

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

RGA RIGHT DIRECTION PAC

ADDRESS (number and street) 1747 PENNSYLVANIA AVE NW SUITE 250

Check if different than previously reported. (ACC) WASHINGTON DC 20006

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00490730

3. IS THIS REPORT NEW OR AMENDED (N) (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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

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

Election on MM/DD/YYYY in the State of

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

Election on MM/DD/YYYY in the State of

5. Covering Period 07/01/2016 through 09/30/2016

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

Adams, Michael, , ,

Type or Print Name of Treasurer

Signature of Treasurer Adams, Michael, , , [Electronically Filed] Date 10/14/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Table with 10 columns for Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**RG A RIGHT DIRECTION PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="18565.86"/>	<input type="text" value="18565.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="580781.70"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6500000.00"/>	<input type="text" value="10894238.68"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="7080781.70"/>	<input type="text" value="10912804.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6330689.85"/>	<input type="text" value="10162712.69"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="750091.85"/>	<input type="text" value="750091.85"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**RG A RIGHT DIRECTION PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000000.00	9350000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5000000.00	9350000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1500000.00	1500000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	44238.68
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)).....▶	6500000.00	10894238.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6500000.00	10894238.68

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	96685.00	119397.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	96685.00	119397.00
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) .....	2938487.52	3156054.67
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	3295517.33	6887261.02
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6330689.85	10162712.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6330689.85	10162712.69

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5000000.00	9350000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5000000.00	9350000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	96685.00	119397.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	96685.00	119397.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**RGARIGHT DIRECTION PAC**

**A. Republican Governors Association**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City Washington State DC Zip Code 20006

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5850000.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2016

**Transaction ID : SA11C.4825**

Amount of Each Receipt this Period  
1500000.00

Memo Item Contribution

**B. Republican Governors Association**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City Washington State DC Zip Code 20006

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6350000.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2016

**Transaction ID : SA11C.4855**

Amount of Each Receipt this Period  
500000.00

Memo Item Contribution

**C. Republican Governors Association**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City Washington State DC Zip Code 20006

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
7350000.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2016

**Transaction ID : SA11C.4867**

Amount of Each Receipt this Period  
1000000.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RGARIGHT DIRECTION PAC**

**A. Republican Governors Association**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City Washington State DC Zip Code 20006

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8350000.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2016

**Transaction ID : SA11C.4870**

Amount of Each Receipt this Period  
1000000.00

Memo Item Contribution

**B. Republican Governors Association**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City Washington State DC Zip Code 20006

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9350000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : SA11C.4883**

Amount of Each Receipt this Period  
1000000.00

Memo Item Contribution

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 35  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" 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)  
**RGARIGHT DIRECTION PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Mike Pence For Indiana**

Mailing Address 101 W Ohio St Ste 1180

City Indianapolis	State IN	Zip Code 46204
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2016

**Transaction ID : SA16.4824**

Amount of Each Receipt this Period  
1500000.00

Memo Item  
Refund of Non-Federal Contribution

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1500000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RGA RIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 09 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.4830

Amount of Each Disbursement this Period

[ ] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.4836

Amount of Each Disbursement this Period

[ ] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.4842

Amount of Each Disbursement this Period

[ ] 20.00

Memo Item

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

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

[ ] 60.00

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RGA RIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.4846  
Amount of Each Disbursement this Period  
10.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.4856  
Amount of Each Disbursement this Period  
30.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.4861  
Amount of Each Disbursement this Period  
10.00

Memo Item

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

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

50.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RGA RIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4865

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4866

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4909

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

30.00

[Redacted]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RGA RIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 22 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4871**  
Amount of Each Disbursement this Period  
30.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 23 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4877**  
Amount of Each Disbursement this Period  
10.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 26 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4879**  
Amount of Each Disbursement this Period  
20.00

Memo Item

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

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

60.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RGA RIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4882**  
Amount of Each Disbursement this Period  
10.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4884**  
Amount of Each Disbursement this Period  
10.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4885**  
Amount of Each Disbursement this Period  
30.00

Memo Item

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

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

50.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RGARIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial) <b>A. Fabrizio, Lee &amp; Associates, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2016
Mailing Address 2624 NE 15th Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4914</b> Amount of Each Disbursement this Period [REDACTED] 39000.00
City Ft Lauderdale	State FL	Zip Code 33304
Purpose of Disbursement Polling		Category/ Type [REDACTED]
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Koch &amp; Hoos, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 901 N Washington St, Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4862</b> Amount of Each Disbursement this Period [REDACTED] 735.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement PAC Reporting Services		Category/ Type [REDACTED]
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Squire Patton Boggs, LLP</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2016
Mailing Address PO Box 511269		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4848</b> Amount of Each Disbursement this Period [REDACTED] 2275.00
City Los Angeles	State CA	Zip Code 90051
Purpose of Disbursement Legal Services		Category/ Type [REDACTED]
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 42010.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RGa RIGHT DIRECTION PAC**

**A. The Tarrance Group**

Full Name (Last, First, Middle Initial)

Mailing Address 201 N Union St, Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Polling

