, First, Middle Initial)

C. DHD FILMS

Mailing Address 2500 FARRINGTON STREET
SUITE 120

City DALLAS State TX Zip Code 75207

Purpose of Disbursement
VIDEO PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : SB21B.C007

Amount of Each Disbursement this Period

9500.00

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

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

78934.19

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

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
12 / 09 / 2015

Transaction ID : **SB21B.I1177**

Amount of Each Disbursement this Period

0.59

Full Name (Last, First, Middle Initial)

B. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2015

Transaction ID : **SB21B.I749**

Amount of Each Disbursement this Period

26.95

Full Name (Last, First, Middle Initial)

C. GOGOAIR

Mailing Address 111 N. CANAL STREET

City State Zip Code
CHICAGO IL 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 27 / 2015

Transaction ID : **SB21B.I1939**

Amount of Each Disbursement this Period

26.95

[MEMO ITEM]

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

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

27.54

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. GRACE HUFFMAN

Date of Disbursement: MM / DD / YYYY
12 / 10 / 2015

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement TRAVEL/OFFICE SUPPLIES /PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I771**

Amount of Each Disbursement this Period
191.69

Category/Type

Full Name (Last, First, Middle Initial)
B. AMAZON.COM

Date of Disbursement: MM / DD / YYYY
11 / 30 / 2015

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1940**

Amount of Each Disbursement this Period
5.98

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. AMAZON.COM

Date of Disbursement: MM / DD / YYYY
11 / 30 / 2015

Mailing Address 440 TERRY AVE. N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.I1941**

Amount of Each Disbursement this Period
16.14

Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 191.69

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOGOAIR

Mailing Address 111 N. CANAL STREET

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : SB21B.I1942

Amount of Each Disbursement this Period

19.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. OFFICE DEPOT

Mailing Address 1416 APALACHEE PKWY

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : SB21B.I1943

Amount of Each Disbursement this Period

10.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : SB21B.I1944

Amount of Each Disbursement this Period

138.75

[MEMO ITEM]

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

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

0.00

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)
A. AMERICAN EXPRESS

Mailing Address P.O. BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 10 / 2015

Transaction ID : **SB21B.I940**

Amount of Each Disbursement this Period: 53140.06

Category/Type

Full Name (Last, First, Middle Initial)
B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 09 / 2015

Transaction ID : **SB21B.I1945**

Amount of Each Disbursement this Period: 1038.20

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CIVICOM

Mailing Address P.O. BOX 4689

City GREENWICH State CT Zip Code 06831

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 09 / 2015

Transaction ID : **SB21B.I1947**

Amount of Each Disbursement this Period: 159.97

Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 53140.06

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DALLAS EVENT RENTALS

Mailing Address 705 N BOWSER RD

City RICHARDSON State TX Zip Code 75081

Purpose of Disbursement
STAGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB21B.11948

Amount of Each Disbursement this Period

325.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DROPBOX

Mailing Address 185 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB21B.11949

Amount of Each Disbursement this Period

9.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address P.O. BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB21B.11950

Amount of Each Disbursement this Period

3845.12

[MEMO ITEM]

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

0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. FOUR SEASONS

Mailing Address 1300 LAMAR ST

City HOUSTON State TX Zip Code 77010

Purpose of Disbursement VENUE RENTAL/CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 09 / 2015

Transaction ID : **SB21B.11951**

Amount of Each Disbursement this Period: 11856.89

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 09 / 2015

Transaction ID : **SB21B.11952**

Amount of Each Disbursement this Period: 48.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 09 / 2015

Transaction ID : **SB21B.11953**

Amount of Each Disbursement this Period: 153.36

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. HILTON HOTELS

Mailing Address 7930 JONES BRANCH DRIVE
STE 1100

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
VENUE RENTAL/CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2015

Transaction ID : SB21B.I1954

Amount of Each Disbursement this Period

32739.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JETBLUE

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2015

Transaction ID : SB21B.I1955

Amount of Each Disbursement this Period

431.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL MGMT

Mailing Address 1101 KING ST
#190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2015

Transaction ID : SB21B.I1956

Amount of Each Disbursement this Period

345.00

[MEMO ITEM]

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

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

0.00

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB21B.I1957

Amount of Each Disbursement this Period

49.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SLACK

Mailing Address 155 5TH STREET, 6TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB21B.I1959

Amount of Each Disbursement this Period

334.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB21B.I1961

Amount of Each Disbursement this Period

587.77

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TARGET

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2015

Transaction ID : SB21B.I1962

Amount of Each Disbursement this Period

118.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VIRTRU PRO

Mailing Address 1808 FLORIDA AVE. NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2015

Transaction ID : SB21B.I1963

Amount of Each Disbursement this Period

115.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VONAGE

Mailing Address 23 MAIN STREET

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2015

Transaction ID : SB21B.I1964

Amount of Each Disbursement this Period

519.47

[MEMO ITEM]

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

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

0.00

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : **SB21B.I1965**

Amount of Each Disbursement this Period

286.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ATCHLEY & ASSOCIATES

Mailing Address 6850 AUSTIN CENTER BLVD
STE 180

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2015

Transaction ID : **SB21B.I948**

Amount of Each Disbursement this Period

1440.00

Full Name (Last, First, Middle Initial)

C. EASTPOINT STRATEGIES

Mailing Address P.O. BOX 3726

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2015

Transaction ID : **SB21B.I992**

Amount of Each Disbursement this Period

5491.00

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

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

6931.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. EMI ONLINE RESEARCH SOLUTIONS

Mailing Address P.O. BOX 8314

City CINCINNATI State OH Zip Code 45208

Purpose of Disbursement
DATA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2015

Transaction ID : **SB21B.I998**

Amount of Each Disbursement this Period

20300.00

Full Name (Last, First, Middle Initial)

B. INVERSELOGIC, INC.

Mailing Address 3467 OCEAN VIEW BLVD, STE A

City GLENDALE State CA Zip Code 91208

Purpose of Disbursement
IT SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2015

Transaction ID : **SB21B.I1041**

Amount of Each Disbursement this Period

181.25

Full Name (Last, First, Middle Initial)

C. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
GRAPHIC DESIGN/MEDIA/VIDEO PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2015

Transaction ID : **SB21B.I1110**

Amount of Each Disbursement this Period

53447.36

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

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

73928.61

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SB21B.I1178

Amount of Each Disbursement this Period

3.20

Full Name (Last, First, Middle Initial)

B. UPPER HAND STRATEGIES

Mailing Address 2111 SW 25 STREET

City CAPE CORAL State FL Zip Code 33914

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SB21B.I1219

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. CGLW LLC

Mailing Address 1201 ORANGE STREET, #600

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2015

Transaction ID : SB21B.I957

Amount of Each Disbursement this Period

112716.26

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

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

116219.46

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FIELD RESEARCH/DIGITAL SERVICES/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2015

Transaction ID : **SB21B.I1117**

Amount of Each Disbursement this Period

15493.59

Full Name (Last, First, Middle Initial)

B. CLARK HILL PLC

Mailing Address P.O. BOX 3760

City PITTSBURGH State PA Zip Code 15230

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : **SB21B.I966**

Amount of Each Disbursement this Period

61360.12

Full Name (Last, First, Middle Initial)

C. DRIVER EIGHT MEDIA LLC

Mailing Address 1875 CONNECTICUT AVE. NW
10TH FLR, ATTN: ALEX FINLAND

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : **SB21B.I990**

Amount of Each Disbursement this Period

5000.00

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

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

81853.71

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LEXISNEXIS

Mailing Address P.O. BOX 894166

City LOS ANGELES State CA Zip Code 90189

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Transaction ID : **SB21B.I1058**

Amount of Each Disbursement this Period

855.00

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
12 / 14 / 2015

Transaction ID : **SB21B.I1179**

Amount of Each Disbursement this Period

3.20

Full Name (Last, First, Middle Initial)

C. THATCHER 59 CONSULTING ASSOCIATES, LLC

Mailing Address 30 MEHARG ROAD,

City MOLINO State FL Zip Code 32577

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Transaction ID : **SB21B.I1198**

Amount of Each Disbursement this Period

5000.00

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

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

5858.20

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. THE WESTMOOR CLUB

Mailing Address 10 WESTMOOR LANE

City NANTUCKET State MA Zip Code 02554

Purpose of Disbursement
VENUE RENTAL / CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Transaction ID : **SB21B.I1204**

Amount of Each Disbursement this Period

16243.95

Full Name (Last, First, Middle Initial)

B. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.I796**

Amount of Each Disbursement this Period

1425.27

Full Name (Last, First, Middle Initial)

C. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.I899**

Amount of Each Disbursement this Period

1991.60

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

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

19660.82

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	15	/	2015

Transaction ID : **SB21B.I761**

Amount of Each Disbursement this Period

1923.04

Full Name (Last, First, Middle Initial)

B. WILLIAM B. CORKERY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	15	/	2015

Transaction ID : **SB21B.I915**

Amount of Each Disbursement this Period

1388.87

Full Name (Last, First, Middle Initial)

C. RUSSELL HAYES

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	15	/	2015

Transaction ID : **SB21B.I910**

Amount of Each Disbursement this Period

1112.17

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

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

4424.08

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.I834**

Amount of Each Disbursement this Period

1946.27

Full Name (Last, First, Middle Initial)

B. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.I851**

Amount of Each Disbursement this Period

7918.64

Full Name (Last, First, Middle Initial)

C. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.I783**

Amount of Each Disbursement this Period

1899.41

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

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

11764.32

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : **SB21B.I815**

Amount of Each Disbursement this Period

3612.92

Full Name (Last, First, Middle Initial)

B. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : **SB21B.I882**

Amount of Each Disbursement this Period

4416.59

Full Name (Last, First, Middle Initial)

C. DEREK LYONS

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : **SB21B.I765**

Amount of Each Disbursement this Period

2898.37

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

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

10927.88

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.I743**

Amount of Each Disbursement this Period

1782.53

Full Name (Last, First, Middle Initial)

B. ANDREW TRIGGS

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.I730**

Amount of Each Disbursement this Period

780.03

Full Name (Last, First, Middle Initial)

C. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.I864**

Amount of Each Disbursement this Period

3217.20

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

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

5779.76

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DIGITAL CORE CAMPAIGN LLC

Mailing Address 1017 EL CAMINO REAL
SUITE 298

City REDWOOD State CA Zip Code 94063

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.I989**

Amount of Each Disbursement this Period

89085.00

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement
PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.I1023**

Amount of Each Disbursement this Period

104.69

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement
PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.I1024**

Amount of Each Disbursement this Period

8050.94

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

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

97240.63

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement PAYROLL TAX

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2015

Transaction ID : **SB21B.I1038**

Amount of Each Disbursement this Period: 160.05

Category/Type

Full Name (Last, First, Middle Initial)

B. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement PAYROLL TAX

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2015

Transaction ID : **SB21B.I1039**

Amount of Each Disbursement this Period: 15561.70

Category/Type

Full Name (Last, First, Middle Initial)

C. MCCARTHY HENNINGS WHALEN, INC.

Mailing Address 1850 M STREET NW SUITE 235

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement VIDEO PRODUCTION/MEDIA PRODUCTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2015

Transaction ID : **SB21B.I1076**

Amount of Each Disbursement this Period: 62249.20

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 77970.95

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. R2R RESEARCH LLC

Mailing Address 801 RAPIDIAN CT

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : SB21B.I1094

Amount of Each Disbursement this Period

36000.00

Full Name (Last, First, Middle Initial)

B. RSM

Mailing Address 1702 E HIGHLAND AVE
STE 408

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : SB21B.I1124

Amount of Each Disbursement this Period

9000.00

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
12 / 15 / 2015

Transaction ID : SB21B.I1180

Amount of Each Disbursement this Period

1.18

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

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

45001.18

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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

M M / D D / Y Y Y Y
12 / 16 / 2015

Transaction ID : **SB21B.I1181**

Amount of Each Disbursement this Period

153.04

Full Name (Last, First, Middle Initial)

B. EASTPOINT STRATEGIES

Mailing Address P.O. BOX 3726

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
12 / 17 / 2015

Transaction ID : **SB21B.I993**

Amount of Each Disbursement this Period

5250.00

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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

M M / D D / Y Y Y Y
12 / 17 / 2015

Transaction ID : **SB21B.I1182**

Amount of Each Disbursement this Period

58.30

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

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

5461.34

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. R2R RESEARCH LLC

Mailing Address 801 RAPIDIAN CT

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : **SB21B.I1099**

Amount of Each Disbursement this Period

1356.95

Full Name (Last, First, Middle Initial)

B. REDWAVE COMMUNICATIONS LLC

Mailing Address 4019 INGERSOLL AVE

City DES MOINES State IA Zip Code 50312

Purpose of Disbursement
MAILER PRINTING/PRODUCTION/POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : **SB21B.I1100**

Amount of Each Disbursement this Period

23665.77

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
12 / 18 / 2015

Transaction ID : **SB21B.I1183**

Amount of Each Disbursement this Period

14.75

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

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

25037.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
RESEARCH MATERIALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		21		2015

Transaction ID : SB21B.I886

Amount of Each Disbursement this Period

384.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. FLORIDA STATE ARCHIVES

Mailing Address 500 S BRONOUGH ST

City TALLAHASSEE State FL Zip Code 32399

Purpose of Disbursement
RESEARCH MATERIALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Transaction ID : SB21B.I1966

Amount of Each Disbursement this Period

384.00

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		21		2015

Transaction ID : SB21B.I953

Amount of Each Disbursement this Period

23.04

Category/
Type

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

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

407.04

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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. DAVID JOHNSON GROUP

Mailing Address P.O. BOX 1034

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2015

Transaction ID : **SB21B.I977**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. INSTANTLY, INC.

