

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Right to Rise USA

ADDRESS (number and street) ▼

6230 Wilshire Blvd

PMB 1790

☐ Check if different than previously reported. (ACC)

Los Angeles

CA

90048

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

C C00571372

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 ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 01 2016 through M M M / D D D / Y Y Y Y Y Y 01 31 2016

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

M M M / D D D / Y Y Y Y Y Y 02 20 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.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

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:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		58578054.21
(b) Cash on Hand at Beginning of Reporting Period.....	58578054.21	
(c) Total Receipts (from Line 19)	378821.41	378821.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	58956875.62	58956875.62
7. Total Disbursements (from Line 31)	34507985.97	34507985.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24448889.65	24448889.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 01 / 31 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

363160.00

363160.00

(ii) Unitemized

5998.00

5998.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

369158.00

369158.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

369158.00

369158.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

4034.52

4034.52

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

5628.89

5628.89

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))..... ▶

378821.41

378821.41

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

378821.41

378821.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	7179729.94	7179729.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7179729.94	7179729.94
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)	27328256.03	27328256.03
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	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)) ..	34507985.97	34507985.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34507985.97	34507985.97

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)	369158.00	369158.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	369158.00	369158.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	7179729.94	7179729.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	4034.52	4034.52
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	7175695.42	7175695.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. J. GODWIN

Mailing Address 3109 GRAND AVENUE

City
MIAMIState
FLZip Code
33133-5103FEC ID number of contributing
federal political committee.

C

Name of Employer

JEANNE GODWIN

Occupation

INVESTOR

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
0	1			1	1			2	0	1	6		

Transaction ID : SA11.119566

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. SCOTT W. OPENSHAWMailing Address 925 N GARFIELD ST.
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 ▼

1400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2			2	0	1	6		

Transaction ID : SA11.119567

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. WILLIAM DANHOF

Mailing Address 6351 PINE HOLLOW DR.

City

EAST LANSING

State

MI

Zip Code

48823-9725

FEC ID number of contributing
federal political committee.

C

Name of Employer

MILLER CANFIELD

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	1	6		

Transaction ID : SA11.119865

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

3100.00

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)

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☒ 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. ANDREW FREEMAN

Mailing Address 10399 TAMPARY ST

City

DAHPNE

State

AL

Zip Code

36526-9543

FEC ID number of contributing
federal political committee.

C

Name of Employer

A&R

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

01 / 15 / 2016

Transaction ID : SA11.119864

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. THOMAS E. MCINERNEY

Mailing Address 2 MANITOU COURT

City

WESTPORT

State

CT

Zip Code

06880-6006

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLUFF POINT ASSOCIATES

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160000.00

Date of Receipt

01 / 15 / 2016

Transaction ID : SA11.119863

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. CHARLES D. NOTTINGHAM

Mailing Address 4921 ROCKWOOD PKWY NW

City

WASHINGTON

State

DC

Zip Code

20016-3210

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHARLES D. NOTTINGHAM PLLC

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

01 / 15 / 2016

Transaction ID : SA11.119800

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

11100.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MARY M. RAETHER

Mailing Address 1781 CHAIN BRIDGE ROAD
304

City State Zip Code
MCLEAN VA 22102-2950

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 ▼

500.00

Date of Receipt

01 / 15 / 2016

Transaction ID : SA11.119802

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RUSSELL D. SCHUNDLER

Mailing Address 26 POINT BREEZE RD

City State Zip Code
WOLFEBORO NH 03894-4903

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

01 / 15 / 2016

Transaction ID : SA11.119804

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BARBARA C. SMITH

Mailing Address 366 TYNEBRIDGE LN

City State Zip Code
HOUSTON TX 77024-7425

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 ▼

500.00

Date of Receipt

01 / 15 / 2016

Transaction ID : SA11.119806

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

850.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MR. JONATHAN H. PARDEE

Mailing Address 540 BELLEVUE AVE

City
NEWPORT

State Zip Code
RI 02840-4118

FEC ID number of contributing
federal political committee.

C

Name of Employer
JONATHAN PARDEE

Occupation
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

01 / 16 / 2016

Transaction ID : SA11.119801

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DR. JONATHAN C. JAVITT

Mailing Address 8300 TWIN FORKS LANE

City
CHEVY CHASE

State Zip Code
MD 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 ▼

10000.00

Date of Receipt

01 / 18 / 2016

Transaction ID : SA11.120036

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. SERGIO PINO

Mailing Address 142 ISLA DORADO
6TH FLOOR

City
MIAMI

State Zip Code
FL 33143-6549

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTURY HOMEBUILDERS GROUP

Occupation
HOMEBUILDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

01 / 18 / 2016

Transaction ID : SA11.119844

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

12100.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MR. RICHARD M. DEVOS SR.

Mailing Address 126 OTTAWA AVE NW
STE 500

City State Zip Code
GRAND RAPIDS MI 49503-2882

FEC ID number of contributing
federal political committee.

C

Name of Employer

ORLANDO MAGIC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

01 / 19 / 2016

Transaction ID : SA11.119720

Amount of Each Receipt this Period

250000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHN S. MADIGAN

Mailing Address 1717 TOOMEY ROAD
APARTMENT 544

City State Zip Code
AUSTIN TX 78704-1332

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 ▼

600.00

Date of Receipt

01 / 19 / 2016

Transaction ID : SA11.119797

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. SCOTT W. OPENSHAW

Mailing Address 925 N GARFIELD ST.
APT. 522

City State Zip Code
ARLINGTON VA 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 ▼

1400.00

Date of Receipt

01 / 19 / 2016

Transaction ID : SA11.119836

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

250200.00

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 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RONALD RAINEY

Mailing Address 315 SOUTH BEVERLY DRIVE
SUITE 300

City State Zip Code
BEVERLY HILLS CA 90212-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
RON RAINEY MANAGEMENT, INC

Occupation
PERSONAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 19 / 2016

Transaction ID : SA11.119838

Amount of Each Receipt this Period

400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RUSSELL D. SCHUNDLER

Mailing Address 26 POINT BREEZE RD

City State Zip Code
WOLFEBORO NH 03894-4903

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

01 / 19 / 2016

Transaction ID : SA11.119803

Amount of Each Receipt this Period

25.00

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 ▼

120000.00

Date of Receipt

01 / 19 / 2016

Transaction ID : SA11.119721

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

10425.00

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

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

FOR LINE NUMBER: PAGE 12 OF 210

(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. MRS. MARY ANN BECKER

Mailing Address 582 BEACHLAND BOULEVARD
SUITE 300

City State Zip Code
VERO BEACH FL 32963-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEACE RIVER CITRUS PRODUCTS

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2016

Transaction ID : SA11.119723

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. R. WILLIAM BECKER

Mailing Address 582 BEACHLAND BOULEVARD
SUITE 300

City State Zip Code
VERO BEACH FL 32963-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEACE RIVER CITRUS PRODUCTS

Occupation
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2016

Transaction ID : SA11.119725

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MRS. TOMMY CLEM

Mailing Address 7702 STUYVESANT AVE

City State Zip Code
AMARILLO TX 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2016

Transaction ID : SA11.119722

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

10035.00

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)

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☒ 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. JOE ELLIS

Mailing Address 1101 NEW YORK AVE NW

City
WASHINGTON

State Zip Code
DC 20005-4269

FEC ID number of contributing
federal political committee.

C

Name of Employer

BP AMERICA

Occupation

ENERGY INDUSTRY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2016

Transaction ID : SA11.119826

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MRS. DIANE TERPELUK

Mailing Address 4450 DEXTER ST NW

City
WASHINGTON

State Zip Code
DC 20007-1113

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 ▼

500.00

Date of Receipt

01 / 20 / 2016

Transaction ID : SA11.119825

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. MILTON J. WALLACE

Mailing Address 1111 BRICKELL AVE.
SUITE 2150

City
MIAMI

State Zip Code
FL 33131-3139

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 ▼

500.00

Date of Receipt

01 / 20 / 2016

Transaction ID : SA11.119811

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 210

<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

Full Name (Last, First, Middle Initial)

A. MS. MARLENE COLUCCI

Mailing Address 5211 POLK AVE

City

ALEXANDRIA

State

VA

Zip Code

22304-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE BUSINESS COUNCIL

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2525.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2		2	0	1	6		

Transaction ID : SA11.119818

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. FRANCIS B. BROGAN IIIMailing Address 2510 VIRGINIA AVE NW
APT 402-NORTH

City

WASHINGTON

State

DC

Zip Code

20037-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNSET POINT HOLDINGS LLLP

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5		2	0	1	6		

Transaction ID : SA11.119886

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. R. WILLIAM BECKERMailing Address 582 BEACHLAND BOULEVARD
SUITE 300

City

VERO BEACH

State

FL

Zip Code

32963-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEACE RIVER CITRUS PRODUCTS

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7		2	0	1	6		

Transaction ID : SA11.119780

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

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

25125.00

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)

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☒ 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. MICHAEL A. CARPENTER

Mailing Address 1900 PURDY AVE PH 4

City

MIAMI BEACH

State

FL

Zip Code

33139-1497

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

01 / 27 / 2016

Transaction ID : SA11.119877

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MRS. TOMMY CLEM

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 ▼

270.00

Date of Receipt

01 / 27 / 2016

Transaction ID : SA11.119891

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. EDWARD W. EASTON JR.

Mailing Address 10165 NORTHWEST 19TH STREET

City

MIAMI

State

FL

Zip Code

33172-2529

FEC ID number of contributing
federal political committee.

C

Name of Employer

EASTON & ASSOCIATES

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115000.00

Date of Receipt

01 / 27 / 2016

Transaction ID : SA11.119781

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

6025.00

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 210

(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. RUSSELL D. SCHUNDLER

Mailing Address 26 POINT BREEZE RD

City

WOLFEBORO

State

NH

Zip Code

03894-4903

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 / D D / Y Y Y Y Y Y
01 / 27 / 2016

Transaction ID : SA11.119883

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. PATRICK JAMES BRADY

Mailing Address 1015 TULLAMORE PL

City

JOHNS CREEK

State

GA

Zip Code

30022-8077

FEC ID number of contributing
federal political committee.

C

Name of Employer

GRANT THORNTON

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : SA11.119876

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ARMAG III, LLC

Mailing Address 135 SAN LORENZO AVE
#750

City

CORAL GABLES

State

FL

Zip Code

33146-1877

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 / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11.119873

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

10600.00

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 17 OF 210

(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. BLANCHE ROBERTSON BACON

Mailing Address 2200 WHITE OAK RD

City

RALEIGH

State

NC

Zip Code

27608-1454

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : SA11.120032

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. JOHN N. ESTES III

Mailing Address 6357 WATERWAY DR.
SUITE 600

City

FALLS CHURCH

State

VA

Zip Code

22044-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer

SKADDEN

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : SA11.120033

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. RICHARD GILDER

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 ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : SA11.120042

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)

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☒ 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. ALLAN E. KEEN

Mailing Address 121 GARFIELD AVE

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 CO

Occupation

REAL ESTATE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130500.00

Date of Receipt

01 / 31 / 2016

Transaction ID : SA11.120034

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ALEXANDRA PROPERTY HOLDINGS, 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 ▼

45000.00

Date of Receipt

01 / 31 / 2016

Transaction ID : SA11.120040

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. 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 ▼

35000.00

Date of Receipt

01 / 31 / 2016

Transaction ID : SA11.120041

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

10500.00

363160.00

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

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

FOR LINE NUMBER: PAGE 19 OF 210

(check only one)

<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 checked="" 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. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30020.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

Transaction ID : SA15.1978

Amount of Each Receipt this Period

4020.96

REFUND - MEDIA PRODUCTION

Full Name (Last, First, Middle Initial)

B.

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
---	---	---	---	---	---	---	---	---	---

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

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
---	---	---	---	---	---	---	---	---	---

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

4020.96

4020.96

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

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

FOR LINE NUMBER: PAGE 20 OF 210
(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. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City State Zip Code
 MCLEAN VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22534.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 08 / 2016

Transaction ID : SA17.1976

Amount of Each Receipt this Period

3807.17

INTEREST INCOME

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City State Zip Code
 MCLEAN VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22534.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA17.1977

Amount of Each Receipt this Period

1821.72

INTEREST INCOME

Full Name (Last, First, Middle Initial)

C.

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)..... ►

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

5628.89

5628.89

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ANDREW TRIGGS

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	6		

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type**Transaction ID : SB21B.I1983**

Amount of Each Disbursement this Period

212.62

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. UBER

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	6		

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type**Transaction ID : SB21B.I2134**

Amount of Each Disbursement this Period

111.27

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. LIESL HICKEY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	6		

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type**Transaction ID : SB21B.I1989**

Amount of Each Disbursement this Period

603.07

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

815.69

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

Right to Rise USA

A. AMERICAN AIRLINES

Date of Disbursement

Transaction ID : SB21B.I2186

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

470.20

[MEMO ITEM]

B. UBER

Date of Disbursement

Transaction ID : SB21B.I2187

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

36.99

[MEMO ITEM]

C. UBER

Date of Disbursement

Transaction ID : SB21B.I2188

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

20.26

[MEMO ITEM]

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

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

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

Right to Rise USA

A. UBER

Category/
Type

17.01

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:		

B. UBER

Category/
Type

37.53

Office Sought: <div style="display: flex; flex-direction: column; align-items: flex-start;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>	Disbursement For: <div style="display: flex; flex-direction: column; align-items: flex-start;"> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div>
State:	District:

C. ACTUATE STRATEGIES

Category/
Type

746.25

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:		

746.25

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

Right to Rise USA

A. GOOGLE.COM

Category/
Type

63.89

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:		

B. GOOGLE.COM

Category/
Type

156.79

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:		

C. MACNAIR TRAVEL MGMT

Diagram illustrating the segment patterns for the numbers 01, 04, and 2016:

- 01: Segments M (top-left), M (top-right), and 01 (bottom).
- 04: Segments D (top-left), D (top-right), and 04 (bottom).
- 2016: Segments Y (top-left), Y (top-right), Y (middle-left), Y (middle-right), and 2016 (bottom).

Category/
Type

350.00

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:		

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

Right to Rise USA

A. PFL.COM

Mailing Address 100 PFL WAY

City	State	Zip Code
LIVINGSTON	MT	59047

Purpose of Disbursement

SUBSCRIPTION

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I2125

Amount of Each Disbursement this Period

622.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SLACK

Mailing Address 155 5TH STREET, 6TH FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement	
SUBSCRIPTION	

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I2126

Amount of Each Disbursement this Period

224.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DRIVE

City	State	Zip Code
FRAMINGHAM	MA	01702

Purpose of Disbursement	OFFICE SUPPLIES
-------------------------	-----------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I2114

Amount of Each Disbursement this Period

231.12

[MEMO ITEM]

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

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

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

Right to Rise USA

A. STAPLES

Category/
Type

288.58

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:		

B. TARGET

Category/
Type

206.64

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:		

C. THE BILTMORE

The image shows three 3x3 grids, each representing a number using a 3x3 grid of dots. The first grid shows the number 01, the second shows 04, and the third shows 2016. The dots are arranged to form the digits of the number.

Category/
Type

412.50

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:		

0.00

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

Right to Rise USA

A. TRADE CENTER MANAGEMENT ASSOCIATES

Transaction ID : SB21B.I2132

3491.94

[MEMO ITEM]

Transaction ID : SB21B.I2130

240.10

[MEMO ITEM]

Transaction ID : SB21B.I2119

512.73

[MEMO ITEM]

Gender	Percentage
Male	0.00%
Female	0.00%

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 210

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016
Transaction ID : SB21B.I2131

Amount of Each Disbursement this Period

3684.91

[MEMO ITEM]

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
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016
Transaction ID : SB21B.I1984

Amount of Each Disbursement this Period

165000.00

Full Name (Last, First, Middle Initial)

C. 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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016
Transaction ID : SB21B.I1985

Amount of Each Disbursement this Period

31580.82

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

196580.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 210

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ONYX TOWER, LLCMailing 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
01 04 2016**Transaction ID : SB21B.I1990**

Amount of Each Disbursement this Period

9724.96

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

M M M / D D D / Y Y Y Y Y Y
01 04 2016**Transaction ID : SB21B.I1991**

Amount of Each Disbursement this Period

37697.84

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

M M M / D D D / Y Y Y Y Y Y
01 04 2016**Transaction ID : SB21B.I1992**

Amount of Each Disbursement this Period

8639.00

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

56061.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 210

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. THATCHER 59 CONSULTING ASSOCIATES, LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	6		

Mailing Address 30 MEHARG ROAD,

Transaction ID : SB21B.I1996

City MOLINO State FL Zip Code 32577

Amount of Each Disbursement this Period

Purpose of Disbursement
RESEARCH CONSULTINGCategory/
Type

2500.00

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. THE STONERIDGE GROUP, LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	6		

Mailing Address 4400 NORTH POINT PARKWAY
SUITE 190**Transaction ID : SB21B.I1997**

City ALPHARETTA State GA Zip Code 30022

Amount of Each Disbursement this Period

Purpose of Disbursement
PRINTINGCategory/
Type

33947.29

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. VOTER CONSUMER RESEARCH

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	6		

Mailing Address P.O. BOX 130607

Transaction ID : SB21B.I1999

City HOUSTON State TX Zip Code 77219

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVELCategory/
Type

434.50

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

36881.79

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

Right to Rise USA

A. ACTUATE STRATEGIES

Transaction ID : SB21B.I2000

Category/
Type

4242.18

B. AMERICAN EXPRESS

MM / DD / YYYY

Transaction ID : SB21B.I2001

Amount of Each Disbursement this Period

Category/
Type

7280.00

Full Name (Last, First, Middle Initial)

C. BLUEPRINT COMMUNICATIONS

01 / 05 / 2016

Transaction ID : SB21B.I2002

Amount of Each Disbursement this Period

Category/
Type

6000.00

17522.18

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

Right to Rise USA

M M / D D / Y Y Y Y

01 05 2016

2500.00

State: District:

MM / DD / YYYY

7700.00

State: District:

The image shows three 3x3 grids, each representing a number. The first grid shows '01' with 'M' in the top-left and top-right cells. The second grid shows '05' with 'D' in the top-left and top-right cells. The third grid shows '2016' with 'Y' in the top-left, top-middle, top-right, and middle-right cells.

30000.00

State: District:

40200.00

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

Right to Rise USA

A. REVOLUTION MEDIA GROUP

Date of Disbursement

Transaction ID : SB21B.I2010

Amount of Each Disbursement this Period

40625.80

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. DIGITAL CORE CAMPAIGN LLC

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I2012

Amount of Each Disbursement this Period

85835.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. BLUEPRINT COMMUNICATIONS

Date of Disbursement



Transaction ID : SB21B.I2013

Amount of Each Disbursement this Period

A diagram of a rectangular frame structure. The frame consists of four vertical members and four horizontal members. The joints are labeled as follows: 1 is at the top-left corner, 2 is at the top-right corner, 3 is at the bottom-right corner, and 4 is at the bottom-left corner.