Mailing Address 16501 VENTURA BLVD., SUITE 300

City ENCINO State CA Zip Code 91436

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2015

Transaction ID : **SB21B.I1026**

Amount of Each Disbursement this Period

4900.00

Full Name (Last, First, Middle Initial)

C. STRATEGIC SOLUTIONS

Mailing Address 3724 DUNBARTON DR.

City MOUNTAIN BROOK State AL Zip Code 35223

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
12 / 21 / 2015

Transaction ID : **SB21B.I1138**

Amount of Each Disbursement this Period

22750.00

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

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

37650.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
12 / 21 / 2015

Transaction ID : SB21B.I1184

Amount of Each Disbursement this Period

40.22

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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
12 / 22 / 2015

Transaction ID : SB21B.I1185

Amount of Each Disbursement this Period

1.03

Full Name (Last, First, Middle Initial)

C. AD ASTRA INSIGHTS

Mailing Address 333 W 9TH ST, SUITE C

City LAWRENCE State KS Zip Code 66044

Purpose of Disbursement
DATA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : SB21B.I927

Amount of Each Disbursement this Period

20498.40

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

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

20539.65

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. M STREET INSIGHT, LLC

Mailing Address P.O. BOX 1575

City RANCHO SANTA FE State CA Zip Code 92067

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2015

Transaction ID : SB21B.I1066

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2015

Transaction ID : SB21B.I1186

Amount of Each Disbursement this Period

37.76

Full Name (Last, First, Middle Initial)

C. JAMES B. FRANCIS JR.

Mailing Address 2911 TURTLE CREEK BLVD

City DALLAS State TX Zip Code 75219-6247

Purpose of Disbursement
IN-KIND: EVENT PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SB21B.I19400

Amount of Each Disbursement this Period

539.70

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

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

10577.46

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

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

M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SB21B.I1187

Amount of Each Disbursement this Period

1.03

Full Name (Last, First, Middle Initial)

B. REDWAVE COMMUNICATIONS LLC

Mailing Address 4019 INGERSOLL AVE

City State Zip Code
DES MOINES IA 50312

Purpose of Disbursement
DIRECT MAIL PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SB21B.C001

Amount of Each Disbursement this Period

29600.97

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

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

M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SB21B.I1188

Amount of Each Disbursement this Period

1.62

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

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

29603.62

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. JESSICA BROUCKAERT

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SB21B.I797**

Amount of Each Disbursement this Period

1425.27

Full Name (Last, First, Middle Initial)

B. ROBERT CHARETTE

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SB21B.I900**

Amount of Each Disbursement this Period

1991.60

Full Name (Last, First, Middle Initial)

C. DEAN CLEARY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SB21B.I762**

Amount of Each Disbursement this Period

1923.04

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

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

5339.91

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. WILLIAM B. CORKERY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I916

Amount of Each Disbursement this Period

1388.87

Full Name (Last, First, Middle Initial)

B. RUSSELL HAYES

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I911

Amount of Each Disbursement this Period

1112.17

Full Name (Last, First, Middle Initial)

C. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I835

Amount of Each Disbursement this Period

1946.27

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

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

4447.31

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LIESL HICKEY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SB21B.I852

Amount of Each Disbursement this Period

7918.64

Full Name (Last, First, Middle Initial)

B. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SB21B.I784

Amount of Each Disbursement this Period

1899.41

Full Name (Last, First, Middle Initial)

C. KATHERINE JORTNER

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SB21B.I816

Amount of Each Disbursement this Period

3612.92

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

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

13430.97

--

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. PAUL LINDSAY

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.I883

Amount of Each Disbursement this Period

4858.34

Full Name (Last, First, Middle Initial)

B. DEREK LYONS

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.I766

Amount of Each Disbursement this Period

2898.37

Full Name (Last, First, Middle Initial)

C. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.I744

Amount of Each Disbursement this Period

1782.53

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

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

9539.24

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ANDREW TRIGGS

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : **SB21B.I731**

Amount of Each Disbursement this Period

619.98

Full Name (Last, First, Middle Initial)

B. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : **SB21B.I865**

Amount of Each Disbursement this Period

3217.20

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address P.O. BOX 301400

City DALLAS State TX Zip Code 75303

Purpose of Disbursement
PAYROLL SVC/INSURANCE/TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : **SB21B.I1025**

Amount of Each Disbursement this Period

10250.14

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

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

14087.32

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address **IRS CENTER**

City **ATLANTA** State **GA** Zip Code **39901**

Purpose of Disbursement **PAYROLL TAX**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 31 / 2015**

Transaction ID : SB21B.I1040

Amount of Each Disbursement this Period: **15280.00**

Category/Type

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address **3180 18TH ST**

City **SAN FRANCISCO** State **CA** Zip Code **94110**

Purpose of Disbursement **CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 31 / 2015**

Transaction ID : SB21B.I1189

Amount of Each Disbursement this Period: **143.91**

Category/Type

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address **3180 18TH ST**

City **SAN FRANCISCO** State **CA** Zip Code **94110**

Purpose of Disbursement **CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 31 / 2015**

Transaction ID : SB21B.I1190

Amount of Each Disbursement this Period: **298.88**

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ **15722.79**

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

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

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.I1191

Amount of Each Disbursement this Period

3.20

Full Name (Last, First, Middle Initial)

B.

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

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3.20

7085599.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 to Rise USA

Full Name (Last, First, Middle Initial)

A. DEBORAH HOHLT

Mailing Address 7901 KENT RD

City ALEXANDRIA State VA Zip Code 22308

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 11 / 2015

Transaction ID : SB28A.I727

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RICHARD HOHLT

Mailing Address 7901 KENT RD

City ALEXANDRIA State VA Zip Code 22308

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 11 / 2015

Transaction ID : SB28A.I729

Amount of Each Disbursement this Period

17000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

22000.00

22000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LEGAL REFORM NOW COMMITTEE

Mailing Address 133 HARBOR DRIVE SOUTH

City State Zip Code
VENICE FL 34285

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : SB28C.I728

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

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

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

5000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee AIPR, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 07 / 2015
Mailing Address 18375 VENTURA BLVD #523	Amount 3016.67
City State Zip Code TARZANA CA 91356	Transaction ID : SE24.1013 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 20 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 78316.67	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee AIPR, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 07 / 2015
Mailing Address 18375 VENTURA BLVD #523	Amount 3016.67
City State Zip Code TARZANA CA 91356	Transaction ID : SE24.1014 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 20 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 127316.67	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6033.34
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
AIPR, INC.
Mailing Address
18375 VENTURA BLVD #523
City
TARZANA State
CA Zip Code
91356
Date of Public Distribution/Dissemination
08 / 07 / 2015
Amount
3016.66
Transaction ID : SE24.1015
Date of Disbursement or Obligation
07 / 20 / 2015
Purpose of Expenditure
MEDIA PRODUCTION
Category/Type
Name of Federal Candidate
JEB BUSH Support
Office Sought: President State: SC
Calendar Year-To-Date
Per Election for Office Sought
60316.66
Disbursement For: Primary
2016

Full Name of Payee
ALLMAIL USA INC.
Mailing Address
8517 MID COUNTY INDUSTRIAL DRIVE
City
ST. LOUIS State
MO Zip Code
63114
Date of Public Distribution/Dissemination
12 / 28 / 2015
Amount
6203.72
Transaction ID : SE24.1427
Date of Disbursement or Obligation
12 / 23 / 2015
Purpose of Expenditure
DIRECT MAIL - PRINTING AND POSTAGE
Category/Type
Name of Federal Candidate
JEB BUSH Support
Office Sought: President State: IA
Calendar Year-To-Date
Per Election for Office Sought
10198489.41
Disbursement For: Primary
2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 9220.38
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee BOOMER AVIATION INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 21 / 2015
Mailing Address P.O. BOX 1075	Amount 3500.00
City State Zip Code FT. WALTON BEACH FL 32549	
Purpose of Expenditure BANNER ADVERTISING	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 21 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
3500.00	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 3183.36
City State Zip Code WASHINGTON DC 20036	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 27 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
6014703.77	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6683.36
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 3183.36
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1300 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 13152140.01	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 3183.35
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1301 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought 166701.27	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6366.71
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 3183.35
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1302 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 53737.78	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 3183.36
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1303 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 5009269.19	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6366.71
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
MCCARTHY HENNINGS WHALEN, INC
Mailing Address
1850 M STREET NW
SUITE 235
City
WASHINGTON State
DC Zip Code
20036
Date of Public Distribution/Dissemination
11 / 24 / 2015
Amount
3183.36
Transaction ID : SE24.1304
Date of Disbursement or Obligation
11 / 27 / 2015
Purpose of Expenditure
PRODUCTION FOR NATIONAL CABLE MEDIA BUY ON FOX NEWS CHANNEL
Category/Type
Name of Federal Candidate
JEB BUSH Support
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought
8048555.27

Full Name of Payee
MCCARTHY HENNINGS WHALEN, INC.
Mailing Address
1850 M STREET NW
SUITE 235
City
WASHINGTON State
DC Zip Code
20036
Date of Public Distribution/Dissemination
12 / 08 / 2015
Amount
4236.24
Transaction ID : SE24.1365
Date of Disbursement or Obligation
12 / 10 / 2015
Purpose of Expenditure
MEDIA PRODUCTION
Category/Type
Name of Federal Candidate
JEB BUSH Support
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought
9385076.75

(a) SUBTOTAL of Itemized Independent Expenditures..... 7419.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 917.84
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1366 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 9390994.59	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 4236.24
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1367 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 18673415.06	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10154.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 917.84
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1368 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 18679332.90	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 4236.24
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1369 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought 370993.06	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10154.08
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 5917.84
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1370 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 376910.90	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 4236.24
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1371 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 403769.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10154.08
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Charles R Spies
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 5917.83
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1372 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 409687.30	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 4236.24
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1373 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 6552053.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10154.07
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 5917.83
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1374 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 6557971.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 4236.24
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1375 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA PRODUCTION FOR NATIONAL CABLE BUY	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 8280477.34	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10154.07
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 08 / 2015 </div>
Mailing Address 1850 M STREET NW SUITE 235	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 5917.84 </div>
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1376 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>
Purpose of Expenditure MEDIA PRODUCTION FOR NATIONAL CABLE BUY - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 8286395.18 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 21 / 2015 </div>
Mailing Address 1850 M STREET NW SUITE 235	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 2806.17 </div>
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1418 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 22 / 2015 </div>
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE TRUMP	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 9525125.69 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 8724.01 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 8724.01 </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.

Charles R Spies
[Electronically Filed]
Date
M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 21 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 2806.17
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1419 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 22 / 2015
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE TRUMP	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 18864636.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 21 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 2806.17
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1420 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 22 / 2015
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE TRUMP	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought 384062.84	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5612.34
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-top: -15px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">12 / 21 / 2015</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1850 M STREET NW SUITE 235	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2806.17</div>
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1421 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">12 / 22 / 2015</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE TRUMP	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">6673887.17</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">12 / 21 / 2015</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1850 M STREET NW SUITE 235	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2806.17</div>
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1422 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">12 / 22 / 2015</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure MEDIA PRODUCTION FOR NATIONAL CABLE BUY ON FOX NEWS - ALSO OPPOSE TRUMP	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">8293374.32</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5612.34</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </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.

Charles R Spies
 Signature _____ [Electronically Filed] Date

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

01 / 31 / 2016

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination 12 / 21 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 171.84
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1428 Date of Disbursement or Obligation 12 / 23 / 2015
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE TRUMP	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 18864807.94	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination 10 / 21 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 20516.10
City State Zip Code WASHINGTON DC 20036-5837	Transaction ID : SE24.1116 Date of Disbursement or Obligation 10 / 22 / 2015
Purpose of Expenditure PRODUCTION FOR NATIONAL CABLE MEDIA BUY ON FOX NEWS CHANNEL	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 20516.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20687.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies

 Signature

[Electronically Filed]

Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 18932.47
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1177 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure PRODUCTION FOR NATIONAL CABLE MEDIA BUY ON FOX NEWS CHANNEL	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 8039448.57	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 5923.35
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1202 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 5933529.74	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	24855.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 923.35
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1203 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 13018640.40	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 923.34
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1204 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 4815248.19	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11846.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 5923.34
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1205 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 12 / 2015
Purpose of Expenditure PRODUCTION FOR NATIONAL CABLE MEDIA BUY ON FOX NEWS CHANNEL	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 8045371.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 7.91
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1206 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought 4174.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5931.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 7.91
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1207 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought 7674.53	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 7.91
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1208 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 4174.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 7.91
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1209 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought 4174.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 19.21
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1210 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 10138.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount M M / D D / Y Y Y Y Y Y 7.91
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1211 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type M M / D D / Y Y Y Y Y Y
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: GA
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 4174.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount M M / D D / Y Y Y Y Y Y 288.12
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1212 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type M M / D D / Y Y Y Y Y Y
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 5974439.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y 296.03
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y
(c) TOTAL Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y

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.

Charles R Spies
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 7.91
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1215 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought 4174.51	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 7.91
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1216 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u> LA </u>
Calendar Year-To-Date Per Election for Office Sought 4174.51	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount <input type="text"/> 192.09
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1221 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <input type="text"/>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 147515.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount <input type="text"/> 19.21
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1222 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <input type="text"/>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: OH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 13438.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/> 211.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL 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.