3750.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

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

130210.80

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

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

Right to Rise USA

5005.83

State: District:

M M / D D / Y Y Y Y
01 11 2016

5000.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

41527.74

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

51533.57

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

Right to Rise USA

A. R2R RESEARCH LLC

Date of Disbursement

Transaction ID : SB21B.I2018

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

32000.00

B. HUSTLE, INC

Date of Disbursement

Transaction ID : SB21B.I2021

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Age Group	Number of people
13-17	100
18-24	150
25-34	200
35-44	250
45-54	300
55-64	350
65-74	400
75-84	450
85+	500

C. JESSICA BROUCKAERT

Date of Disbursement

The three 3x3 grids are as follows:

M		M

01

D		D

15

Y		Y		Y		Y		Y

2016

Transaction ID : SB21B.I2031

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

1427.53

33927.53

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

Right to Rise USA

A. ROBERT CHARETTE

Category/
Type

1993.57

State: District:

B. DEAN CLEARY

Candidate Name	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
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25	25
26	26
27	27
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30	30
31	31
32	32
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36	36
37	37
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67	67
68	68
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73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Category/
Type

1926.30

State: District:

C. WILLIAM CORKERY

The three 3x3 grids are as follows:

M		M

01

D		D

15

Y		Y		Y		Y		Y

2016

Candidate Name

Category/
Type

1389.29

State: District:

5309.16

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

Right to Rise USA

A. LAUREN HENSARLING

Category/
Type

1949.53

State: District:

B. GRACE HUFFMAN

MM / DD / YYYY

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Category/
Type

1902.67

State: District:

C. DEREK LYONS

The three 3x3 grids are as follows:

M		M

01

D		D

15

Y		Y		Y		Y		Y

2016

Candidate Name

Category/
Type

2899.31

State: District:

6751.51

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

Right to Rise USA

A. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.I2024

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	1785.21
25-34	~15%
35-44	~15%
45-54	~15%
55-64	~15%
65-74	~15%
75-84	~15%
85+	~15%

B. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
PAYROLL

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

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:

Transaction ID : SB21B.I2036

Amount of Each Disbursement this Period

3222.81

Full Name (Last, First, Middle Initial)
C. KATHERINE JORTNER

The three 3x3 grids are as follows:

M		M

01

D		D

15

Y		Y		Y		Y		Y

2016

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

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:

Transaction ID : SB21B.I2033

Amount of Each Disbursement this Period

3619.12

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

8627.14

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 PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LIESL HICKEYMailing 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 Y
01 / 15 / 2016

Transaction ID : SB21B.I2035

Amount of Each Disbursement this Period

7232.89

Full Name (Last, First, Middle Initial)

B. PAUL LINDSAYMailing 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 Y
01 / 15 / 2016

Transaction ID : SB21B.I2037

Amount of Each Disbursement this Period

4422.19

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) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 15 / 2016

Transaction ID : SB21B.I2023

Amount of Each Disbursement this Period

12437.43

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

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

24092.51

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

Right to Rise USA

A. INSPERITY

Category/
Type

12534.28

State: District:

B. INTERNAL REVENUE SERVICE

MM / DD / YYYY

Category/
Type

15824.16

State: District:

C. R2R RESEARCH LLC

The three 3x3 grids are as follows:

M		M

01

D		D

15

Y		Y		Y		Y		Y

2016Category/
Type

36000.00

State: District:

64358.44

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

Right to Rise USA

A. REVOLUTION MEDIA GROUP

Date of Disbursement

Transaction ID : SB21B.I2039

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

81646.57

B. THE STONERIDGE GROUP, LLC

Date of Disbursement



Transaction ID : SB21B.C006

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

186000.00

C. THE STONERIDGE GROUP, LLC

Date of Disbursement

The image shows three 3x3 grids, each representing a number in a binary-like system. The first grid shows '01' with 'M' in the top-left and top-right positions. The second grid shows '15' with 'D' in the top-left and top-right positions. The third grid shows '2016' with 'Y' in the top-left, top-right, middle-right, and bottom-right positions. The grids are separated by slashes.

Transaction ID : SB21B.C007

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

13372.55

281019.12

[illegible]

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

Right to Rise USA

A. JESSICA BROUCKAERT

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '01'. The second display is labeled 'D D' and shows the number '19'. The third display is labeled 'Y Y Y Y' and shows the year '2016'.

337.89

B. MAILBOX DEPOT

MM / DD / YYYY

16.37

[MEMO ITEM]

C. ONYX TOWER, LLC

[MEMO ITEM]

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

337.89

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

Right to Rise USA

A. STAPLES

Date of Disbursement

Transaction ID : SB21B.I2172

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

24.60

[MEMO ITEM]

B. TARGET

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I2173

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

98.70

[MEMO ITEM]

C. VERIZON

Date of Disbursement



Transaction ID : SB21B.I2175

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	112.70
25-34	~85
35-44	~75
45-54	~65
55-64	~55
65-74	~45
75-84	~35
85+	~25

[MEMO ITEM]

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

Right to Rise USA

A. ROBERT CHARETTE

Category/
Type

291.70

State: District:

B. AMERICAN AIRLINES

Candidate Name

Category/
Type

291.70

State: District:

[MEMO ITEM]

C. DEAN CLEARY

Candidate Name

Category/
Type

291.70

State: District:

583.40

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RUNNING PASADENA

Mailing Address 37 W COLORADO BLVD

City PASADENA State CA Zip Code 91105

Purpose of Disbursement
COLLATERAL MATERIALS - T-SHIRTS

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
01 04 2016

Transaction ID : SB21B.I2137

Amount of Each Disbursement this Period

427.28

[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

M M M / D D D / Y Y Y Y Y Y
01 04 2016

Transaction ID : SB21B.I2138

Amount of Each Disbursement this Period

204.99

[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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016

Transaction ID : SB21B.I2140

Amount of Each Disbursement this Period

139.07

[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 PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : SB21B.I2043

Amount of Each Disbursement this Period

1192.44

Full Name (Last, First, Middle Initial)

B. DRIVER EIGHT MEDIA LLCMailing 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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : SB21B.I2045

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. LARGER THAN LIFE INFLATABLESMailing Address 1722 LAHOUD DRIVE
SUITE # 101

City CARDIFF State CA Zip Code 92007

Purpose of Disbursement
SIGNS

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
01 / 19 / 2016
Transaction ID : SB21B.I2048

Amount of Each Disbursement this Period

4950.00

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

11142.44

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

Right to Rise USA

A. LEXISNEXIS

Date of Disbursement

Transaction ID : SB21B.I2049

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

855.00

B. REDWAVE COMMUNICATIONS LLC

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I2050

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

9007.01

C. REVOLUTION MEDIA GROUP

Date of Disbursement

Transaction ID : SB21B.I2051

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

27096.28

36958.29

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : SB21B.I2053

Amount of Each Disbursement this Period

21225.00

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : SB21B.I2054

Amount of Each Disbursement this Period

327.35

Full Name (Last, First, Middle Initial)

C. 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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : SB21B.I2055

Amount of Each Disbursement this Period

3500.00

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

25052.35

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

Right to Rise USA

A. VOTER CONSUMER RESEARCH

Date of Disbursement

Three 7-segment displays are shown side-by-side. The first display shows '01', the second shows '19', and the third shows '2016'. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

Transaction ID : SB21B.I2056

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

16864.91

Full Name (Last, First, Middle Initial)

B. R2R RESEARCH LLC

Date of Disbursement

M M / D D / Y Y Y Y
01 20 2016

Transaction ID : SB21B.I2057

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

32000.00

Full Name (Last, First, Middle Initial)

C. REDWAVE COMMUNICATIONS LLC

Date of Disbursement

Transaction ID : SB21B.I2062

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

344655.66

SUBTOTAL of Disbursements This Page (optional)

393520.57

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 PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LINDSEY GRAHAM 2016

Mailing Address 1555 KING STREET, SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
OFFICE EQUIPMENT

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
01 25 2016
Transaction ID : SB21B.I2068

Amount of Each Disbursement this Period

1410.00

Full Name (Last, First, Middle Initial)

B. LAUREN HENSARLINGMailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL / FOOD / OFFICE SUPPLIES

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
01 25 2016
Transaction ID : SB21B.I2067

Amount of Each Disbursement this Period

2614.73

Full Name (Last, First, Middle Initial)

C. AIRBNBMailing Address 888 BRANNAN STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94107

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
01 18 2016
Transaction ID : SB21B.I2182

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4024.73

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

Right to Rise USA

A. AMERICAN AIRLINES

Date of Disbursement

Transaction ID : SB21B.I2183

Amount of Each Disbursement this Period

291.70

[MEMO ITEM]

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. JOANS ON THIRD

Mailing Address 8350 W 3RD ST

Date of Disbursement

01 / 22 / 2016

City	State	Zip Code
LOS ANGELES	CA	90048

Transaction ID : SB21B.I2184

Purpose of Disbursement
FOOD AND BEVERAGE

Amount of Each Disbursement this Period

208.75

[MEMO ITEM]

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. LARCHMONT VILLAGE

Date of Disbursement

The image shows three 3x3 grids, each representing a number using a 3x3 grid of dots. The first grid shows the number 01, the second shows 04, and the third shows 2016. The dots are arranged to form the digits of the number.

City	State	Zip Code
LOS ANGELES	CA	90004

Transaction ID : SB21B.I2178

Purpose of Disbursement	FOOD AND BEVERAGE
-------------------------	-------------------

A diagram of a rectangular frame with four vertical supports. The frame is represented by a rectangle with a horizontal top and bottom edge and two vertical side edges. Four vertical lines, representing supports, extend from the top and bottom edges towards the center of the frame. The top two supports are connected by a horizontal line, and the bottom two supports are also connected by a horizontal line. The supports are positioned such that they divide the width of the frame into three equal sections.

Amount of Each Disbursement this Period

215.00

[MEMO ITEM]

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ 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 PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 210

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 18 2016
Transaction ID : SB21B.I2150

Amount of Each Disbursement this Period

411.10

[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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 18 2016
Transaction ID : SB21B.I2151

Amount of Each Disbursement this Period

219.60

[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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 18 2016
Transaction ID : SB21B.I2152

Amount of Each Disbursement this Period

248.60

[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 PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 210

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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

M M M / D D D / Y Y Y Y Y Y
01 18 2016
Transaction ID : SB21B.I2153

Amount of Each Disbursement this Period

138.10

[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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 18 2016
Transaction ID : SB21B.I2147

Amount of Each Disbursement this Period

6.68

[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

M M M / D D D / Y Y Y Y Y Y
01 18 2016
Transaction ID : SB21B.I2149

Amount of Each Disbursement this Period

165.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

Right to Rise USA

A. OMNI BERKSHIRE

Mailing Address 21 EAST 52 ST

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement	TRAVEL
-------------------------	--------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I2163

Amount of Each Disbursement this Period

544.68

[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	Score
John Doe	85
Jane Smith	78
Michael Johnson	92
Sarah Williams	88
David Brown	75
Emily Davis	82
James Wilson	79
Alice Miller	86
Robert Taylor	77
Laura Anderson	83
Christopher Lee	76
Michelle Garcia	81
Matthew Martinez	74
Stephanie White	87
Andrew King	73
Nicole Green	84
Kevin Hall	72
Olivia Adams	89
Brandon Baker	71
Samantha Clark	80
Justin Lewis	70
Megan Young	86
Anthony Hill	75
Kyle Scott	82
Victoria Allen	78
Benjamin King	85
Chloe Wright	76
Gregory Lopez	81
Hannah Hill	74
Isaac Green	83
Jessica Adams	72
Jonathan Baker	87
Karen Clark	71
Leo Lewis	80
Maria Young	70
Mark Hill	86
Oliver Scott	75
Pamela Allen	82
Rachel King	78
Samuel Wright	85
Tina Lopez	76
Victor Hill	81
Wendy Hill	74
Xavier Green	83
Yvonne Adams	72
Zoe Baker	87

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
01 18 2016

Transaction ID : SB21B.I2164

Amount of Each Disbursement this Period

39.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement	PHONE SVC
-------------------------	-----------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I2148

Amount of Each Disbursement this Period

139.21

[MEMO ITEM]

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

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

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

Right to Rise USA

A. ONYX TOWER, LLC

Mailing Address 6100 WILSHIRE BLVD
STE 330

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
RENT

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I2073

Amount of Each Disbursement this Period

9899.08

B. R2R RESEARCH LLC

Mailing Address 801 RAPIDIAN CT

City	State	Zip Code
ALEXANDRIA	VA	22304

Purpose of Disbursement SURVEY RESEARCH

Candidate Name	
1	
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50	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I2075

Amount of Each Disbursement this Period

32000.00

C. TECHNOFIX

Mailing Address 1412 E WILSON

City	State	Zip Code
GLENDALE	CA	91206

Purpose of Disbursement	OFFICE EQUIPMENT
-------------------------	------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I2077

Amount of Each Disbursement this Period

563.60

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

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

42462.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RICHARD QUINN & ASSOCIATES

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	6							2016

Mailing Address P.O. BOX 12526

City	State	Zip Code
COLUMBIA	SC	29211

Transaction ID : SB21B.I2079Purpose of Disbursement
SURVEY RESEARCH

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

1	2	5	0	0	0	0							

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

B. BLITZ CANVASSING

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	7							2016

Mailing Address 4950 SOUTH YOSEMITE ST F2 #195

City	State	Zip Code
GREENWOOD VILLAGE	CO	80111

Transaction ID : SB21B.I2080Purpose of Disbursement
GOTV SERVICES

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

2	6	1	5	6	2	.	8	0					

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

C. REVOLUTION AGENCY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	7							2016

Mailing Address 1020 PRINCESS STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : SB21B.C011Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

9	5	8	8	.	5	1							

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	--

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

2	8	3	6	5	1	.	3	1					

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

Right to Rise USA

A. REVOLUTION AGENCY

Category/
Type

443.33

State: District:

B. REVOLUTION MEDIA GROUP

MM / DD / YYYY

Category/
Type

10871.93

State: District:

C. WILSON GRAND COMMUNICATIONS

Category/
Type

15000.00

State: District:

26315.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. OATH STRATEGIES LLC

Mailing Address PO BOX 2484

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 28 2016

Transaction ID : SB21B.C010

Amount of Each Disbursement this Period

125287.50

Full Name (Last, First, Middle Initial)

B. OATH STRATEGIES LLC

Mailing Address PO BOX 2484

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 28 2016

Transaction ID : SB21B.C013

Amount of Each Disbursement this Period

791519.50

Full Name (Last, First, Middle Initial)

C. OATH STRATEGIES LLC

Mailing Address PO BOX 2484

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 28 2016

Transaction ID : SB21B.C014

Amount of Each Disbursement this Period

2462115.50

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

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

3378922.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. OATH STRATEGIES LLC

Mailing Address PO BOX 2484

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 28 2016
Transaction ID : SB21B.C016

Amount of Each Disbursement this Period

1482702.00

Full Name (Last, First, Middle Initial)

B. OATH STRATEGIES LLC

Mailing Address PO BOX 2484

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 28 2016
Transaction ID : SB21B.C017

Amount of Each Disbursement this Period

100287.50

Full Name (Last, First, Middle Initial)

C. OATH STRATEGIES LLC

Mailing Address PO BOX 2484

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 28 2016
Transaction ID : SB21B.C018

Amount of Each Disbursement this Period

93128.50

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

1676118.00

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

Right to Rise USA

A. REDWAVE COMMUNICATIONS LLC



Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '01'. The second display is labeled 'D D' and shows the number '29'. The third display is labeled 'Y Y Y Y' and shows the year '2016'.

Category/
Type

43017.59

State: District:

B. SPECTRUM MARKETING COMPANIES

MM / DD / YYYY

Category/
Type

34312.34

State: District:

C. SUN INC.

Category/
Type

56957.22

State: District:

134287.15

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

Right to Rise USA

A. JESSICA BROUCKAERT

Category/
Type

1427.53

State: District:

B. ROBERT CHARETTE

Candidate Name

Category/
Type

1993.57

State: District:

C. DEAN CLEARY

Diagram illustrating the segment patterns for the numbers 01, 31, and 2016:

- 01: Segments M (top-left), M (top-right), and 01 (bottom).
- 31: Segments D (top-left), D (top-right), and 31 (bottom).
- 2016: Segments Y (top-left), Y (top-right), Y (middle-left), Y (middle-right), and 2016 (bottom).

Candidate Name

Category/
Type

1926.30

State: District:

5347.40

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

Right to Rise USA

A. LAUREN HENSARLING

Category/
Type

1949.53

State: District:

B. GRACE HUFFMAN

Category/
Type

1902.67

State: District:

C. DAVID MARTINEZ

Diagram illustrating the 7-segment display patterns for the numbers 01, 31, and 2016, showing the segments used (M, D, Y) and the resulting display output.

Category/
Type

1785.21

State: District:

5637.41

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

Right to Rise USA

A. MATTHEW WALL

Diagram showing three 16-bit registers. The first register has bits M and M, with the value 01. The second register has bits D and D, with the value 31. The third register has bits Y, Y, Y, and Y, with the value 2016.

Category/
Type

3222.81

State: District:

B. KATHERINE JORTNER

Candidate Name

Category/
Type

3619.12

State: District:

C. LIESL HICKEY

Candidate Name

Category/
Type

7232.89

State: District:

14074.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TILT

Mailing Address 370 TOWNSEND ST

City State Zip Code
SAN FRANCISCO CA 94107
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 M / D D D / Y Y Y Y Y Y
01 31 2016
Transaction ID : SB21B.I2108

Amount of Each Disbursement this Period

1878.53

Full Name (Last, First, Middle Initial)

B. REVOLUTION AGENCY

Mailing Address 1020 PRINCESS STREET

City State Zip Code
ALEXANDRIA VA 22314
Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 29 2015
Transaction ID : SB21B.C002

Amount of Each Disbursement this Period

-31063.00

Full Name (Last, First, Middle Initial)

C. REVOLUTION AGENCY

Mailing Address 1020 PRINCESS STREET

City State Zip Code
ALEXANDRIA VA 22314
Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 29 2015
Transaction ID : SB21B.C003

Amount of Each Disbursement this Period

-18354.00

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

-47538.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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 PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SB21B.C004

Amount of Each Disbursement this Period

-56063.00

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 PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SB21B.C005

Amount of Each Disbursement this Period

-141843.10

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
DIRECT MAIL PRODUCTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SB21B.C001

Amount of Each Disbursement this Period

-29600.97

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

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

-227507.07

7179002.56

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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		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 01 / 06 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 18354.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0057
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	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		<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		5031534.99	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 01 / 05 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 29600.97	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0027
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 12 / 30 / 2015
Name of Federal Candidate Chris Christie		<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: NH
Calendar Year-To-Date Per Election for Office Sought		4969390.95	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		47954.97	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 77 OF 210
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		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 01 / 06 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 31063.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0056
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	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		<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 3088051.72		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 M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 56063.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0058
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	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		<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 1239000.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		87126.00	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 78 OF 210
FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
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 / D D D / Y Y Y Y Y Y</div> 01 / 06 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">141843.10</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0059 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 29 / 2015
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		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 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;">242102.10</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 / D D D / Y Y Y Y Y Y</div> 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.64</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0038 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 06 / 2016
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 District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">10022.74</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; display: inline-block;">141843.74</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 <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 79 OF 210
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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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 0.64
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE	Category/Type	Transaction ID : SE24.0052 Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
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: NY
Calendar Year-To-Date Per Election for Office Sought 10025.88		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 01 / 05 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 0.65
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0037 Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
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: CA
Calendar Year-To-Date Per Election for Office Sought 10022.75		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1.29
(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
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 80 OF 210
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 0.65	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0051
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
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: CA
Calendar Year-To-Date Per Election for Office Sought 10025.90		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 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 1.63	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0036
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
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: FL
Calendar Year-To-Date Per Election for Office Sought 25056.88		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		2.28	
(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.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 81 OF 210
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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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 1.63
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Transaction ID : SE24.0050
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 25064.76		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 01 / 05 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 2.50
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION		Transaction ID : SE24.0044
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 10025.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4.13
(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]