Charles R Spies
Signature

[Electronically Filed]

Date / /
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 336.16
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1225 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 4919066.30	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 7.91
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1226 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought 4174.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	344.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 7.91
City State Zip Code WASHINGTON DC 20036	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: TX
Calendar Year-To-Date Per Election for Office Sought 4174.51	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 7.91
City State Zip Code WASHINGTON DC 20036	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: VA
Calendar Year-To-Date Per Election for Office Sought 4174.51	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372

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

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.
Mailing Address 1850 M STREET NW SUITE 235
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate JEB BUSH
Calendar Year-To-Date Per Election for Office Sought 4174.51
Date of Public Distribution/Dissemination 11 / 17 / 2015
Amount 7.91
Transaction ID : SE24.1229
Date of Disbursement or Obligation 11 / 13 / 2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.
Mailing Address 1850 M STREET NW SUITE 235
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate JEB BUSH
Calendar Year-To-Date Per Election for Office Sought 10138.10
Date of Public Distribution/Dissemination 11 / 17 / 2015
Amount 19.21
Transaction ID : SE24.1230
Date of Disbursement or Obligation 11 / 13 / 2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 27.12
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 1438.18
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1262 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 147285.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 96.00
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1323 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought 14310.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1534.18
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015	
Mailing Address 1850 M STREET NW SUITE 235		Amount 96.00	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.1324
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought 17810.83		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015	
Mailing Address 1850 M STREET NW SUITE 235		Amount 96.00	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.1325
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 14310.82		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	192.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 96.00
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1326 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought 14310.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 96.00
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1327 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 79910.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	192.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 96.00
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1328 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought 14310.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 960.00
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1329 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 7544924.17	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1056.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies

Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 96.00
City State Zip Code WASHINGTON DC 20036	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought 14310.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 96.00
City State Zip Code WASHINGTON DC 20036	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought 14310.81	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	192.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 96.00
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1332 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought 10136.30	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 960.00
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1333 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 18033237.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1056.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
MCCARTHY HENNINGS WHALEN, INC.
Mailing Address
1850 M STREET NW
SUITE 235
City
WASHINGTON State
DC Zip Code
20036
Purpose of Expenditure
MEDIA PRODUCTION
Category/Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: NV
Calendar Year-To-Date
Per Election for Office Sought
346480.20

Date of Public Distribution/Dissemination
12 / 01 / 2015
Amount
576.00
Transaction ID : SE24.1334
Date of Disbursement or Obligation
12 / 02 / 2015
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
MCCARTHY HENNINGS WHALEN, INC.
Mailing Address
1850 M STREET NW
SUITE 235
City
WASHINGTON State
DC Zip Code
20036
Purpose of Expenditure
MEDIA PRODUCTION
Category/Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: OK
Calendar Year-To-Date
Per Election for Office Sought
14310.82

Date of Public Distribution/Dissemination
12 / 01 / 2015
Amount
96.00
Transaction ID : SE24.1335
Date of Disbursement or Obligation
12 / 02 / 2015
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 672.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 960.00
City State Zip Code WASHINGTON DC 20036	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 6527540.45	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 96.00
City State Zip Code WASHINGTON DC 20036	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought 14310.82	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1056.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 96.00
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1338 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: TX
Calendar Year-To-Date Per Election for Office Sought 14310.81	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 96.00
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1339 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: VA
Calendar Year-To-Date Per Election for Office Sought 14310.81	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	192.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
MCCARTHY HENNINGS WHALEN, INC.
Mailing Address
1850 M STREET NW
SUITE 235
City
WASHINGTON State
DC Zip Code
20036
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type

Date of Public Distribution/Dissemination
12 / 01 / 2015
Amount
96.00
Transaction ID : SE24.1340
Date of Disbursement or Obligation
12 / 02 / 2015

Name of Federal Candidate
JEB BUSH
Support
Oppose
Office Sought:
President
Senate
State: VT
Calendar Year-To-Date
Per Election for Office Sought
14310.81

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
MCCARTHY HENNINGS WHALEN, INC.
Mailing Address
1850 M STREET NW
SUITE 235
City
WASHINGTON State
DC Zip Code
20036
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type

Date of Public Distribution/Dissemination
12 / 03 / 2015
Amount
639.72
Transaction ID : SE24.1346
Date of Disbursement or Obligation
12 / 04 / 2015

Name of Federal Candidate
JEB BUSH
Support
Oppose
Office Sought:
President
Senate
State: IA
Calendar Year-To-Date
Per Election for Office Sought
9360563.89

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 735.72
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Charles R Spies
[Electronically Filed]
Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 03 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 639.71
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1347 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 04 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 18501002.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 922.50
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1395 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 11 / 2015
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 9392205.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1562.21
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372

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

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.
Mailing Address 1850 M STREET NW SUITE 235
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO
Name of Federal Candidate JEB BUSH
Calendar Year-To-Date Per Election for Office Sought 18680543.40
Date of Public Distribution/Dissemination 12 / 10 / 2015
Amount 922.50
Transaction ID : SE24.1396
Date of Disbursement or Obligation 12 / 11 / 2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.
Mailing Address 1850 M STREET NW SUITE 235
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE KASICH AND CHRISTIE
Name of Federal Candidate JEB BUSH
Calendar Year-To-Date Per Election for Office Sought 20321990.19
Date of Public Distribution/Dissemination 12 / 29 / 2015
Amount 1652.00
Transaction ID : SE24.1445
Date of Disbursement or Obligation 12 / 29 / 2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 2574.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature Charles R Spies Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 29 / 2015 </div>
Mailing Address 1850 M STREET NW SUITE 235	Amount <div style="border: 1px solid black; padding: 2px;"> 19531.10 </div>
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1447 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 30 / 2015 </div>
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE KASICH AND CHRISTIE	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M M M / Y Y Y Y Y Y 20341521.29 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 15 / 2015 </div>
Mailing Address 1850 M STREET NW SUITE 235	Amount <div style="border: 1px solid black; padding: 2px;"> 14003.68 </div>
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1056 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 15 / 2015 </div>
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M M M / Y Y Y Y Y Y 454936.68 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 33534.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M M M / Y Y Y Y Y Y 000000.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> M M M M / Y Y Y Y Y Y 000000.00 </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.

Charles R Spies
 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 14003.68
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1057 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 15 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 1302629.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 18 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 4172.98
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1413 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 19 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 9522319.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	18176.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 18 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 4172.98
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1414 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 19 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 18861829.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 18 / 2015
Mailing Address 1850 M STREET NW SUITE 235	Amount 4172.97
City State Zip Code WASHINGTON DC 20036	Transaction ID : SE24.1415 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 19 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought 381256.67	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8345.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12 / 18 / 2015 </div>	
Mailing Address 1850 M STREET NW SUITE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4172.98 </div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.1416 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12 / 19 / 2015 </div>
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6671081.00 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12 / 18 / 2015 </div>	
Mailing Address 1850 M STREET NW SUITE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4172.97 </div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.1417 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12 / 19 / 2015 </div>
Purpose of Expenditure MEDIA PRODUCTION FOR NATIONAL CABLE MEDIA BUY		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8290568.15 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8345.95 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
(c) TOTAL 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.

Signature Charles R Spies [Electronically Filed] Date

01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 22 / 2015 </div>			
Mailing Address P.O. BOX 2484	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 424497.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City SPRINGFIELD</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22152</td> </tr> </table>	City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.1040 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 10 / 2015 </div>
City SPRINGFIELD	State VA	Zip Code 22152		
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 944433.68 </div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 29 / 2015 </div>			
Mailing Address P.O. BOX 2484	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 597996.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City SPRINGFIELD</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22152</td> </tr> </table>	City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.1041 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 10 / 2015 </div>
City SPRINGFIELD	State VA	Zip Code 22152		
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1557634.68 </div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1022493.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1022493.00 </div>

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Charles R Spies
 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2015
Mailing Address P.O. BOX 2484	Amount 1140901.00
City SPRINGFIELD State VA Zip Code 22152	Transaction ID : SE24.1043 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2015
Purpose of Expenditure MEDIA PLACEMENT Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 2536030.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2015
Mailing Address P.O. BOX 2484	Amount 1192536.00
City SPRINGFIELD State VA Zip Code 22152	Transaction ID : SE24.1044 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2015
Purpose of Expenditure MEDIA PLACEMENT Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 3743771.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 2333437.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2015
Mailing Address P.O. BOX 2484	Amount 328710.26
City State Zip Code SPRINGFIELD VA 22152	Transaction ID : SE24.1045 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 10 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 431526.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2015
Mailing Address P.O. BOX 2484	Amount 319151.75
City State Zip Code SPRINGFIELD VA 22152	Transaction ID : SE24.1046 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 10 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 835883.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	647862.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA
FEC IDENTIFICATION NUMBER C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee OATH STRATEGIES LLC
Mailing Address P.O. BOX 2484
City SPRINGFIELD State VA Zip Code 22152
Purpose of Expenditure MEDIA PLACEMENT Category/Type
Name of Federal Candidate JEB BUSH Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1741034.68

Date of Public Distribution/Dissemination 09 / 29 / 2015
Amount 183400.00
Transaction ID : SE24.1058
Date of Disbursement or Obligation 09 / 24 / 2015
Office Sought: House Senate District: State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee OATH STRATEGIES LLC
Mailing Address P.O. BOX 2484
City SPRINGFIELD State VA Zip Code 22152
Purpose of Expenditure MEDIA PLACEMENT Category/Type
Name of Federal Candidate JEB BUSH Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3969196.47

Date of Public Distribution/Dissemination 09 / 29 / 2015
Amount 225425.00
Transaction ID : SE24.1059
Date of Disbursement or Obligation 09 / 24 / 2015
Office Sought: House Senate District: State: NH
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 408825.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Charles R Spies [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2015
Mailing Address P.O. BOX 2484	Amount 1695705.00
City State Zip Code SPRINGFIELD VA 22152	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
	3537519.68

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2015
Mailing Address P.O. BOX 2484	Amount 2970074.00
City State Zip Code SPRINGFIELD VA 22152	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
	7065050.47

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4665779.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2015
Mailing Address P.O. BOX 2484	Amount 1440469.20
City State Zip Code SPRINGFIELD VA 22152	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 2408848.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Mailing Address P.O. BOX 2484	Amount 225000.00
City State Zip Code SPRINGFIELD VA 22152	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 2653623.03	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1665469.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2015
Mailing Address P.O. BOX 2484	Amount 1333434.00
City State Zip Code SPRINGFIELD VA 22152	Transaction ID : SE24.1114 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2015
Purpose of Expenditure NATIONAL CABLE MEDIA BUY ON FOX NEWS CHANNEL	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 1353950.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2015
Mailing Address P.O. BOX 2484	Amount 250689.00
City State Zip Code SPRINGFIELD VA 22152	Transaction ID : SE24.1117 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 8494414.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1584123.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
OATH STRATEGIES LLC
Mailing Address P.O. BOX 2484
City SPRINGFIELD State VA Zip Code 22152
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate JEB BUSH
Calendar Year-To-Date Per Election for Office Sought 5879614.72
Date of Public Distribution/Dissemination 11/03/2015
Amount 1846288.00
Transaction ID : SE24.1123
Date of Disbursement or Obligation 10/27/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee
OATH STRATEGIES LLC
Mailing Address P.O. BOX 2484
City SPRINGFIELD State VA Zip Code 22152
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate JEB BUSH
Calendar Year-To-Date Per Election for Office Sought 12940117.33
Date of Public Distribution/Dissemination 11/03/2015
Amount 4173234.00
Transaction ID : SE24.1124
Date of Disbursement or Obligation 10/27/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 6019522.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Charles R Spies
[Electronically Filed]
Date 01/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015
Mailing Address P.O. BOX 2484	Amount 1633133.92
City State Zip Code SPRINGFIELD VA 22152	Transaction ID : SE24.1125 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 4692439.01	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address P.O. BOX 2484	Amount 1078806.36
City State Zip Code SPRINGFIELD VA 22152	Transaction ID : SE24.1264 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 7093510.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2711940.28
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
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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 OATH STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 30 / 2015	
Mailing Address P.O. BOX 2484		Amount 4423057.01	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.1265
Purpose of Expenditure MEDIA PLACEMENT	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 23 / 2015	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 17575197.02		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 30 / 2015	
Mailing Address P.O. BOX 2484		Amount 118961.13	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.1266
Purpose of Expenditure MEDIA PLACEMENT	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 23 / 2015	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 285662.40		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4542018.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address P.O. BOX 2484	Amount 345795.45
City State Zip Code SPRINGFIELD VA 22152	Transaction ID : SE24.1267 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 23 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 399533.23	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address P.O. BOX 2484	Amount 1132195.85
City State Zip Code SPRINGFIELD VA 22152	Transaction ID : SE24.1268 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 23 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 6141465.04	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1477991.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 30 / 2015	
Mailing Address P.O. BOX 2484		Amount 227685.83	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.1269
Purpose of Expenditure MEDIA PLACEMENT FOR NATIONAL CABLE MEDIA BUY ON FOX CHANNELS		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 23 / 2015
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 8276241.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2015	
Mailing Address P.O. BOX 2484		Amount 278425.00	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.1039
Purpose of Expenditure MEDIA PLACEMENT		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2015
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 440933.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	506110.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2015
Mailing Address P.O. BOX 2484	Amount 1048791.00
City State Zip Code SPRINGFIELD VA 22152	Transaction ID : SE24.1042 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 10 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 1288625.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2015
Mailing Address P.O. BOX 2484	Amount 44696.00
City State Zip Code SPRINGFIELD VA 22152	Transaction ID : SE24.1168 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 144696.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1093487.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination 11 / 03 / 2015
Mailing Address P.O. BOX 2484	Amount 99590.00
City SPRINGFIELD	State VA
Zip Code 22152	Transaction ID : SE24.1169
Purpose of Expenditure MEDIA PLACEMENT	Date of Disbursement or Obligation 11 / 04 / 2015
Category/Type	
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
	District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
3059305.09	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination 11 / 05 / 2015
Mailing Address P.O. BOX 2484	Amount 6666566.00
City SPRINGFIELD	State VA
Zip Code 22152	Transaction ID : SE24.1170
Purpose of Expenditure NATIONAL CABLE MEDIA BUY ON FOX NEWS CHANNEL	Date of Disbursement or Obligation 11 / 04 / 2015
Category/Type	
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
8020516.10	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6766156.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Mailing Address P.O. BOX 2484	Amount 18000.00
City SPRINGFIELD State VA Zip Code 22152	Transaction ID : SE24.1341 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 03 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 7724924.17	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Mailing Address P.O. BOX 2484	Amount 35000.00
City SPRINGFIELD State VA Zip Code 22152	Transaction ID : SE24.1342 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 03 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 7759924.17	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	215000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER C C00571372
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 2484		Amount <input type="text"/>
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <input type="text"/>	Transaction ID : SE24.1343 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	9359924.17	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 2484		Amount <input type="text"/>
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <input type="text"/>	Transaction ID : SE24.1344 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	18433237.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