Signature

Date

MM / DD / YYYY
02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 82 OF 210
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 2.50
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0045 Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 10025.24		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 01 / 12 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 3.24
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0103 Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 10058.12		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5.74
(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

MM / DD / YYYY
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 83 OF 210
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 3.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0102
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
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: CA
Calendar Year-To-Date Per Election for Office Sought		10058.15	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 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 3.80	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0095
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
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: CA
Calendar Year-To-Date Per Election for Office Sought		10054.90	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		7.05	
(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.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 3.80	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0114
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016	
Name of Federal Candidate Marco Rubio	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought	10061.95	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	7.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 4.54	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0150
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016	
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"/> Other (specify) ▶ _____	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>NY</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) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	8.34
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 86 OF 210
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 4.55
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0149 Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
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: CA
Calendar Year-To-Date Per Election for Office Sought 10066.50		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 01 / 05 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 6.25
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0043 Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
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: FL
Calendar Year-To-Date Per Election for Office Sought 25063.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10.80
(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

MM / DD / YYYY
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 87 OF 210
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 6.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0035
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
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 100227.50		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 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 6.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0049
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
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 100259.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		13.00	
(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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 9.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0094
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016	
Name of Federal Candidate Marco Rubio	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 25137.27		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	17.63
(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.

Date _____

Signature

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 9.75	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0034
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016	
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"/> House <input type="checkbox"/> Senate	District: _____ State: <u>SC</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) ► _____		1182890.25

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>19.25</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 90 OF 210
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 9.75
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Transaction ID : SE24.0048
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 1182937.50		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 01 / 15 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 11.38
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION		Transaction ID : SE24.0148
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 25166.28		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21.13
(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
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 91 OF 210
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		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 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 21.45	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0032
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016
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		3049384.77	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 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 21.45	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0046
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016
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		3049488.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		42.90	
(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.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 92 OF 210
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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 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 01 / 04 / 2016		
Mailing Address 1020 PRINCESS STREET		Amount 22.10		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0015	
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016	
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: CA	
Calendar Year-To-Date Per Election for Office Sought		10022.10	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 01 / 04 / 2016		
Mailing Address 1020 PRINCESS STREET		Amount 22.10		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0016	
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016	
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: NY	
Calendar Year-To-Date Per Election for Office Sought		10022.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		44.20		
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 93 OF 210
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		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 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 24.38	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0033
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016
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		5011062.86	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 M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 24.38	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0047
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016
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		5011180.99	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		48.76	
(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.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 94 OF 210
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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 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 25.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0042
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 	Date of Disbursement or Obligation 01 / 06 / 2016	
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>NV</u>
Calendar Year-To-Date Per Election for Office Sought 100252.50		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 01 / 07 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 25.20	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0073
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 	Date of Disbursement or Obligation 01 / 07 / 2016	
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>CA</u>
Calendar Year-To-Date Per Election for Office Sought 10051.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50.20
(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]

Signature

Date

02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 95 OF 210
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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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 07 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 25.20
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0074 Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 10051.08		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 MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 32.50
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0100 Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
Name of Federal Candidate Jeb Bush		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 242424.63		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	57.70
(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

[Electronically Filed]

Date

MM / DD / YYYY
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 96 OF 210
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		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 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 37.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0041
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016
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: SC
Calendar Year-To-Date Per Election for Office Sought		1182927.75	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 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 38.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0093
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
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: NV
Calendar Year-To-Date Per Election for Office Sought		242392.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		75.50	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 97 OF 210
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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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 38.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0112 Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016
Name of Federal Candidate Marco Rubio		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 270841.90		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 01 / 15 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 45.50
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0147 Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
Name of Federal Candidate Jeb Bush		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 273153.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	83.50
(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

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Signature

Date

MM / DD / YYYY
02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 98 OF 210
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		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 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 48.75	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0099
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
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		1444959.98	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 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 55.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0014
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016
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: FL
Calendar Year-To-Date Per Election for Office Sought		25055.25	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		104.00	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
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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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 57.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0092
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
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: SC
Calendar Year-To-Date Per Election for Office Sought		1444911.23	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 01 / 13 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 57.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0111
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016
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: SC
Calendar Year-To-Date Per Election for Office Sought		1445016.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		114.00	
(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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 100 OF 210
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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 M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination 01 / 07 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 63.01	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0072
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 	Date of Disbursement or Obligation 01 / 07 / 2016	
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: FL
Calendar Year-To-Date Per Election for Office Sought 25127.77		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 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 68.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0146
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 	Date of Disbursement or Obligation 01 / 19 / 2016	
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 1546615.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	131.26
(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

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Signature

Date

02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 101 OF 210
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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			MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016		
Mailing Address 1020 PRINCESS STREET		Amount 82.50		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0039	
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016	
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: IA	
Calendar Year-To-Date Per Election for Office Sought		3049467.27	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 01 / 05 / 2016		
Mailing Address 1020 PRINCESS STREET		Amount 93.75		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0040	
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016	
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: NH	
Calendar Year-To-Date Per Election for Office Sought		5011156.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		176.25		
(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.				
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016		
[Electronically Filed]				

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 107.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0097
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
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 District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		3197871.07	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 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 108.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0198
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE RUBIO		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
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 District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		378192.23	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	215.25
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 103 OF 210
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		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 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 121.88	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0098
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
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 5299484.51		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 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 125.40	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0090
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
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: IA
Calendar Year-To-Date Per Election for Office Sought 3197763.82		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		247.28	
(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.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 104 OF 210
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 M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 125.40	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0116
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 	Date of Disbursement or Obligation 01 / 13 / 2016	
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>IA</u>
Calendar Year-To-Date Per Election for Office Sought 3197996.47		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 01 / 27 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 126.67	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0231
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 	Date of Disbursement or Obligation 01 / 27 / 2016	
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>IA</u>
Calendar Year-To-Date Per Election for Office Sought 3725685.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	252.07
(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

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Date

02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">28</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 126.67		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0248
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">27</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2016</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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 6389531.87			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="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2016</div>		
Mailing Address 1850 M STREET NW, SUITE 235			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 132.19		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0223
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">27</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2016</div>	
Name of Federal Candidate John Kasich			<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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 6122899.79			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="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 258.86		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">20</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2016</div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 106 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 28 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">132.19</div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0257 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 29 / 2016
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate John Kasich		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		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: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">142.50</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0091 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 12 / 2016
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Marco Rubio		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		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;">274.69</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 <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 150.15	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0133
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016	
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"/> House <input type="checkbox"/> Senate	District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought	3313778.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	292.65
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 108 OF 210
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		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 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 151.66	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0132
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE RUBIO, CHRISTIE AND KASICH		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016
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 3313627.99		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 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 151.67	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0153
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016
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 5635822.03		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		303.33	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 109 OF 210
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		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 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 151.67	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0154
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016
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 1546546.86		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 M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 170.63	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0145
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016
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 5635992.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		322.30	
(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.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 110 OF 210
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 20 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 190.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0165 Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3381120.43		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 01 / 20 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 190.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0183 Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2125137.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	380.00
(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]

Signature

Date

MM / DD / YYYY
02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 111 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">201.70</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0196
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</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>CA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10268.20</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="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">201.70</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0197
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</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>NY</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10268.16</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;">403.40</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 112 OF 210
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 M M / D D / Y Y Y Y Y Y					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 04 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 221.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0013		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation 01 / 05 / 2016		
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		100221.00	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 01 / 07 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 252.03		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0071		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation 01 / 07 / 2016		
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>NV</u>		
Calendar Year-To-Date Per Election for Office Sought		242354.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			473.03		
(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 <i>Charles R Spies</i>		[Electronically Filed]		Date 02 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 113 OF 210
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		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 01 / 21 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 311.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0184
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2016	
Name of Federal Candidate Marco Rubio		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) ▶	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 311.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0185
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2016	
Name of Federal Candidate Marco Rubio		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) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		622.50	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 114 OF 210
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 23 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 325.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0208
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 25 / 2016
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 3515257.71		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 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 331.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0012
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2016
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 150331.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		656.50	
(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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 115 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">378.04</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0070
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</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; display: inline-block;">1249162.04</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="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">420.89</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0207
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>	
Name of Federal Candidate John Kasich			<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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5980453.16</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;">798.93</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 443.33	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0261
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016	
Name of Federal Candidate Marco Rubio	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought	6643428.04	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 MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 443.34	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0229
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016	
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: IA
Calendar Year-To-Date Per Election for Office Sought	3718215.80		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	886.67
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 117 OF 210
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		MM / DD / YYYY	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 479.26	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0245
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
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: NV
Calendar Year-To-Date Per Election for Office Sought		549784.60	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 MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 479.26	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0246
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
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: SC
Calendar Year-To-Date Per Election for Office Sought		2423967.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		958.52	
(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.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 118 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">479.27</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0236
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">6209829.58</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="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">504.25</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0195
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</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; display: inline-block; width: 150px;">25670.53</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%;">983.52</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.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 119 OF 210
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		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 01 / 28 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 516.72	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0253
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016	
Name of Federal Candidate Marco Rubio		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 3737018.20		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 01 / 28 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 516.72	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0254
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016	
Name of Federal Candidate Marco Rubio		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 6391993.59		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1033.44	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 120 OF 210
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		MM / DD / YYYY	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 25 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 518.18	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0227
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
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: NV
Calendar Year-To-Date Per Election for Office Sought		540434.83	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 01 / 28 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 572.97	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0255
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 29 / 2016
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: IA
Calendar Year-To-Date Per Election for Office Sought		3737591.17	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		1091.15	
(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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 121 OF 210
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 572.97
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0256 Date of Disbursement or Obligation MM / DD / YYYY 01 / 29 / 2016
Name of Federal Candidate Marco Rubio		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 6392566.56		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 01 / 11 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 600.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0089 Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
Name of Federal Candidate Marco Rubio		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 3197638.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1172.97
(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.