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

Charles R Spies
Signature

[Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Mailing Address P.O. BOX 2484	Amount 67125.00
City State Zip Code SPRINGFIELD VA 22152	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 03 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
18500362.72	

Full Name of Payee OATH STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
Mailing Address P.O. BOX 2484	Amount 667160.00
City State Zip Code SPRINGFIELD VA 22152	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 22 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
10192285.69	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	734285.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
OATH STRATEGIES LLC
Mailing Address
P.O. BOX 2484
City
SPRINGFIELD State
VA Zip Code
22152
Purpose of Expenditure
MEDIA PLACEMENT-ALSO OPPOSE KASICH AND CHRISTIE
Category/Type
Name of Federal Candidate
JEB BUSH Support
Office Sought:
President
State: NH
Calendar Year-To-Date
Per Election for Office Sought
20242066.43

Date of Public Distribution/Dissemination
12 / 29 / 2015
Amount
1299438.00
Transaction ID : SE24.1424
Date of Disbursement or Obligation
12 / 22 / 2015
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
OATH STRATEGIES LLC
Mailing Address
P.O. BOX 2484
City
SPRINGFIELD State
VA Zip Code
22152
Purpose of Expenditure
MEDIA PLACEMENT-ALSO OPPOSE RUBIO
Category/Type
Name of Federal Candidate
JEB BUSH Support
Office Sought:
President
State: SC
Calendar Year-To-Date
Per Election for Office Sought
7005715.99

Date of Public Distribution/Dissemination
12 / 29 / 2015
Amount
284280.00
Transaction ID : SE24.1425
Date of Disbursement or Obligation
12 / 22 / 2015
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 1583718.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee OATH STRATEGIES, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 13 / 2015 </div>			
Mailing Address P.O. BOX 2484	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 250000.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City SPRINGFIELD</td> <td style="width:33%;">State VA</td> <td style="width:34%;">Zip Code 22152</td> </tr> </table>	City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.1099 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 10 / 09 / 2015 </div>
City SPRINGFIELD	State VA	Zip Code 22152		
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>			
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 3830743.14 </div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee OATH STRATEGIES, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 10 / 13 / 2015 </div>			
Mailing Address P.O. BOX 2484	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 1157345.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City SPRINGFIELD</td> <td style="width:33%;">State VA</td> <td style="width:34%;">Zip Code 22152</td> </tr> </table>	City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.1100 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 10 / 09 / 2015 </div>
City SPRINGFIELD	State VA	Zip Code 22152		
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>			
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 8242169.64 </div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 1407345.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y _____ </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.

Charles R Spies
 Signature _____

[Electronically Filed] Date
M M M M / D D D D / Y Y Y Y Y Y
 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 22 / 2015 </div>
Mailing Address 4019 INGERSOLL AVE	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 41671.30 </div>
City State Zip Code DES MOINES IA 50312	
Purpose of Expenditure DIRECT MAIL	Category/Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2699211.33 </div>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08 / 20 / 2015 </div>
Mailing Address 4019 INGERSOLL AVE.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23625.14 </div>
City State Zip Code DES MOINES IA 50312	
Purpose of Expenditure POSTAGE	Category/Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 123608.48 </div>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 65296.44 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
(c) TOTAL 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.

Charles R Spies
[Electronically Filed]
Date

01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 20 / 2015
Mailing Address 4019 INGERSOLL AVE.	Amount 23066.19
City DES MOINES State IA Zip Code 50312	Transaction ID : SE24.1031 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 19 / 2015
Purpose of Expenditure PRINTING Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 146674.67	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 20 / 2015
Mailing Address 4019 INGERSOLL AVE.	Amount 34267.96
City DES MOINES State IA Zip Code 50312	Transaction ID : SE24.1032 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 19 / 2015
Purpose of Expenditure PRINTING Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 224001.45	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	57334.15
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 06 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 23449.30
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1098 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 07 / 2015
Purpose of Expenditure DIRECT MAIL	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 3560968.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 19237.48
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1126 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2015
Purpose of Expenditure POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 3863122.12	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42686.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REDWAVE COMMUNICATIONS LLC
Mailing Address
4019 INGERSOLL AVE
City
DES MOINES State
IA Zip Code
50312
Purpose of Expenditure
PRINTING
Name of Federal Candidate
JEB BUSH
Calendar Year-To-Date
Per Election for Office Sought
3883326.72

Date of Public Distribution/Dissemination
10 / 28 / 2015
Amount
20204.60
Transaction ID : SE24.1127
Date of Disbursement or Obligation
10 / 27 / 2015
Office Sought:
House District:
Senate State: IA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
REDWAVE COMMUNICATIONS LLC
Mailing Address
4019 INGERSOLL AVE
City
DES MOINES State
IA Zip Code
50312
Purpose of Expenditure
PRINTING
Name of Federal Candidate
JEB BUSH
Calendar Year-To-Date
Per Election for Office Sought
8557563.68

Date of Public Distribution/Dissemination
10 / 28 / 2015
Amount
30733.60
Transaction ID : SE24.1128
Date of Disbursement or Obligation
10 / 27 / 2015
Office Sought:
House District:
Senate State: NH
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 50938.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 43368.56
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1130 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 2917579.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 42135.20
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1131 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 2959715.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	85503.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REDWAVE COMMUNICATIONS LLC
Mailing Address
4019 INGERSOLL AVE
City
DES MOINES State
IA Zip Code
50312
Purpose of Expenditure
YARD SIGNS AND POSTERS
Category/Type

Date of Public Distribution/Dissemination
11 / 14 / 2015
Amount
3816.29
Transaction ID : SE24.1237
Date of Disbursement or Obligation
11 / 16 / 2015

Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: NH
Calendar Year-To-Date
Per Election for Office Sought
13022456.69

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
REDWAVE COMMUNICATIONS LLC
Mailing Address
4019 INGERSOLL AVE
City
DES MOINES State
IA Zip Code
50312
Purpose of Expenditure
DIRECT MAIL POSTAGE
Category/Type

Date of Public Distribution/Dissemination
11 / 25 / 2015
Amount
36070.60
Transaction ID : SE24.1270
Date of Disbursement or Obligation
11 / 23 / 2015

Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: FL
Calendar Year-To-Date
Per Election for Office Sought
46208.70

Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 39886.89. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Signature: Charles R Spies [Electronically Filed] Date: 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 23565.89
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1271 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 69774.59	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 19737.48
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1272 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 5994177.41	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43303.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 48064.11
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1275 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 4967130.41	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 38955.42
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1276 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 5006085.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87019.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015	
Mailing Address 4019 INGERSOLL AVE		Amount 19922.93	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.1279
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type 	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2015	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 33361.03		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015	
Mailing Address 4019 INGERSOLL AVE		Amount 17193.40	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.1280
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type 	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2015	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 50544.43		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37116.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 21763.52
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1349 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type []
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought [] 18554442.57	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 37039.07
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1350 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type []
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought [] 18625801.29	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58802.59
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	[]
(c) TOTAL Independent Expenditures.....▶	[]

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 22981.96
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1397 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 9415187.05	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 24970.88
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1398 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 9440157.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47952.84
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REDWAVE COMMUNICATIONS LLC
Mailing Address
4019 INGERSOLL AVE
City
DES MOINES State
IA Zip Code
50312

Date of Public Distribution/Dissemination
12 / 15 / 2015
Amount
21400.48
Transaction ID : SE24.1399
Date of Disbursement or Obligation

Purpose of Expenditure
DIRECT MAIL PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO
Category/Type

Name of Federal Candidate
JEB BUSH
Support
Oppose

Office Sought:
House
Senate
District:
State: IA

Calendar Year-To-Date
Per Election for Office Sought
9461558.41

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
REDWAVE COMMUNICATIONS LLC
Mailing Address
4019 INGERSOLL AVE
City
DES MOINES State
IA Zip Code
50312

Date of Public Distribution/Dissemination
12 / 15 / 2015
Amount
12832.43
Transaction ID : SE24.1400
Date of Disbursement or Obligation

Purpose of Expenditure
DIRECT MAIL POSTAGE - ALSO OPPOSES TRUMP, CRUZ & RUBIO
Category/Type

Name of Federal Candidate
JEB BUSH
Support
Oppose

Office Sought:
House
Senate
District:
State: IA

Calendar Year-To-Date
Per Election for Office Sought
9474390.84

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 34232.91
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 14 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 35804.64
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1401 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 15 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 18716348.04	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 17 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 52771.01
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1402 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 15 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES TRUMP, CRUZ AND RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 6611030.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	88575.65
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REDWAVE COMMUNICATIONS LLC
Mailing Address
4019 INGERSOLL AVE
City
DES MOINES State
IA Zip Code
50312
Purpose of Expenditure
DIRECT MAIL POSTAGE - ALSO OPPOSES TRUMP, CRUZ AND RUBIO
Category/Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: SC
Calendar Year-To-Date
Per Election for Office Sought
6666908.02

Date of Public Distribution/Dissemination
12 / 17 / 2015
Amount
55877.87
Transaction ID : SE24.1403
Date of Disbursement or Obligation
12 / 15 / 2015
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
REDWAVE COMMUNICATIONS LLC
Mailing Address
4019 INGERSOLL AVE
City
DES MOINES State
IA Zip Code
50312
Purpose of Expenditure
DIRECT MAIL PRODUCTION
Category/Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: IA
Calendar Year-To-Date
Per Election for Office Sought
9505863.06

Date of Public Distribution/Dissemination
12 / 18 / 2015
Amount
19463.16
Transaction ID : SE24.1409
Date of Disbursement or Obligation
12 / 17 / 2015
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 75341.03
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 18 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 12283.48
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1410 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 17 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 9518146.54	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 18 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 36054.64
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1411 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 17 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 18816928.33	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	48338.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 16753.74
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1437 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 24 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION-ALSO OPPOSE TRUMP, CRUZ AND RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 96693.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 21736.26
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1438 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 24 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE-ALSO OPPOSE TRUMP, CRUZ AND RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 118429.69	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38490.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Charles R Spies
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 52773.34
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1439 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 24 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 7058489.33	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 4019 INGERSOLL AVE	Amount 61178.19
City State Zip Code DES MOINES IA 50312	Transaction ID : SE24.1440 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 24 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 7119667.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	113951.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>						
Mailing Address 4019 INGERSOLL AVE	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 16082.53 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>DES MOINES</td> <td>IA</td> <td>50312</td> </tr> </table>	City	State	Zip Code	DES MOINES	IA	50312	Transaction ID : SE24.1441 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 28 / 2015 </div>
City	State	Zip Code					
DES MOINES	IA	50312					
Purpose of Expenditure DIRECT MAIL PRODUCTION-ALSO OPPOSE TRUMP	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M </div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 10260085.75 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REDWAVE COMMUNICATIONS LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>						
Mailing Address 4019 INGERSOLL AVE	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 15461.05 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>DES MOINES</td> <td>IA</td> <td>50312</td> </tr> </table>	City	State	Zip Code	DES MOINES	IA	50312	Transaction ID : SE24.1442 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 28 / 2015 </div>
City	State	Zip Code					
DES MOINES	IA	50312					
Purpose of Expenditure DIRECT MAIL POSTAGE-ALSO OPPOSE TRUMP	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M </div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 10275546.80 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 31543.58 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M </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.

Charles R Spies
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 28 / 2015	
Mailing Address 4019 INGERSOLL AVE		Amount 37543.14	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.1443
Purpose of Expenditure DIRECT MAIL PRODUCTION-ALSO OPPOSE TRUMP		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		18980171.57	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 30 / 2015	
Mailing Address 4019 INGERSOLL AVE		Amount 11142.60	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.1448
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 30 / 2015
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		20352663.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	48685.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REDWAVE COMMUNICATIONS LLC
Mailing Address
4019 INGERSOLL AVE
City
DES MOINES State
IA Zip Code
50312
Purpose of Expenditure
COLLATERAL MATERIALS - T-SHIRTS
Category/Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State:
CA
Calendar Year-To-Date
Per Election for Office Sought
2213.92

Date of Public Distribution/Dissemination
12 / 30 / 2015
Amount
2213.92
Transaction ID : SE24.1450
Date of Disbursement or Obligation
12 / 30 / 2015
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS ST
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION
Category/Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State:
IA
Calendar Year-To-Date
Per Election for Office Sought
3843034.64

Date of Public Distribution/Dissemination
10 / 23 / 2015
Amount
12291.50
Transaction ID : SE24.1118
Date of Disbursement or Obligation
10 / 23 / 2015
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 14505.42
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Charles R Spies
[Electronically Filed]
Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS ST
City
ALEXANDRIA State
VA Zip Code
22314
Date of Public Distribution/Dissemination
10 / 23 / 2015
Amount
12291.50
Transaction ID : SE24.1120
Date of Disbursement or Obligation
10 / 23 / 2015
Purpose of Expenditure
MEDIA PRODUCTION
Category/Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
8506705.64

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS ST
City
ALEXANDRIA State
VA Zip Code
22314
Date of Public Distribution/Dissemination
10 / 23 / 2015
Amount
19274.44
Transaction ID : SE24.1121
Date of Disbursement or Obligation
10 / 23 / 2015
Purpose of Expenditure
MEDIA PRODUCTION
Category/Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
8525980.08

(a) SUBTOTAL of Itemized Independent Expenditures 31565.94
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Charles R Spies
[Electronically Filed]
Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2015
Mailing Address 1020 PRINCESS ST.	Amount 850.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3843884.64	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2015
Mailing Address 1020 PRINCESS ST.	Amount 850.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 8526830.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1700.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET		Amount 35180.73
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT	Category/Type	Transaction ID : SE24.1047 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 7128690.86		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET		Amount 67230.77
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT	Category/Type	Transaction ID : SE24.1048 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 17642427.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	102411.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Signature Charles R Spies [Electronically Filed] Date **01 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER C C00571372
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount <input type="text"/> 50256.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Transaction ID : SE24.1049
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 09 / 14 / 2015
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6191721.04	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 09 / 23 / 2015
Mailing Address 1020 PRINCESS STREET	Amount <input type="text"/> 15205.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Transaction ID : SE24.1060
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 09 / 24 / 2015
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 959638.68	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 65461.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL 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.

Charles R Spies
 Signature _____ [Electronically Filed] Date / /
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 15205.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1061 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 24 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 2551235.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 15205.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1062 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 24 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 516731.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	30410.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 10000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1063 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 30 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1841814.68 </div>						
Office Sought:	<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>						
Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 125000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1064 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 30 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 4094976.47 </div>						
Office Sought:	<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>						
Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 225000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 225000.00 </div>

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Charles R Spies
 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">10 / 01 / 2015</div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">125000.00</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">City</td> <td style="width:20%;">State</td> <td style="width:30%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1065 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">09 / 30 / 2015</div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">960883.66</div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">09 / 29 / 2015</div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">780.00</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">City</td> <td style="width:20%;">State</td> <td style="width:30%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1066 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">10 / 01 / 2015</div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">1741814.68</div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">125780.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; 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.

Charles R Spies
 Signature

[Electronically Filed] Date

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

01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 780.00
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1067 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 3969976.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 22.66
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1072 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: AK
Calendar Year-To-Date Per Election for Office Sought 4140.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	802.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Charles R Spies
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 22.66
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought 7640.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 22.66
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 4140.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Signature Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 09 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 22.66 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1075 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 4140.31 </div>						
Office Sought:	<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>						
Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 09 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 55.04 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1076 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 10055.04 </div>						
Office Sought:	<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>						
Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 77.70 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 77.70 </div>

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Charles R Spies
 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 09 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 22.66 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1077 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 4140.31 </div>						
Office Sought:	<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>						
Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 09 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 825.54 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1078 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 5926704.25 </div>						
Office Sought:	<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>						
Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 848.20 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Charles R Spies
 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 22.66
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1079 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IL
Calendar Year-To-Date Per Election for Office Sought 4140.26	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 22.66
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1080 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: KS
Calendar Year-To-Date Per Election for Office Sought 4140.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	45.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 22.66
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 4140.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 22.66
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 4140.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 22.66
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1083 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: MA
Calendar Year-To-Date Per Election for Office Sought 4140.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 22.66
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1084 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: MI
Calendar Year-To-Date Per Election for Office Sought 4140.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	 45.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 22.66
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1085 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u> </u> State: NC
Calendar Year-To-Date Per Election for Office Sought 4140.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ <u> </u> 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 963.13
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1086 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u> </u> State: NH
Calendar Year-To-Date Per Election for Office Sought 13011664.55	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ <u> </u> 2016

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	985.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type
Name of Federal Candidate
JEB BUSH Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
145246.36

Date of Public Distribution/Dissemination
11 / 09 / 2015
Amount
550.36
Transaction ID : SE24.1087
Date of Disbursement or Obligation
10 / 02 / 2015
Office Sought:
House District:
Senate State: NV
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type
Name of Federal Candidate
JEB BUSH Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
13355.04

Date of Public Distribution/Dissemination
11 / 09 / 2015
Amount
55.04
Transaction ID : SE24.1088
Date of Disbursement or Obligation
10 / 02 / 2015
Office Sought:
House District:
Senate State: OH
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 605.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 22.66
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 4140.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 7496.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 968379.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7518.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 963.13
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1091 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type []
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 4808272.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 22.66
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1092 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type []
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: TN
Calendar Year-To-Date Per Election for Office Sought 4140.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	985.79
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	[]

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if [] 24-hour report [] 48-hour report [] New report [] Amends report filed on

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type
Name of Federal Candidate
JEB BUSH [X] Support [] Oppose
Calendar Year-To-Date
Per Election for Office Sought
4140.31

Date of Public Distribution/Dissemination
11 / 09 / 2015
Amount
22.66
Transaction ID : SE24.1093
Date of Disbursement or Obligation
10 / 02 / 2015
Office Sought: [] House [X] President [] Senate State: TX
Disbursement For: [X] Primary [] General
2016 [] Other (specify)

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type
Name of Federal Candidate
JEB BUSH [X] Support [] Oppose
Calendar Year-To-Date
Per Election for Office Sought
4140.31

Date of Public Distribution/Dissemination
11 / 09 / 2015
Amount
22.66
Transaction ID : SE24.1094
Date of Disbursement or Obligation
10 / 02 / 2015
Office Sought: [] House [X] President [] Senate State: VA
Disbursement For: [X] Primary [] General
2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 45.32
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015		
Mailing Address 1020 PRINCESS STREET	Amount 22.66		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1095
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2015	
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: <u>VT</u>
Calendar Year-To-Date Per Election for Office Sought	4140.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015		
Mailing Address 1020 PRINCESS STREET	Amount 55.04		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1096
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2015	
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought	10055.04	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	77.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies
Signature

[Electronically Filed] Date **01 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 5587.34
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1101 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 3576794.81	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 3948.33
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1102 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 3580743.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9535.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1020 PRINCESS STREET			Amount <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1103		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
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) ▶ _____		
		<input type="text"/>	3571207.47		

Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1020 PRINCESS STREET			Amount <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1104		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
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) ▶ _____		
		<input type="text"/>	3565556.81		

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

Charles R Spies

Signature _____ Date / /

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 5587.33
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 7080876.30	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 3948.34
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 7084824.64	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9535.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 5650.67
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 7075288.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE24.1107

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4587.83
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 7069638.30	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE24.1108

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10238.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 5587.33
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1109 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 2424674.70	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 3948.33
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1110 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 2428623.03	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 9535.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 5650.67
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1111 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2419087.37	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4587.84
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1112 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2413436.70	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 10238.51
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 16 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 3917.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 2657540.03	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 1555.50
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 8243725.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5472.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4117.65
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 4117.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4117.65
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 7617.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8235.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4117.65
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1134 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: AR
Calendar Year-To-Date Per Election for Office Sought 4117.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4117.65
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1135 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: CO
Calendar Year-To-Date Per Election for Office Sought 4117.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8235.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 11 / 01 / 2015 </div>
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 10000.00 </div>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type <input type="text"/>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 10000.00 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 11 / 01 / 2015 </div>
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 4117.65 </div>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <input type="text"/>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 4117.65 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 14117.65 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> _____ </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> _____ </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.

Signature: Charles R Spies [Electronically Filed] Date: 01 / 31 / 2016

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 514 OF 639
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount <input type="text"/> 15000.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1138 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 29 / 2015
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type <input type="text"/>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4033326.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount <input type="text"/> 314870.31
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1139 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 29 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <input type="text"/>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 7443561.17	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/> 464870.31
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<input type="text"/>
(c) TOTAL 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.

Charles R Spies [Electronically Filed] Date / /
 Signature **01 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4117.60
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1141 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Purpose of Expenditure MEDIA PLACEMENT Category/Type []	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 4117.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4117.65
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1142 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Purpose of Expenditure MEDIA PLACEMENT Category/Type []	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 4117.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8235.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	[]

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PLACEMENT Category/
Type
Name of Federal Candidate
JEB BUSH Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
4117.65

Date of Public Distribution/Dissemination
11 / 01 / 2015
Amount
4117.65
Transaction ID : SE24.1143
Date of Disbursement or Obligation
10 / 29 / 2015
Office Sought:
House District:
President Senate State: KY
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PLACEMENT Category/
Type
Name of Federal Candidate
JEB BUSH Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
4117.65

Date of Public Distribution/Dissemination
11 / 01 / 2015
Amount
4117.65
Transaction ID : SE24.1144
Date of Disbursement or Obligation
10 / 29 / 2015
Office Sought:
House District:
President Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 8235.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Charles R Spies
[Electronically Filed]
Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4117.65
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1145 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Purpose of Expenditure MEDIA PLACEMENT Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: MA
Calendar Year-To-Date Per Election for Office Sought 4117.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4117.65
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1146 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Purpose of Expenditure MEDIA PLACEMENT Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: MI
Calendar Year-To-Date Per Election for Office Sought 4117.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 8235.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY		
Mailing Address 1020 PRINCESS STREET		
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT	Category/Type	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		4117.65

Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Amount 4117.65
Transaction ID : SE24.1147
Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY		
Mailing Address 1020 PRINCESS STREET		
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		8766883.33

Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Amount 175000.00
Transaction ID : SE24.1148
Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	179117.65
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Date of Public Distribution/Dissemination
12 / 01 / 2015
Amount
289446.93
Transaction ID : SE24.1149
Date of Disbursement or Obligation
10 / 29 / 2015
Purpose of Expenditure
MEDIA PLACEMENT
Category/Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought: President
State: NH
Calendar Year-To-Date
Per Election for Office Sought
17931874.72
Disbursement For: Primary
2016

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Date of Public Distribution/Dissemination
11 / 01 / 2015
Amount
100000.00
Transaction ID : SE24.1151
Date of Disbursement or Obligation
10 / 29 / 2015
Purpose of Expenditure
DIGITAL MEDIA PLACEMENT
Category/Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought: President
State: NV
Calendar Year-To-Date
Per Election for Office Sought
100000.00
Disbursement For: Primary
2016

(a) SUBTOTAL of Itemized Independent Expenditures 389446.93
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Charles R Spies
[Electronically Filed]
Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET		Amount 10000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 13300.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET		Amount 4117.65
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 4117.65		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14117.65
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies
Signature

[Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee
REVOLUTION AGENCY

Mailing Address **1020 PRINCESS STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Expenditure
DIGITAL MEDIA PLACEMENT Category/Type

Name of Federal Candidate
JEB BUSH Support Oppose

Calendar Year-To-Date Per Election for Office Sought **2874211.33**

Date of Public Distribution/Dissemination
11 / 01 / 2015

Amount
175000.00

Transaction ID : **SE24.1155**

Date of Disbursement or Obligation
10 / 29 / 2015

Office Sought: House District: Senate State: **SC**

Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
REVOLUTION AGENCY

Mailing Address **1020 PRINCESS STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Expenditure
MEDIA PLACEMENT Category/Type

Name of Federal Candidate
JEB BUSH Support Oppose

Calendar Year-To-Date Per Election for Office Sought **6426177.45**

Date of Public Distribution/Dissemination
12 / 01 / 2015

Amount
234456.41

Transaction ID : **SE24.1156**

Date of Disbursement or Obligation
10 / 29 / 2015

Office Sought: House District: Senate State: **SC**

Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	409456.41
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Charles R Spies [Electronically Filed] Date **01 / 31 / 2016**

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4117.65
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1158 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Purpose of Expenditure MEDIA PLACEMENT Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: TN
Calendar Year-To-Date Per Election for Office Sought 4117.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4117.65
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1159 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Purpose of Expenditure MEDIA PLACEMENT Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: TX
Calendar Year-To-Date Per Election for Office Sought 4117.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 8235.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4117.65
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 4117.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 4117.65
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 4117.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8235.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 10000.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought 10000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 483.33
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 5880098.05	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10483.33
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 888.88 483.34
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1164 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 999.99 12940600.67	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 888.88 483.33
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1165 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 999.99 4692922.34	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	888.88 966.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	888.88
(c) TOTAL Independent Expenditures.....▶	888.88

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.