Charles R Spies

[Electronically Filed]

Signature

Date

MM / DD / YYYY
02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 122 OF 210
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 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 01 / 04 / 2016
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 681.48
City ALPHARETTA	State GA	Zip Code 30022
Purpose of Expenditure POSTCARD PRODUCTION	Category/ Type 	Transaction ID : SE24.0009 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 377255.48		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 01 / 22 / 2016
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 725.70
City ALPHARETTA	State GA	Zip Code 30022
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/ Type 	Transaction ID : SE24.0200 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 5980032.27		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1407.18
(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 / D D / Y Y Y Y Y Y
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 123 OF 210
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			MM / DD / YYYY		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 729.30		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0010
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2016		
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		330729.30	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 MM / DD / YYYY 01 / 15 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 823.33		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0131
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016		
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: IA		
Calendar Year-To-Date Per Election for Office Sought		3313476.33	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1552.63		
(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 02 / 20 / 2016	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 124 OF 210
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 823.33
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0142 Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
Name of Federal Candidate Marco Rubio		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		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 01 / 15 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 823.34
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0141 Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
Name of Federal Candidate Marco Rubio		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) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1646.67
(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

MM / DD / YYYY
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 125 OF 210
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 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 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET			Amount 828.75	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0011	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 05 / 2016	
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		378084.23	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 01 / 07 / 2016	
Mailing Address 1020 PRINCESS STREET			Amount 831.68	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0068	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 07 / 2016	
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: IA	
Calendar Year-To-Date Per Election for Office Sought		3125959.56	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1660.43	
(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 02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 126 OF 210
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		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 01 / 16 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 898.48	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0138
Purpose of Expenditure PRINTING		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2016
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		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 01 / 05 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 925.31	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0031
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 07 / 2016
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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1823.79	
(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.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 16 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 950.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0151
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016	
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>SC</u>
Calendar Year-To-Date Per Election for Office Sought	1547565.11	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1895.09
(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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 128 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 21 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1081.87</div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0190 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate John Kasich		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		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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 27 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1088.30</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0233 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 27 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Jeb Bush		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		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;">2170.17</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 <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 129 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1144.21</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0178
Purpose of Expenditure PRINTING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</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;">5909511.69</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: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1255.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0157
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</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>NV</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">274408.62</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; display: inline-block;">2399.21</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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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="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 25 / 2016</div> </div>	
Mailing Address 1850 M STREET NW, SUITE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1394.08</div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0241 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 29 / 2016</div> </div>
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>NH</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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">6311740.95</div>			

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 21 / 2016</div> </div>	
Mailing Address 1850 M STREET NW SUITE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1454.06</div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0187 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 25 / 2016</div> </div>
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	
Name of Federal Candidate John Kasich		<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>NH</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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5960736.83</div>			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2848.14</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

MM / DD / YYYY
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 131 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1574.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0008
Purpose of Expenditure BILLBOARD PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</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;">376574.00</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee EASTPOINT STRATEGIES, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 26 / 2016</div>		
Mailing Address PO BOX 3726			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1750.00</div>		
City MANCHESTER		State NH	Zip Code 03105		Transaction ID : SE24.0226
Purpose of Expenditure PRINTING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</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;">6124649.79</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;">3324.00</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 132 OF 210
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 M M / D D / Y Y Y Y Y Y				
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 28 / 2016	
Mailing Address 1020 PRINCESS STREET			Amount 1945.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0251	
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO AND KASICH		Category/Type 	Date of Disbursement or Obligation 01 / 29 / 2016	
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		3736501.48	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 01 / 28 / 2016	
Mailing Address 1020 PRINCESS STREET			Amount 1945.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0252	
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO AND KASICH		Category/Type 	Date of Disbursement or Obligation 01 / 29 / 2016	
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		6391476.87	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3890.00	
(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 <i>Charles R Spies</i>		[Electronically Filed]		Date 02 / 20 / 2016

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

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination 01 / 28 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 1945.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0262
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO AND KASICH		Category/Type 	Date of Disbursement or Obligation 01 / 29 / 2016
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 578046.57		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 01 / 28 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 1945.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0263
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO AND KASICH		Category/Type 	Date of Disbursement or Obligation 01 / 29 / 2016
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 2425912.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3890.00
(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]

Signature

Date

02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 134 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1978.62</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0175
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</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;">5838046.72</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0053
Purpose of Expenditure YARD SIGNS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</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;">5013180.99</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;">3978.62</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 135 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0054
Purpose of Expenditure YARD SIGNS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</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;">3051488.72</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="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2017.00</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0194
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</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>NV</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">491438.69</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;">4017.00</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 136 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2130.70</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0199
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</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;">5979306.57</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="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 14 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2266.22</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0128
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE KASICH AND CHRISTIE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</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;">273108.12</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;">4396.92</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>		

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 137 OF 210
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		MM / DD / YYYY	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 14 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 2266.23	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0123
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
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		3256711.60	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 MM / DD / YYYY 01 / 22 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 2449.89	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0209
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016
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		2193445.30	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		4716.12	
(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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 138 OF 210
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 20 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 2500.89	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0181
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016
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 2124947.35		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 MM / DD / YYYY 01 / 20 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 2500.90	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0160
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016
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 3345670.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5001.79	
(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.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 139 OF 210
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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 06 / 2016	
Mailing Address 1020 PRINCESS STREET			Amount 2875.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0060	
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO		Category/ Type 	Date of Disbursement or Obligation 01 / 08 / 2016	
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		5034409.99	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 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET			Amount 3000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0109	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation 01 / 13 / 2016	
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: NH	
Calendar Year-To-Date Per Election for Office Sought		5381147.21	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5875.00
(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]

Signature

Date

02 / 20 / 2016

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 140 OF 210
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		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 01 / 12 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 3025.49	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0193
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016
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: 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) ▶	
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 01 / 27 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 3038.00	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0232
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 01 / 27 / 2016
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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		6063.49	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 141 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3110.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0273
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</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;">3110.00</div>		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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 08 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3400.00</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0075
Purpose of Expenditure POSTCARD PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 08 / 2016</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;">5163841.75</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;">6510.00</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 <i>Charles R Spies</i>			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 142 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3854.67</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0239
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 28 / 2016</div>	
Name of Federal Candidate John Kasich			<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: NH
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6223059.37</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4469.00</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0174
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</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: NH
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5836068.10</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;">8323.67</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 143 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 05 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5500.00</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0055 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 07 / 2016
Purpose of Expenditure DOOR HANGERS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Jeb Bush		<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u></div></div>	
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) ▶ _____	
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 05 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5911.69</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0025 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 04 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE-ALSO OPPOSE KASICH, CHRISTIE AND RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Jeb Bush		<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u></div></div>	
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) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">11411.69</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 <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 144 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6560.53</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0179
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</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;">3414973.05</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="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6656.08</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0191
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3436390.87</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;">13216.61</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. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature <i>Charles R Spies</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div></div></div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 145 OF 210
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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination 01 / 21 / 2016
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 6657.05
City ALPHARETTA	State GA	Zip Code 30022
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/ Type 	Transaction ID : SE24.0180 Date of Disbursement or Obligation 01 / 20 / 2016
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 3421630.10		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 01 / 05 / 2016
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 7325.60
City ALPHARETTA	State GA	Zip Code 30022
Purpose of Expenditure DIRECT MAIL PRODUCTION-ALSO OPPOSE KASICH, CHRISTIE AND RUBIO	Category/ Type 	Transaction ID : SE24.0024 Date of Disbursement or Obligation 01 / 04 / 2016
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 3001929.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13982.65
(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