Charles R Spies
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 6739.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1166 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 4699661.34 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 5207.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1167 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 4704868.34 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 11946.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 11946.00 </div>

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Charles R Spies
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 24.77
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1178 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: AK
Calendar Year-To-Date Per Election for Office Sought 4165.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 24.77
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1179 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: AL
Calendar Year-To-Date Per Election for Office Sought 7665.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 24.77
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 4165.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 24.77
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 4165.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount <input type="text"/> 60.14
City ALEXANDRIA State VA Zip Code 22314	
Purpose of Expenditure MEDIA PRODUCTION	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 09 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 10115.18	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount <input type="text"/> 24.77
City ALEXANDRIA State VA Zip Code 22314	
Purpose of Expenditure MEDIA PRODUCTION	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 09 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4165.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/> 84.91
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL 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.

Charles R Spies [Electronically Filed] Date / /
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 902.14
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1184 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 5927606.39	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 24.76
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1185 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IL
Calendar Year-To-Date Per Election for Office Sought 4165.02	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 926.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 24.76
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1186 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 4165.07	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 24.76
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1187 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought 4165.07	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies
Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015		
Mailing Address 1020 PRINCESS STREET			Amount 24.76		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1188		
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2015		
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		4165.07	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015		
Mailing Address 1020 PRINCESS STREET			Amount 24.77		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1189		
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2015		
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought		4165.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49.53
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination 11 / 09 / 2015	
Mailing Address 1020 PRINCESS STREET		Amount 24.76	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1190
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation 11 / 09 / 2015	
Name of Federal Candidate JEB BUSH		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 4165.07		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination 11 / 09 / 2015	
Mailing Address 1020 PRINCESS STREET		Amount 24.77	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1191
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation 11 / 09 / 2015	
Name of Federal Candidate JEB BUSH		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 4165.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies
Signature

[Electronically Filed] Date **01 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 1052.50
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1192 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type []	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 13012717.05	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 601.43
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1193 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type []	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 145847.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1653.93
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	[]

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA

FEC IDENTIFICATION NUMBER
C C00571372

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

Full Name of Payee
REVOLUTION AGENCY

Mailing Address **1020 PRINCESS STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Expenditure
MEDIA PRODUCTION Category/Type

Name of Federal Candidate
JEB BUSH Support Oppose

Office Sought: President Senate State: **OH**

Calendar Year-To-Date Per Election for Office Sought **13415.18**

Disbursement For: Primary General 2016 Other (specify)

Date of Public Distribution/Dissemination / / **11 / 09 / 2015**

Amount **60.14**

Transaction ID : **SE24.1194**
Date of Disbursement or Obligation / / **11 / 09 / 2015**

Full Name of Payee
REVOLUTION AGENCY

Mailing Address **1020 PRINCESS STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Expenditure
MEDIA PRODUCTION Category/Type

Name of Federal Candidate
JEB BUSH Support Oppose

Office Sought: President Senate State: **OK**

Calendar Year-To-Date Per Election for Office Sought **4165.08**

Disbursement For: Primary General 2016 Other (specify)

Date of Public Distribution/Dissemination / / **11 / 09 / 2015**

Amount **24.77**

Transaction ID : **SE24.1195**
Date of Disbursement or Obligation / / **11 / 09 / 2015**

(a) **SUBTOTAL** of Itemized Independent Expenditures..... **84.91**

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures.....

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

Charles R Spies
Signature

[Electronically Filed]

Date / / **01 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 1052.50
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1196 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 4809324.85	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 24.77
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1197 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: TN
Calendar Year-To-Date Per Election for Office Sought 4165.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 1077.27
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015	
Mailing Address 1020 PRINCESS STREET		Amount 24.76	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1200
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>
Calendar Year-To-Date Per Election for Office Sought 4165.07		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015	
Mailing Address 1020 PRINCESS STREET		Amount 60.14	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1201
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought 10115.18		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	84.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 1.53
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1238
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015
Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 4166.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 1.54
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1239
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015
Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 7666.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 3.71
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1242 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: FL
Calendar Year-To-Date Per Election for Office Sought 10118.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 1.53
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1243 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: GA
Calendar Year-To-Date Per Election for Office Sought 4166.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 5.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 17 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 55.71 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1244 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 5974151.81 </div>						
Office Sought:	<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>						
Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 17 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 1.53 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1245 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 4166.55 </div>						
Office Sought:	<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>						
Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 57.24 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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.

Charles R Spies
 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 17 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 1.53 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1246 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 11 / 18 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y </div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 4166.60 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 11 / 17 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 1.53 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1247 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 11 / 18 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y </div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 4166.60 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 3.06 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y </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.

Charles R Spies
 Signature

[Electronically Filed] Date

M M M M / D D D D / Y Y Y Y Y Y
 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 1.53
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1250
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015
Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 4166.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 1.53
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1251
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015
Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 4166.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 65.00
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1252 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 13087869.94	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 37.14
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1253 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 147323.11	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	102.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 3.71
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1254 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 13418.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 1.53
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1255 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 4166.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 5.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type

Date of Public Distribution/Dissemination
11 / 17 / 2015
Amount
65.00
Transaction ID : SE24.1256
Date of Disbursement or Obligation
11 / 18 / 2015

Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
4918730.14

House
District:
Senate
State: SC
General
Other (specify)

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type

Date of Public Distribution/Dissemination
11 / 17 / 2015
Amount
1.53
Transaction ID : SE24.1257
Date of Disbursement or Obligation
11 / 18 / 2015

Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
4166.61

House
District:
Senate
State: TN
General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 66.53, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 1.53
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1258 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type []	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 4166.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 1.53
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1259 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type []	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 4166.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	[]

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 1.53
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1260 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 4166.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 3.71
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1261 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 10118.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 10000.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought 14174.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 10000.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought 17674.53	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 10000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1283 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 25 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PLACEMENT	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14174.52 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 10000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1284 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 25 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PLACEMENT	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14174.52 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 20000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 20000.00 </div>

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Charles R Spies
 Signature

[Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 10000.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1285 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: FL
Calendar Year-To-Date Per Election for Office Sought 79774.59	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 10000.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1286 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: GA
Calendar Year-To-Date Per Election for Office Sought 14174.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 10000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1287 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 25 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PLACEMENT	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 7543561.17 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 10000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1288 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 25 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PLACEMENT	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14174.52 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 110000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL 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.

Charles R Spies
 Signature

[Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 10000.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 14174.51	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 10000.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 10000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	 20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-top: -15px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 10000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1291 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 18031874.72 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 60000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1292 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 345662.40 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 160000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Charles R Spies
 Signature _____

[Electronically Filed] Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 10000.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
14174.52	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 100000.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
6526177.45	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 10000.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought 14174.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 10000.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought 14174.51	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PLACEMENT Category/
Type

Date of Public Distribution/Dissemination
12 / 01 / 2015
Amount
10000.00
Transaction ID : SE24.1297
Date of Disbursement or Obligation
11 / 25 / 2015

Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: VA
Calendar Year-To-Date
Per Election for Office Sought
14174.51

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PLACEMENT Category/
Type

Date of Public Distribution/Dissemination
12 / 01 / 2015
Amount
10000.00
Transaction ID : SE24.1298
Date of Disbursement or Obligation
11 / 25 / 2015

Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: VT
Calendar Year-To-Date
Per Election for Office Sought
14174.51

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 40.30
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1305 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: AK
Calendar Year-To-Date Per Election for Office Sought 14214.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 40.30
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1306 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: AL
Calendar Year-To-Date Per Election for Office Sought 17714.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 40.30
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1307 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: AR
Calendar Year-To-Date Per Election for Office Sought 14214.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 40.30
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1308 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: CO
Calendar Year-To-Date Per Election for Office Sought 14214.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET		Amount 40.30
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.1309 Date of Disbursement or Obligation MM / DD / YYYY 11 / 30 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 79814.89		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET		Amount 40.30
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.1310 Date of Disbursement or Obligation MM / DD / YYYY 11 / 30 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought 14214.82		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature: Charles R Spies [Electronically Filed] Date: MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 403.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1311 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 30 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M </div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 7543964.17 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 12 / 01 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 40.30 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1312 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 11 / 30 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M </div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 14214.82 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 443.30 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M </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.

Charles R Spies
 Signature _____

[Electronically Filed] Date
M M M M / D D D D / Y Y Y Y Y Y
 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 40.30
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought 14214.81	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 40.30
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought 10040.30	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-top: -15px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 403.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1315 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 18032277.72 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 241.80 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1316 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 345904.20 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 644.80 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(c) TOTAL 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.

Charles R Spies
 Signature _____

[Electronically Filed] Date

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

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 40.30
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1317 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: OK
Calendar Year-To-Date Per Election for Office Sought 14214.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 403.00
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1318 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 6526580.45	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 443.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type

Date of Public Distribution/Dissemination
12 / 01 / 2015
Amount
40.30
Transaction ID : SE24.1319
Date of Disbursement or Obligation
11 / 30 / 2015

Name of Federal Candidate
JEB BUSH
Support
Oppose
Office Sought:
President
Senate
State: TN
Calendar Year-To-Date
Per Election for Office Sought
14214.82

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type

Date of Public Distribution/Dissemination
12 / 01 / 2015
Amount
40.30
Transaction ID : SE24.1320
Date of Disbursement or Obligation
11 / 30 / 2015

Name of Federal Candidate
JEB BUSH
Support
Oppose
Office Sought:
President
Senate
State: TX
Calendar Year-To-Date
Per Election for Office Sought
14214.81

Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 80.60. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 40.30
City: ALEXANDRIA State: VA Zip Code: 22314	Transaction ID : SE24.1321 Date of Disbursement or Obligation 11 / 30 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14214.81	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination 12 / 01 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 40.30
City: ALEXANDRIA State: VA Zip Code: 22314	Transaction ID : SE24.1322 Date of Disbursement or Obligation 11 / 30 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14214.81	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	_____
(c) TOTAL Independent Expenditures..... ▶	_____

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 05 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 397.50 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1351 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 12 / 07 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 9360961.39 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 12 / 05 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 183.75 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1352 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 12 / 07 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 9361145.14 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 581.25 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y _____ </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.

Charles R Spies
 Signature _____

[Electronically Filed] Date
M M M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 05 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 19695.37
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1353 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 9380840.51	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 05 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 397.50
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1354 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 18512799.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20092.87
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 05 / 2015 </div>		
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 183.75 </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ALEXANDRIA</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>		City ALEXANDRIA	State VA
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Expenditure MEDIA PRODUCTION	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 07 / 2015 </div>		
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 18512983.68 </div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 05 / 2015 </div>		
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 19695.37 </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ALEXANDRIA</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>		City ALEXANDRIA	State VA
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Expenditure MEDIA PRODUCTION	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 07 / 2015 </div>		
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 18532679.05 </div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 19879.12 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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Charles R Spies
[Electronically Filed]
Date 01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type
Name of Federal Candidate
JEB BUSH Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
346877.70

Date of Public Distribution/Dissemination
12 / 05 / 2015
Amount
397.50
Transaction ID : SE24.1357
Date of Disbursement or Obligation
12 / 07 / 2015
Office Sought:
House District:
Senate State: NV
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type
Name of Federal Candidate
JEB BUSH Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
347061.45

Date of Public Distribution/Dissemination
12 / 05 / 2015
Amount
183.75
Transaction ID : SE24.1358
Date of Disbursement or Obligation
12 / 07 / 2015
Office Sought:
House District:
Senate State: NV
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 581.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 19695.37
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 366756.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 397.50
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 6527937.95	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20092.87
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 05 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 183.75
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 6528121.70	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 05 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 19695.37
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 6547817.07	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19879.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 28.80 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:15%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1377 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14339.62 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 28.80 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:15%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1378 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 17839.63 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 57.60 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL 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.

Charles R Spies
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 28.80 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:20%;">State</td> <td style="width:35%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1379 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14339.62 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 28.80 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:20%;">State</td> <td style="width:35%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1380 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14339.62 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 57.60 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Charles R Spies
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Date of Public Distribution/Dissemination
12 / 10 / 2015
Amount
28.80
Transaction ID : SE24.1381
Date of Disbursement or Obligation
12 / 10 / 2015
Purpose of Expenditure
MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO
Category/Type
Name of Federal Candidate
JEB BUSH Support Oppose
Office Sought:
House District:
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
79939.69
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Date of Public Distribution/Dissemination
12 / 10 / 2015
Amount
28.80
Transaction ID : SE24.1382
Date of Disbursement or Obligation
12 / 10 / 2015
Purpose of Expenditure
MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO
Category/Type
Name of Federal Candidate
JEB BUSH Support Oppose
Office Sought:
House District:
President Senate State: GA
Calendar Year-To-Date
Per Election for Office Sought
14339.62
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 57.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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Charles R Spies
[Electronically Filed]
Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372

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

Full Name of Payee: REVOLUTION AGENCY
Mailing Address: 1020 PRINCESS STREET
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO
Name of Federal Candidate: JEB BUSH
Calendar Year-To-Date Per Election for Office Sought: 9391282.59
Date of Public Distribution/Dissemination: 12/10/2015
Amount: 288.00
Transaction ID: SE24.1383
Date of Disbursement or Obligation: 12/10/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee: REVOLUTION AGENCY
Mailing Address: 1020 PRINCESS STREET
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO
Name of Federal Candidate: JEB BUSH
Calendar Year-To-Date Per Election for Office Sought: 14339.62
Date of Public Distribution/Dissemination: 12/10/2015
Amount: 28.80
Transaction ID: SE24.1384
Date of Disbursement or Obligation: 12/10/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 316.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature: Charles R Spies
Date: 01/31/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Date of Public Distribution/Dissemination
12 / 10 / 2015
Amount
28.80
Transaction ID : SE24.1385
Date of Disbursement or Obligation
12 / 10 / 2015
Purpose of Expenditure
MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO
Category/ Type
Name of Federal Candidate
JEB BUSH
Office Sought:
House District:
Senate State: MI
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Date of Public Distribution/Dissemination
12 / 10 / 2015
Amount
28.80
Transaction ID : SE24.1386
Date of Disbursement or Obligation
12 / 10 / 2015
Purpose of Expenditure
MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO
Category/ Type
Name of Federal Candidate
JEB BUSH
Office Sought:
House District:
Senate State: MN
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 57.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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Charles R Spies
Signature

[Electronically Filed]

Date
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 10 / 2015	
Mailing Address 1020 PRINCESS STREET		Amount 288.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1387
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 18679620.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 10 / 2015	
Mailing Address 1020 PRINCESS STREET		Amount 172.80	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1388
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 377083.70		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	460.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Charles R Spies
Signature

[Electronically Filed]

Date **01 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 28.80
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought 14339.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 288.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 6558259.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	316.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Signature Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 28.80 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:20%;">State</td> <td style="width:35%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1391 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> TN </u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14339.62 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 28.80 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:20%;">State</td> <td style="width:35%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1392 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> TX </u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14339.61 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 57.60 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Charles R Spies
[Electronically Filed]
Date

Signature

M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 28.80 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1393 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 14339.61 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 28.80 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1394 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 14339.61 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 57.60 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Charles R Spies
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 12097.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1451 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 10244003.22	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 12097.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1452 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 7131764.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	24194.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 61.13
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1453 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 14400.75	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 18.68
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1454 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 14419.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79.81
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 30 / 2015 </div>			
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 61.13 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ALEXANDRIA</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1455 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure MEDIA PRODUCTION	Category/Type			
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 17900.76 </div>			
Office Sought:	<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>			
Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>			
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 18.68 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ALEXANDRIA</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1456 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure MEDIA PRODUCTION	Category/Type			
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 17919.44 </div>			
Office Sought:	<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>			
Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 79.81 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 79.81 </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.