02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 146 OF 210
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 7343.49	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0230
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Senate State: IA	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		<input checked="" type="checkbox"/> President	
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) ▶	
3725559.29			
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 7343.49	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0247
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Senate State: NH	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		<input checked="" type="checkbox"/> President	
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) ▶	
6389405.20			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		14686.98	
(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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
[Electronically Filed]			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 147 OF 210
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		MM / DD / YYYY	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 7563.73	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0192
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 25 / 2016
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: NH
Calendar Year-To-Date Per Election for Office Sought		5977175.87	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 MM / DD / YYYY 01 / 21 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 7793.43	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0206
Purpose of Expenditure MEDIA PRODUCTION - NATIONAL CABLE BUY ON FOX NEWS		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 25 / 2016
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: _____
Calendar Year-To-Date Per Election for Office Sought		4159287.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		15357.16	
(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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 148 OF 210
FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</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;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 21 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7793.44</div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0205 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Marco Rubio		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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2190995.41</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;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 21 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7793.44</div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0188 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Marco Rubio		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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5968530.27</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">15586.88</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 <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 149 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7793.44</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0189
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3429734.79</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 13 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8010.16</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0118
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</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;">3214459.25</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;">15803.60</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 150 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 13 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8452.62</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0117
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</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;">3206449.09</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: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8583.95</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0108
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 13 / 2016</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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5378147.21</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;">17036.57</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 151 OF 210
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		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 01 / 27 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 8870.51	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0244
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES CHRISTIE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2016
Name of Federal Candidate John Kasich		<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: NV
Calendar Year-To-Date Per Election for Office Sought 549305.34		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 01 / 27 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 8870.52	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0237
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE CHRISTIE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2016
Name of Federal Candidate John Kasich		<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: IA
Calendar Year-To-Date Per Election for Office Sought 3734556.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		17741.03	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 152 OF 210
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		MM / DD / YYYY	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 9375.12	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0238
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ AND RUBIO		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2016
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 6219204.70		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 MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 9588.51	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0260
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
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: NH
Calendar Year-To-Date Per Election for Office Sought 6642984.71		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		18963.63	
(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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 153 OF 210
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 M M / D D / Y Y Y Y Y Y					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 26 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 9588.52		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0228		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation 01 / 27 / 2016		
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>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		3717772.46	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 01 / 07 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 9783.50		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0065		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation 01 / 07 / 2016		
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>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		3125127.88	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19372.02		
(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.					
Signature <i>Charles R Spies</i>		[Electronically Filed]		Date 02 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 154 OF 210
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		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 01 / 07 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 9783.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0066
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 07 / 2016
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: SC
Calendar Year-To-Date Per Election for Office Sought		1248784.00	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 01 / 07 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 9783.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0067
Purpose of Expenditure MEDIA PRODUCTION FOR NATIONAL CABLE BUY ON FOX NEWS		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 07 / 2016
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: _____
Calendar Year-To-Date Per Election for Office Sought		4137893.50	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		19567.00	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 155 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0006
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</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>CA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">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: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0007
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</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>NY</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</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;">20000.00</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 156 OF 210
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 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 01 / 11 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 10965.32	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0082
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 07 / 2016
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>IA</u>
Calendar Year-To-Date Per Election for Office Sought 3170575.27		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 01 / 05 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 11384.58	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0022
Purpose of Expenditure DIRECT MAIL PRODUCTION-ALSO OPPOSE KASICH, CHRISTIE AND RUBIO		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 04 / 2016
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 4927254.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22349.90
(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
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 157 OF 210
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 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 01 / 25 / 2016
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 11550.83
City ALPHARETTA	State GA	Zip Code 30022
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES KASICH, CHRISTIE, RUBIO AND TRUMP		Transaction ID : SE24.0218
Category/Type 		Date of Disbursement or Obligation 01 / 22 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> House District: _____ <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 3650808.54		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 01 / 27 / 2016
Mailing Address 4019 INGERSOLL AVE		Amount 11933.30
City DES MOINES	State IA	Zip Code 50312
Purpose of Expenditure DIRECT MAIL PRODUCTION		Transaction ID : SE24.0249
Category/Type 		Date of Disbursement or Obligation 01 / 15 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 561717.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23484.13
(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]

Signature

Date

02 / 20 / 2016

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 158 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11939.87</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0172
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES KASICH		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Chris Christie			<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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3393060.30</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11940.10</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0063
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>	
Name of Federal Candidate Chris Christie			<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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3099991.82</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;">23879.97</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 159 OF 210
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 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 01 / 05 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 12535.02	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0023
Purpose of Expenditure DIRECT MAIL POSTAGE-ALSO OPPOSE KASICH, CHRISTIE AND RUBIO		Category/Type 	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2016
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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ 4939789.98	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 12794.89	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0126
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 01 / 14 / 2016
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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ 3269506.49	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		25329.91	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 160 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12797.71</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0130
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3312653.00</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12798.01</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0220
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3677566.36</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;">25595.72</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 161 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 11 / 2016</div>	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12862.15</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0083 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Marco Rubio		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		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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13102.24</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0104 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Marco Rubio		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		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;">25964.39</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 <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 162 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13140.10</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0155
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Chris Christie			<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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3327816.72</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="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 11 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13601.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0086
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3197038.42</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;">26741.10</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 163 OF 210
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 11 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 13601.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0087 Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
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: SC
Calendar Year-To-Date Per Election for Office Sought 1444854.23		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 01 / 11 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 13601.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION FOR NATIONAL CABLE BUY ON FOX NEWS	Category/Type	Transaction ID : SE24.0088 Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
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: _____
Calendar Year-To-Date Per Election for Office Sought 4151494.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27202.00
(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

MM / DD / YYYY
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 164 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13922.18</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0161
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</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;">474346.80</div> 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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13959.81</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0219
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</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>IA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3664768.35</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;">27881.99</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 165 OF 210
FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
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 M / D D D / Y Y Y Y Y Y 01 / 22 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14077.74</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0202 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016</div>
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Marco Rubio		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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3514932.71</div>			
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 M / D D D / Y Y Y Y Y Y 01 / 27 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14383.67</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0250 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016</div>
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Marco Rubio		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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">576101.57</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">28461.41</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 <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016</div>	
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 166 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14402.12</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0129 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Marco Rubio		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		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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 13 / 2016</div>	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14772.15</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0120 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		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		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;">29174.27</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 <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 167 OF 210
FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
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 M / D D D / Y Y Y Y Y Y 01 / 19 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15074.89</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0162
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016</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		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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 26 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15151.27</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0225
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016</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		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;">30226.16</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 <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 168 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 13 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15248.70</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0119
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</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;">5396538.41</div>		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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15277.03</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0105
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</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>NV</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">270803.90</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;">30525.73</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 169 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15352.22</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0173
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES KASICH		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Chris Christie			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;">3408412.52</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15352.46</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0156
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Chris Christie			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;">3343169.18</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;">30704.68</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 170 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15352.56</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0064
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>	
Name of Federal Candidate Chris Christie			<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>IA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3115344.38</div>		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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 26 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15466.31</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0224
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</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;">3693032.67</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;">30818.87</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 <i>Charles R Spies</i>			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 171 OF 210
FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
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 M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15946.68</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0127 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 14 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3285453.17</div>			
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 M / D D D / Y Y Y Y Y Y</div> 01 / 20 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16501.00</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0171 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 19 / 2016
Purpose of Expenditure YARD SIGNS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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>NH</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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5831599.10</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">32447.68</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 <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 172 OF 210
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		MM / DD / YYYY	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 08 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 16608.77	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0077
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
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		3159609.95	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 MM / DD / YYYY 01 / 20 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 16688.90	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0163
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES TRUMP		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
Name of Federal Candidate Ted Cruz		<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: IA
Calendar Year-To-Date Per Election for Office Sought		3362358.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		33297.67	
(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.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 173 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 08 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17041.62</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0076
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</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;">3143001.18</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18571.45</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0164
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES TRUMP		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Ted Cruz			<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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3380930.43</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; display: inline-block;">35613.07</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 174 OF 210
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		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 01 / 21 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 19034.83	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0186
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016
Name of Federal Candidate John Kasich		<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: NH
Calendar Year-To-Date Per Election for Office Sought		5959282.77	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 01 / 23 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 19943.20	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0215
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 01 / 19 / 2016
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: NV
Calendar Year-To-Date Per Election for Office Sought		511381.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		38978.03	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 175 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 14 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19967.22</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0121 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 14 / 2016</div>
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3234426.47</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 14 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20018.90</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0122 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 14 / 2016</div>
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3254445.37</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">39986.12</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 <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 176 OF 210
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		MM / DD / YYYY	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 20406.22	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0030
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2016
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: IA
Calendar Year-To-Date Per Election for Office Sought		3049363.32	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 MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 21115.91	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0029
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2016
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: IA
Calendar Year-To-Date Per Election for Office Sought		3028957.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		41522.13	
(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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div>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>M M / D D / Y Y Y Y</div>	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 16 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 24508.52	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0152 Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
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		1572073.63	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 MM / DD / YYYY 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 25000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0005
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		25000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49508.52
(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.

[Electronically Filed]

Signature

Date _____

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 178 OF 210
FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2016</div>	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25762.53</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0203 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016</div>
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" 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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2153925.37</div>			
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 M / D D D / Y Y Y Y Y Y 01 / 23 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26681.07</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0213 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016</div>
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">6007134.23</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">52443.60</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 <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 179 OF 210
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		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 01 / 23 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 28534.76	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0216
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 01 / 19 / 2016
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: NV
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) ▶	
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 01 / 21 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 29276.60	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0204
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 01 / 20 / 2016
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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		57811.36	
(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 <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 180 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 11 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29350.59</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0080
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5258491.61</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29350.97</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0106
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Name of Federal Candidate Chris Christie			<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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5328835.48</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;">58701.56</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 181 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 21 / 2016		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29600.78</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0176
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES KASICH		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 19 / 2016	
Name of Federal Candidate Chris Christie			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;">5867647.50</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 28 / 2016		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29600.78</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0242
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 27 / 2016	
Name of Federal Candidate Marco Rubio			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;">6341341.73</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;">59201.56</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016		
[Electronically Filed]					