Charles R Spies
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 30 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 61.13 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1457 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 						
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14400.75 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 18.68 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1458 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14419.43 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 79.81 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Charles R Spies
 Signature _____

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 61.13
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1459 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought 14400.75	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 18.68
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1460 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought 14419.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79.81
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 30 / 2015 </div>			
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 61.13 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ALEXANDRIA</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1461 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 118490.82 </div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>			
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 18.68 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ALEXANDRIA</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1462 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 118509.50 </div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 79.81 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Charles R Spies
 Signature _____

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 61.13
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1463 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought 14400.75	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 18.68
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1464 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought 14419.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79.81
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 611.30
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1465 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 10276158.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 186.75
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.1466 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 10276344.85	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	798.05
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016

Signature _____

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 2819.21
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE RUBIO	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Name of Federal Candidate JEB BUSH	District: _____ State: <u>IA</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) ▶
Calendar Year-To-Date Per Election for Office Sought	10279164.06

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 61.13
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate MARCO RUBIO	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate MARCO RUBIO	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Name of Federal Candidate MARCO RUBIO	District: _____ State: <u>MA</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) ▶
Calendar Year-To-Date Per Election for Office Sought	14400.75

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2880.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
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Signature _____

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NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 18.68
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Name of Federal Candidate JEB BUSH	District: _____ State: MA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought	14419.43

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 61.13
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate MARCO RUBIO	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate MARCO RUBIO	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Name of Federal Candidate MARCO RUBIO	District: _____ State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought	14400.74

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79.81
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

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

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
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Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 31 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 18.67
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Date of Disbursement or Obligation MM / DD / YYYY 12 / 31 / 2015
Name of Federal Candidate JEB BUSH	Category/Type <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: MI
Calendar Year-To-Date Per Election for Office Sought 14419.41	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 30 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 61.13
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Date of Disbursement or Obligation MM / DD / YYYY 12 / 31 / 2015
Name of Federal Candidate MARCO RUBIO	Category/Type <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: MN
Calendar Year-To-Date Per Election for Office Sought 10226.23	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	79.80
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	

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

Signature Charles R Spies [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type

Date of Public Distribution/Dissemination
12 / 31 / 2015
Amount
18.67
Transaction ID : SE24.1473
Date of Disbursement or Obligation
12 / 31 / 2015

Name of Federal Candidate
JEB BUSH
Support
Oppose
Office Sought:
President
Senate
State: MN
Calendar Year-To-Date
Per Election for Office Sought
10244.90

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
REVOLUTION AGENCY
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA PRODUCTION Category/
Type

Date of Public Distribution/Dissemination
12 / 30 / 2015
Amount
611.30
Transaction ID : SE24.1474
Date of Disbursement or Obligation
12 / 31 / 2015

Name of Federal Candidate
MARCO RUBIO
Support
Oppose
Office Sought:
President
Senate
State: NH
Calendar Year-To-Date
Per Election for Office Sought
20365457.24

Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 629.97, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 186.75
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Name of Federal Candidate JEB BUSH	District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 20365643.99	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 366.78
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate MARCO RUBIO	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate MARCO RUBIO	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Name of Federal Candidate MARCO RUBIO	District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought 384429.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	553.53
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 112.05
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1477 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought 384541.67	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 61.13
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1478 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate MARCO RUBIO <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: OK
Calendar Year-To-Date Per Election for Office Sought 14400.75	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 173.18
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>			
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 18.67 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ALEXANDRIA</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1479 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14419.42 </div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 30 / 2015 </div>			
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 611.30 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ALEXANDRIA</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1480 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 7132375.82 </div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 629.97 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Charles R Spies
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 186.75 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1481 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 7132562.57 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 30 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 61.13 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1482 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 						
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 14400.75 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 247.88 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </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.

Charles R Spies
 Signature _____

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 31 / 2015
Mailing Address 1020 PRINCESS STREET		Amount 18.67
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.1483 Date of Disbursement or Obligation MM / DD / YYYY 12 / 31 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 14419.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 30 / 2015
Mailing Address 1020 PRINCESS STREET		Amount 61.13
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.1484 Date of Disbursement or Obligation MM / DD / YYYY 12 / 31 / 2015
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 14400.74		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Signature Charles R Spies [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 18.67
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1485 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate JEB BUSH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: TX
Calendar Year-To-Date Per Election for Office Sought 14419.41	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 61.13
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1486 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Purpose of Expenditure MEDIA PRODUCTION Category/Type 	Name of Federal Candidate MARCO RUBIO <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: VA
Calendar Year-To-Date Per Election for Office Sought 14400.74	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 79.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>			
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 18.67 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ALEXANDRIA</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1487 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14419.41 </div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 30 / 2015 </div>			
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 61.13 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ALEXANDRIA</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1488 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14400.74 </div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 79.80 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 79.80 </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.

Charles R Spies
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION AGENCY	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>			
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 18.67 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ALEXANDRIA</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1489 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 </div>
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 14419.41 </div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 06 / 2015 </div>			
Mailing Address 1020 PRINCESS ST	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 20000.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ALEXANDRIA</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1001 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 08 / 2015 </div>
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure MEDIA PLACEMENT: ALSO OPPOSE HILLARY CLINTON	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 39500.00 </div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 20018.67 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL 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.

Charles R Spies
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: REVOLUTION MEDIA GROUP
Mailing Address: 1020 PRINCESS ST
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: MEDIA PLACEMENT: ALSO OPPOSE HILLARY CLINTON
Name of Federal Candidate: JEB BUSH
Office Sought: President, State: NH
Amount: 20000.00
Transaction ID: SE24.1002
Date of Disbursement or Obligation: 07/08/2015
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 67500.00

Full Name of Payee: REVOLUTION MEDIA GROUP
Mailing Address: 1020 PRINCESS ST
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: MEDIA PLACEMENT: ALSO OPPOSE HILLARY CLINTON
Name of Federal Candidate: JEB BUSH
Office Sought: President, State: SC
Amount: 20000.00
Transaction ID: SE24.1006
Date of Disbursement or Obligation: 07/10/2015
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 20000.00

(a) SUBTOTAL of Itemized Independent Expenditures: 40000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Charles R Spies
[Electronically Filed]
Date: 01/31/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 10 / 2015
Mailing Address 1020 PRINCESS ST.	Amount 20000.00
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1005 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 10 / 2015
Purpose of Expenditure MEDIA PLACEMENT: ALSO OPPOSE HILLARY CLINTON	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 87500.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 14 / 2015
Mailing Address 1020 PRINCESS ST.	Amount 10000.00
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.1009 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 14 / 2015
Purpose of Expenditure MEDIA PLACEMENT: ALSO OPPOSE HILLARY CLINTON	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 49500.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 20 / 2015
Mailing Address 1020 PRINCESS ST.	Amount 12500.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT: ALSO OPPOSE HILLARY CLINTON	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 14 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 62000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 20 / 2015
Mailing Address 1020 PRINCESS ST.	Amount 17500.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT: ALSO OPPOSE HILLARY CLINTON	Category/Type
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 14 / 2015
Name of Federal Candidate JEB BUSH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 105000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
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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 REVOLUTION MEDIA GROUP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 20 / 2015	
Mailing Address 1020 PRINCESS ST.		Amount 20000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1012
Purpose of Expenditure MEDIA PLACEMENT: ALSO OPPOSE HILLARY CLINTON		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 14 / 2015
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 40000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee REVOLUTION MEDIA GROUP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 06 / 2015	
Mailing Address 1020 PRINCESS ST.		Amount 3300.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1019
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 06 / 2015
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought 3300.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23300.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 06 / 2015
Mailing Address 1020 PRINCESS ST.	Amount 3300.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 75300.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 07 / 2015
Mailing Address 1020 PRINCESS ST.	Amount 21666.67
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 99983.34	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	24966.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
---	---

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

Full Name of Payee REVOLUTION MEDIA GROUP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1020 PRINCESS ST.		Amount <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <input type="text"/>	Transaction ID : SE24.1022 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/> 124300.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION MEDIA GROUP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1020 PRINCESS ST.		Amount <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <input type="text"/>	Transaction ID : SE24.1023 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/> 148983.34	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 24966.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL 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.

Signature Charles R Spies [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 06 / 2015
Mailing Address 1020 PRINCESS ST.	Amount 3300.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: OH
Calendar Year-To-Date Per Election for Office Sought 3300.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 06 / 2015
Mailing Address 1020 PRINCESS ST.	Amount 3300.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 57300.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6600.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 07 / 2015
Mailing Address 1020 PRINCESS ST.	Amount 21666.66
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type Transaction ID : SE24.1026
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 06 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 81983.32	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2015
Mailing Address 1020 PRINCESS ST.	Amount 5000.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type Transaction ID : SE24.1035
Name of Federal Candidate JEB BUSH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: DC
Calendar Year-To-Date Per Election for Office Sought 8300.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26666.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee REVOLUTION MEDIA GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2015
Mailing Address 1020 PRINCESS ST.		Amount 5000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type	Transaction ID : SE24.1036 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 162508.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION MEDIA GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2015
Mailing Address 1020 PRINCESS ST.		Amount 5000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type	Transaction ID : SE24.1037 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 239834.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies
Signature

[Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION MEDIA GROUP
Mailing Address
1020 PRINCESS ST.
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
DIGITAL MEDIA PLACEMENT
Category/
Type

Date of Public Distribution/Dissemination
09 / 08 / 2015
Amount
5000.00
Transaction ID : SE24.1038
Date of Disbursement or Obligation
09 / 09 / 2015

Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: SC
Calendar Year-To-Date
Per Election for Office Sought
97816.65

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
REVOLUTION MEDIA GROUP
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22341
Purpose of Expenditure
MEDIA PLACEMENT
Category/
Type

Date of Public Distribution/Dissemination
06 / 26 / 2015
Amount
8000.00
Transaction ID : SE24.1007
Date of Disbursement or Obligation
07 / 13 / 2015

Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: IA
Calendar Year-To-Date
Per Election for Office Sought
16000.00

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 13000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 12000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22341</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22341	Transaction ID : SE24.1008 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 07 / 13 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22341					
Purpose of Expenditure MEDIA PLACEMENT	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 44000.00 </div>						
Office Sought:	<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>						
Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 07 / 27 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 10000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1016 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 07 / 27 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PLACEMENT: ALSO OPPOSE HILLARY CLINTON	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 72000.00 </div>						
Office Sought:	<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>						
Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 22000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y _____ </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.

Charles R Spies
 Signature

[Electronically Filed] Date
M M M M / D D D D / Y Y Y Y Y Y
 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 27 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 16000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:15%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1017 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 27 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PLACEMENT: ALSO OPPOSE HILLARY CLINTON	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 121000.00 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 27 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 14000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:15%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1018 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 27 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure MEDIA PLACEMENT: ALSO OPPOSE HILLARY CLINTON	Category/Type 						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 54000.00 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 30000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y _____ </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.

Charles R. Spies
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
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Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee REVOLUTION MEDIA GROUP		Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 08 / 22 / 2015	
Mailing Address 1020 PRINCESS STREET		Amount <input type="text" value="10833.33"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1027
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 08 / 17 / 2015	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="157508.00"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee REVOLUTION MEDIA GROUP		Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 08 / 22 / 2015	
Mailing Address 1020 PRINCESS STREET		Amount <input type="text" value="10833.34"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1028
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 08 / 17 / 2015	
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="234834.79"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text" value="21666.67"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL 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.

Charles R Spies **[Electronically Filed]** Date 01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
REVOLUTION MEDIA GROUP
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Date of Public Distribution/Dissemination
08 / 22 / 2015
Amount
10833.33
Transaction ID : SE24.1029
Date of Disbursement or Obligation
08 / 17 / 2015
Purpose of Expenditure
MEDIA PLACEMENT Category/
Type
Name of Federal Candidate
JEB BUSH Support
Office Sought:
President State:
SC
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
92816.65

Full Name of Payee
REVOLUTION MEDIA GROUP
Mailing Address
1020 PRINCESS STREET
City
ALEXANDRIA State
VA Zip Code
22314
Date of Public Distribution/Dissemination
09 / 16 / 2015
Amount
5000.00
Transaction ID : SE24.1050
Date of Disbursement or Obligation
09 / 14 / 2015
Purpose of Expenditure
DIGITAL MEDIA PLACEMENT Category/
Type
Name of Federal Candidate
JEB BUSH Support
Office Sought:
President State:
IA
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
519936.68

(a) SUBTOTAL of Itemized Independent Expenditures 15833.33
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 15 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 60000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1051 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 14 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 514936.68 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 16 / 2015 </div>						
Mailing Address 1020 PRINCESS STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 5000.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314	Transaction ID : SE24.1052 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 14 / 2015 </div>
City	State	Zip Code					
ALEXANDRIA	VA	22314					
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type						
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1395129.47 </div>						
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 65000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 65000.00 </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.

Charles R Spies
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372

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

Full Name of Payee: REVOLUTION MEDIA GROUP
Mailing Address: 1020 PRINCESS STREET
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: DIGITAL MEDIA PLACEMENT
Name of Federal Candidate: JEB BUSH
Office Sought: President
Amount: 87500.00
Transaction ID: SE24.1053
Date of Disbursement or Obligation: 09/14/2015
Disbursement For: Primary

Full Name of Payee: REVOLUTION MEDIA GROUP
Mailing Address: 1020 PRINCESS STREET
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: DIGITAL MEDIA PLACEMENT
Name of Federal Candidate: JEB BUSH
Office Sought: President
Amount: 5000.00
Transaction ID: SE24.1054
Date of Disbursement or Obligation: 09/14/2015
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 92500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Charles R Spies
[Electronically Filed]
Date: 01/31/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2015
Mailing Address 1020 PRINCESS STREET	Amount 70000.00
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 501526.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee RSM	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 06 / 2015
Mailing Address 1702 E HIGHLAND AVE. SUITE 408	Amount 3500.00
City State Zip Code PHOENIX AZ 85016	
Purpose of Expenditure MEDIA PRODUCTION: ALSO OPPOSE HILLARY CLINTON	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 08 / 2015
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 19500.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	73500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies

Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee RSM		Date of Public Distribution/Dissemination <input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>	
Mailing Address 1702 E HIGHLAND AVE. SUITE 408		Amount <input type="text" value="3500.00"/>	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SE24.1004
Purpose of Expenditure MEDIA PRODUCTION: ALSO OPPOSE HILLARY CLINTON		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="47500.00"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination <input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>	
Mailing Address 95 EDDY RD SUITE 101		Amount <input type="text" value="34319.65"/>	
City MANCHESTER	State NH	Zip Code 03102	Transaction ID : SE24.1363
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="18588762.22"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text" value="37819.65"/>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL 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.

Signature Charles R Spies [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 95 EDDY RD SUITE 101		Amount <input type="text"/>
City MANCHESTER	State NH	Zip Code 03102
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type <input type="text"/>	Transaction ID : SE24.1263 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
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) ▶ _____
		13122525.75

Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 95 EDDY RD SUITE 101		Amount <input type="text"/>
City MANCHESTER	State NH	Zip Code 03102
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES TRUMP, CRUZ & RUBIO	Category/Type <input type="text"/>	Transaction ID : SE24.1404 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
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) ▶ _____
		18757104.07

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

Charles R Spies [Electronically Filed] Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee SPECTRUM MARKETING COMPANIES	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2015
Mailing Address 95 EDDY RD SUITE 101	Amount 34319.65
City State Zip Code MANCHESTER NH 03102	Transaction ID : SE24.1129 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2015
Purpose of Expenditure POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 8591883.33	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SPECTRUM MARKETING COMPANIES	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 20 / 2015
Mailing Address 95 EDDY RD SUITE 101	Amount 40750.15
City State Zip Code MANCHESTER NH 03103	Transaction ID : SE24.1033 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 19 / 2015
Purpose of Expenditure POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 189733.49	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 75069.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee SPECTRUM MARKETING COMPANIES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 18 / 2015
Mailing Address 95 EDDY RD SUITE 101	Amount 40728.62
City State Zip Code MANCHESTER NH 03102	Transaction ID : SE24.1412 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 17 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 18857656.95	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SPECTRUM MARKETING COMPANIES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
Mailing Address 95 EDDY RD SUITE 101	Amount 40728.62
City State Zip Code MANCHESTER NH 03102	Transaction ID : SE24.1444 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE-ALSO OPPOSE TRUMP	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 19020900.19	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	81457.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
SPECTRUM MARKETING COMPANIES
Mailing Address
95 EDDY RD
SUITE 101
City
MANCHESTER State
NH Zip Code
03102
Date of Public Distribution/Dissemination
12 / 30 / 2015
Amount
12182.05
Transaction ID : SE24.1446
Date of Disbursement or Obligation
12 / 29 / 2015
Purpose of Expenditure
DIRECT MAIL POSTAGE
Category/ Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
20364845.94

Full Name of Payee
SPECTRUM MARKETING COMPANIES
Mailing Address
95 EDDY RD
SUITE 101
City
MANCHESTER State
NH Zip Code
03102
Date of Public Distribution/Dissemination
12 / 08 / 2015
Amount
43377.53
Transaction ID : SE24.1364
Date of Disbursement or Obligation
12 / 07 / 2015
Purpose of Expenditure
DIRECT MAIL POSTAGE
Category/ Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
18669178.82

(a) SUBTOTAL of Itemized Independent Expenditures 55559.58
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Charles R Spies
[Electronically Filed]
Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 26576.24
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1171 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 5906674.29	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 19204.42
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1172 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 5925878.71	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45780.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
THE STONERIDGE GROUP, LLC
Mailing Address
4400 NORTH POINT PARKWAY
SUITE 190
City
ALPHARETTA State
GA Zip Code
30022
Purpose of Expenditure
DIRECT MAIL POSTAGE
Category/
Type

Date of Public Distribution/Dissemination
11 / 09 / 2015
Amount
60111.65
Transaction ID : SE24.1173
Date of Disbursement or Obligation
11 / 05 / 2015

Name of Federal Candidate
JEB BUSH
Support
Oppose
Office Sought:
President
Senate
State: SC
Calendar Year-To-Date
Per Election for Office Sought
4764979.99

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
THE STONERIDGE GROUP, LLC
Mailing Address
4400 NORTH POINT PARKWAY
SUITE 190
City
ALPHARETTA State
GA Zip Code
30022
Purpose of Expenditure
DIRECT MAIL PRODUCTION
Category/
Type

Date of Public Distribution/Dissemination
11 / 09 / 2015
Amount
42329.23
Transaction ID : SE24.1174
Date of Disbursement or Obligation
11 / 05 / 2015

Name of Federal Candidate
JEB BUSH
Support
Oppose
Office Sought:
President
Senate
State: SC
Calendar Year-To-Date
Per Election for Office Sought
4807309.22

Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 102440.88. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Signature: Charles R Spies
[Electronically Filed]
Date: 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 40750.16
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1175 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 12981350.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 29350.59
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1176 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 13010701.42	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	70100.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
THE STONERIDGE GROUP, LLC
Mailing Address
4400 NORTH POINT PARKWAY
SUITE 190
City
ALPHARETTA State
GA Zip Code
30022
Purpose of Expenditure
DIRECT MAIL POSTAGE
Category/Type

Date of Public Distribution/Dissemination
11 / 17 / 2015
Amount
20590.34
Transaction ID : SE24.1231
Date of Disbursement or Obligation
11 / 13 / 2015

Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: IA
Calendar Year-To-Date
Per Election for Office Sought
5954120.08

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
THE STONERIDGE GROUP, LLC
Mailing Address
4400 NORTH POINT PARKWAY
SUITE 190
City
ALPHARETTA State
GA Zip Code
30022
Purpose of Expenditure
DIRECT MAIL PRODUCTION
Category/Type

Date of Public Distribution/Dissemination
11 / 17 / 2015
Amount
19976.02
Transaction ID : SE24.1232
Date of Disbursement or Obligation
11 / 13 / 2015

Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: IA
Calendar Year-To-Date
Per Election for Office Sought
5974096.10

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 40566.36
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 16 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 34614.65
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1233 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 13057071.34	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 16 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 30733.60
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1234 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 13087804.94	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65348.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 50137.09
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1235 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type []
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 4873441.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 45223.79
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1236 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type []
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought 4918665.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	95360.88
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	[]

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
THE STONERIDGE GROUP, LLC
Mailing Address
4400 NORTH POINT PARKWAY
SUITE 190
City
ALPHARETTA State
GA Zip Code
30022
Purpose of Expenditure
DIRECT MAIL POSTAGE
Category/Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: NV
Calendar Year-To-Date
Per Election for Office Sought
156650.96

Date of Public Distribution/Dissemination
11 / 23 / 2015
Amount
9135.76
Transaction ID : SE24.1277
Date of Disbursement or Obligation
11 / 23 / 2015
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
THE STONERIDGE GROUP, LLC
Mailing Address
4400 NORTH POINT PARKWAY
SUITE 190
City
ALPHARETTA State
GA Zip Code
30022
Purpose of Expenditure
DIRECT MAIL PRODUCTION
Category/Type
Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: NV
Calendar Year-To-Date
Per Election for Office Sought
163517.92

Date of Public Distribution/Dissemination
11 / 23 / 2015
Amount
6866.96
Transaction ID : SE24.1278
Date of Disbursement or Obligation
11 / 23 / 2015
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 16002.72
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Charles R Spies
[Electronically Filed]
Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <input type="text"/>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.1348
Purpose of Expenditure PRINTING DOOR HANGERS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		18512402.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <input type="text"/>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.1405
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate JEB BUSH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		9480095.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

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

Charles R Spies [Electronically Filed] Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
THE STONERIDGE GROUP, LLC
Mailing Address
4400 NORTH POINT PARKWAY
SUITE 190
City
ALPHARETTA State
GA Zip Code
30022
Purpose of Expenditure
DIRECT MAIL POSTAGE - ALSO OPPOSES RUBIO, KASICH
AND CHRISTIE Category/
Type

Date of Public Distribution/Dissemination
12 / 16 / 2015
Amount
6304.74
Transaction ID : SE24.1406
Date of Disbursement or Obligation
12 / 15 / 2015

Name of Federal Candidate
JEB BUSH
Support
Oppose
Office Sought:
President
Senate
State: IA
Calendar Year-To-Date
Per Election for Office Sought
9486399.90

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
THE STONERIDGE GROUP, LLC
Mailing Address
4400 NORTH POINT PARKWAY
SUITE 190
City
ALPHARETTA State
GA Zip Code
30022
Purpose of Expenditure
DIRECT MAIL PRODUCTION - ALSO OPPOSES RUBIO,
KASICH AND CHRISTIE Category/
Type

Date of Public Distribution/Dissemination
12 / 16 / 2015
Amount
11234.60
Transaction ID : SE24.1407
Date of Disbursement or Obligation
12 / 15 / 2015

Name of Federal Candidate
JEB BUSH
Support
Oppose
Office Sought:
President
Senate
State: NH
Calendar Year-To-Date
Per Election for Office Sought
18768338.67

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 17539.34
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 16 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 12535.02
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1408 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 15 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 18780873.69	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 21 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 2000.00
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1426 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 22 / 2015
Purpose of Expenditure POSTCARD PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 18866807.94	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14535.02
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 4827.83
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1429 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 23 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 10203317.24	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 29 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 13395.55
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1430 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 23 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 10216712.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	18223.38
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Rise USA
FEC IDENTIFICATION NUMBER
C C00571372
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
THE STONERIDGE GROUP, LLC
Mailing Address
4400 NORTH POINT PARKWAY
SUITE 190
City
ALPHARETTA State
GA Zip Code
30022
Purpose of Expenditure
DIRECT MAIL POSTAGE
Category/Type

Date of Public Distribution/Dissemination
12 / 29 / 2015
Amount
15193.43
Transaction ID : SE24.1431
Date of Disbursement or Obligation
12 / 23 / 2015

Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: IA
Calendar Year-To-Date
Per Election for Office Sought
10231906.22

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
THE STONERIDGE GROUP, LLC
Mailing Address
4400 NORTH POINT PARKWAY
SUITE 190
City
ALPHARETTA State
GA Zip Code
30022
Purpose of Expenditure
POSTCARD PRODUCTION
Category/Type

Date of Public Distribution/Dissemination
12 / 22 / 2015
Amount
681.48
Transaction ID : SE24.1432
Date of Disbursement or Obligation
12 / 23 / 2015

Name of Federal Candidate
JEB BUSH
Support
Office Sought:
President
State: NH
Calendar Year-To-Date
Per Election for Office Sought
18867489.42

Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 15874.91, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

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

Signature Charles R Spies [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 34160.40
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1433 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 18901649.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 40978.61
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1434 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 18942628.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75139.01
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 22945.21
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1435 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2015
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 6696832.38	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THE STONERIDGE GROUP, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2015
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190	Amount 24603.61
City State Zip Code ALPHARETTA GA 30022	Transaction ID : SE24.1436 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2015
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type
Name of Federal Candidate JEB BUSH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 6721435.99	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47548.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	47171785.91

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.

Charles R Spies [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____