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 182 OF 210
FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
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 / D D D / Y Y Y Y Y Y 01 / 21 / 2016</div>	
Mailing Address PO BOX 2484		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30425.00</div>	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0182 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2016</div>
Purpose of Expenditure PRINTING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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>NH</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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5939936.69</div>			
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 M / D D D / Y Y Y Y Y Y 01 / 08 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30984.00</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0078 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 07 / 2016</div>
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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>NH</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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5194825.75</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">61409.00</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 <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 183 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 01 / 15 / 2016		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">31137.47</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0139
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 01 / 15 / 2016	
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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">5594119.77</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 01 / 27 / 2016		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">33300.09</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0234
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 01 / 27 / 2016	
Name of Federal Candidate John Kasich			<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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">6162076.18</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="display: inline-block; border: 1px solid black; padding: 2px;">64437.56</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"> </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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 02 / 20 / 2016		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 184 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 14 / 2016		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border-bottom: 1px solid black; width: 150px;"></div> 34211.07		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0124
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 14 / 2016	
Name of Federal Candidate John Kasich			<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: NH
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px;"></div> 5445471.63			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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 23 / 2016		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="border-bottom: 1px solid black; width: 150px;"></div> 34312.34		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0214
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 25 / 2016	
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 <div style="border-bottom: 1px solid black; width: 150px;"></div> 6041446.57			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-bottom: 1px solid black; width: 150px;"></div> 68523.41		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 150px;"></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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 20 / 2016		
<i>[Electronically Filed]</i>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 185 OF 210
FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 08 / 2016	
Mailing Address 95 EDDY RD. SUITE 101		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34315.27</div>	
City MANCHESTER	State NH	Zip Code 03102	Transaction ID : SE24.0079 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 07 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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>NH</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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5229141.02</div>			
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 M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34842.14</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0221 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate John Kasich		Office Sought: <input type="checkbox"/> Support <input checked="" 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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">6076288.71</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">69157.41</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 <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 186 OF 210
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		MM / DD / YYYY	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 35293.35	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0264
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 29 / 2016
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		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 MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 36055.11	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0134
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 14 / 2016
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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		71348.46	
(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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 187 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">38757.12</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0169 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate John Kasich		<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u></div></div>	
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) ▶ _____	
Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>	
Mailing Address 95 EDDY RD SUITE 101		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40719.98</div>	
City MANCHESTER	State NH	Zip Code 03102	Transaction ID : SE24.0177 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES KASICH		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Chris Christie		<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u></div></div>	
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) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">79477.10</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 <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 188 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 28 / 2016</div>		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40719.98</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0243
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6382061.71</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40722.22</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0028
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>	
Name of Federal Candidate Chris Christie			<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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5010113.17</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;">81442.20</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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;">Charles R Spies</div></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div></div></div>					

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 189 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>		
Mailing Address 95 EDDY RD. SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40727.25</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0140
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5634847.02</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40727.78</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0107
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Name of Federal Candidate Chris Christie			<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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5369563.26</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;">81455.03</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 190 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">14</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2016</div>		
Mailing Address 95 EDDY RD. SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">40727.78</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0125
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">14</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2016</div>	
Name of Federal Candidate John Kasich			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u></div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">5486199.41</div>			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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">15</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2016</div>		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">40727.78</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0135
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/ Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">14</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2016</div>	
Name of Federal Candidate Jeb Bush			<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u></div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">5562982.30</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: 150px;">81455.56</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">20</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 191 OF 210
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		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 01 / 11 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 40728.52	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0081
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 01 / 07 / 2016
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: NH
Calendar Year-To-Date Per Election for Office Sought		5299220.13	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 01 / 15 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 42329.23	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0136
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 01 / 07 / 2016
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: SC
Calendar Year-To-Date Per Election for Office Sought		1487346.21	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		83057.75	
(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.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 192 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 29 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">42465.73</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0259
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6633396.20</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45327.11</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0211
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</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; display: inline-block;">2364197.41</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;">87792.84</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 193 OF 210
FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016	
Mailing Address 95 EDDY RD. SUITE 101		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46478.89</div>	
City MANCHESTER	State NH	Zip Code 03102	Transaction ID : SE24.0222
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016
Name of Federal Candidate John Kasich		<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>NH</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) ▶ _____	
6122767.60			
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 21 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46480.64</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0170
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 20 / 2016
Name of Federal Candidate John Kasich		<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>NH</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) ▶ _____	
5815098.10			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">92959.53</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 <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 194 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 29 / 2016		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46489.75</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0265
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 29 / 2016	
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			<div style="border: 1px solid black; padding: 2px; display: inline-block;">6725211.14</div>		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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 27 / 2016		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">47274.13</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0235
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 27 / 2016	
Name of Federal Candidate John Kasich			<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: NH
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">6209350.31</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;">93763.88</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>
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Signature Charles R Spies			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 195 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 20 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">52513.31</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0166 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 14 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION-ALSO OPPOSE KASICH, CHRISTIE AND RUBIO		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>	
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: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2062586.94</div>		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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 07 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">54552.14</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0061 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 05 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">5088962.13</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: 150px;">107065.45</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></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 <i>Charles R Spies</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 196 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 01 / 15 / 2016		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">58225.65</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0137
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 01 / 07 / 2016	
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: SC
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">1545571.86</div>		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 <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 01 / 22 / 2016		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">59291.26</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0212
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 01 / 15 / 2016	
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: SC
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">2423488.67</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="display: inline-block; border: 1px solid black; padding: 2px;">117516.91</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px;"></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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 02 / 20 / 2016		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 197 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">59859.52</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0167
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSE KASICH, CHRISTIE AND RUBIO			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 14 / 2016</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: SC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2122446.46</div>		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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">64464.10</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0201
Purpose of Expenditure DIRECT MAIL PRODUCTION			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</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: IA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3500854.97</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;">124323.62</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			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 198 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70534.53</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0062
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5159496.66</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 11 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">78137.33</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0084
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</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; display: inline-block;">1327299.37</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;">148671.86</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 199 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 27 / 2016	
Mailing Address PO BOX 2484		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">87287.50</div>	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0240 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 28 / 2016
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE TRUMP, CRUZ AND RUBIO		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" 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		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="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 04 / 2016	
Mailing Address PO BOX 2484		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">92874.60</div>	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0017 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 04 / 2016
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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		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;">180162.10</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 <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 200 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 20 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">93867.68</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0168 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016
Purpose of Expenditure PRINTING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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>NH</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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5729860.34</div>			
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0004 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 04 / 2016
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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>NV</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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">193867.68</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 <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 201 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 11 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">103953.86</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0085
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>	
Name of Federal Candidate Marco Rubio			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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1431253.23</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">124000.00</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0217
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES KASICH, CHRISTIE, RUBIO AND TRUMP		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>	
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">3639257.71</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;">227953.86</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 202 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee OATH STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</div>		
Mailing Address PO BOX 2484			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">125425.00</div>		
City SPRINGFIELD		State VA	Zip Code 22152		Transaction ID : SE24.0210
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</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: SC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2318870.30</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: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0003
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</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: SC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</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;">275425.00</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			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 203 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee OATH STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>		
Mailing Address PO BOX 2484			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">186016.00</div>		
City SPRINGFIELD		State VA	Zip Code 22152		Transaction ID : SE24.0159
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</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;">460424.62</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 29 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">198231.72</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0258
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6590930.47</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; display: inline-block;">384247.72</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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 204 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee OATH STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 19 / 2016		
Mailing Address PO BOX 2484			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 203200.00		
City SPRINGFIELD		State VA	Zip Code 22152		Transaction ID : SE24.0270
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 12 / 2016	
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 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 11983382.58			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: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 04 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 330000.00		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0001
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 04 / 2016	
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; width: 150px;"></div> 330000.00			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: 150px;"></div> 533200.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></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 <i>Charles R Spies</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 20 / 2016		
<i>[Electronically Filed]</i>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 205 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">375000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0002
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 04 / 2016
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		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="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 19 / 2016	
Mailing Address PO BOX 2484		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">438000.00</div>	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0158
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016
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		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;">813000.00</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>	
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Signature <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 206 OF 210
FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee OATH STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 26 / 2016</div>		
Mailing Address PO BOX 2484			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">490862.00</div>		
City SPRINGFIELD		State VA	Zip Code 22152		Transaction ID : SE24.0272
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</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: SC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5852602.62</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="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>		
Mailing Address PO BOX 2484			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">523916.00</div>		
City SPRINGFIELD		State VA	Zip Code 22152		Transaction ID : SE24.0268
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</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: SC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5361740.62</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; display: inline-block;">1014778.00</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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>

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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		MM / DD / YYYY	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address PO BOX 2484		Amount 1032549.00	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0019
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2016
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 1182880.50		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 01 / 26 / 2016	
Mailing Address PO BOX 2484		Amount 1866948.00	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0271
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES TRUMP, CRUZ & RUBIO		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
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 13850330.58		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		2899497.00	
(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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

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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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
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 / D D D / Y Y Y Y Y Y 01 / 19 / 2016</div>	
Mailing Address PO BOX 2484		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1905898.00</div>	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0269 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016</div>
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO AND KASICH		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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>NH</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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">11780182.50</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 / D D D / Y Y Y Y Y Y 01 / 18 / 2016</div>	
Mailing Address PO BOX 2484		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2200000.00</div>	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0267 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016</div>
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO, NATIONAL CABLE BUY ON FOX NEWS CHANNELS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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: _____	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">7160930.68</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4105898.00</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 <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016</div>	
[Electronically Filed]			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 209 OF 210
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		MM / DD / YYYY	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 18 / 2016	
Mailing Address PO BOX 2484		Amount 2465125.40	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0266
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
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		6202716.57	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 01 / 05 / 2016	
Mailing Address PO BOX 2484		Amount 2571000.00	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0020
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2016
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		2994603.90	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5036125.40	
(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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 210 OF 210
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		MM / DD / YYYY	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address PO BOX 2484		Amount 4125000.00	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0021
Purpose of Expenditure MEDIA PLACEMENT FOR NATIONAL BUY ON FOX NEWS- ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2016
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		4128110.00	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 01 / 05 / 2016	
Mailing Address PO BOX 2484		Amount 4537678.15	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0018
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2016
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		4915870.38	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		8662678.15	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		27328256.03	
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 <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	