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4845**

Amount of Each Disbursement this Period: 20903.00

Memo Item

**B. The Tarrance Group**

Full Name (Last, First, Middle Initial)

Mailing Address 201 N Union St, Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Polling

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4876**

Amount of Each Disbursement this Period: 29102.00

Memo Item

**C. Victory Phones**

Full Name (Last, First, Middle Initial)

Mailing Address 1401 Sam Rittenberg Blvd

City Charleston State SC Zip Code 29483

Purpose of Disbursement Polling

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4910**

Amount of Each Disbursement this Period: 4400.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	54405.00
<b>TOTAL</b> This Period (last page this line number only).....▶	96665.00





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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RGa RIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial) <b>A. Brabender Cox, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2016
Mailing Address 108 South St SE		FEC Identification Number C [ ] <b>Transaction ID : SB29.4823</b> Amount of Each Disbursement this Period [ ] 27500.00
City Leesburg	State VA	Zip Code 20175
Purpose of Disbursement Non-Federal Production		Category/ Type [ ]
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Doug Burgum For North Dakota</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2016
Mailing Address PO Box 2945		FEC Identification Number C [ ] <b>Transaction ID : SB29.4828</b> Amount of Each Disbursement this Period [ ] 100000.00
City Fargo	State ND	Zip Code 58102
Purpose of Disbursement Non-Federal Contribution		Category/ Type [ ]
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Eric Holcomb For Indiana</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016
Mailing Address 101 W Ohio St, Ste 1111		FEC Identification Number C [ ] <b>Transaction ID : SB29.4834</b> Amount of Each Disbursement this Period [ ] 250000.00
City Indianapolis	State IN	Zip Code 46204
Purpose of Disbursement Non-Federal Contribution		Category/ Type [ ]
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 377500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RGA RIGHT DIRECTION PAC**

**A. IMGE, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 108 S Washington St, 3rd Flr

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Non-Federal Online Advertising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C

Transaction ID : **SB29.4894**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. North Carolina Republican Party**

Full Name (Last, First, Middle Initial)

Mailing Address 1506 Hillsborough St

City Raleigh State NC Zip Code 27605

Purpose of Disbursement Contribution - Non-Federal Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2016

FEC Identification Number: C

Transaction ID : **SB29.4832**

Amount of Each Disbursement this Period: 90000.00

Memo Item

**C. North Carolina Republican Party**

Full Name (Last, First, Middle Initial)

Mailing Address 1506 Hillsborough St

City Raleigh State NC Zip Code 27605

Purpose of Disbursement Contribution - Non-Federal Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 23 / 2016

FEC Identification Number: C

Transaction ID : **SB29.4878**

Amount of Each Disbursement this Period: 500000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 595000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RGA RIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial) <b>A. Old Dominion Research Group, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 2045 Fieldhurst Ct		FEC Identification Number C [ ] <b>Transaction ID : SB29.4822</b> Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22315
Purpose of Disbursement Non-Federal Research		Category/ Type [ ]
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Push Digital, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2016
Mailing Address 1401 Sam Rittenberg Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB29.4838</b> Amount of Each Disbursement this Period 90.00
City Charleston	State SC	Zip Code 29483
Purpose of Disbursement Non-Federal Digital Services		Category/ Type [ ]
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Push Digital, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2016
Mailing Address 1401 Sam Rittenberg Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB29.4844</b> Amount of Each Disbursement this Period 485.00
City Charleston	State SC	Zip Code 29483
Purpose of Disbursement Non-Federal Digital Services		Category/ Type [ ]
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RGARIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. Push Digital, LLC**

Mailing Address 1401 Sam Rittenberg Blvd

City Charleston State SC Zip Code 29483

Purpose of Disbursement  
Non-Federal Digital Services

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.4874**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Red October Productions, Inc.**

Mailing Address 1851A McGuckian St

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Non-Federal Production

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.4850**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Red October Productions, Inc.**

Mailing Address 1851A McGuckian St

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Non-Federal Production

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.4851**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RGARIGHT DIRECTION PAC**

**A. Targeted Victory**

Full Name (Last, First, Middle Initial)

Mailing Address 1033 N Fairfax St, Suite 400

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Non-Federal Digital Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB29.4839

Amount of Each Disbursement this Period: 17750.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	17750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3295517.33

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

NAME OF COMMITTEE (In Full) <b>RGa RIGHT DIRECTION PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00490730                 </div>
---	---

Check if  24-hour report  48-hour report  New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Brabender Cox, LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 28 / 2016						
Mailing Address 108 South St SE	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div> Transaction ID : <b>SE.4761</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 10 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Leesburg</td> <td>VA</td> <td>20175</td> </tr> </table>		City	State	Zip Code	Leesburg	VA	20175
City		State	Zip Code				
Leesburg	VA	20175					
Purpose of Expenditure Advertising - Production (Corrected Date Paid)							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1578800.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>Brabender Cox, LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016						
Mailing Address 108 South St SE	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div> Transaction ID : <b>SE.4763</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 24 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Leesburg</td> <td>VA</td> <td>20175</td> </tr> </table>		City	State	Zip Code	Leesburg	VA	20175
City		State	Zip Code				
Leesburg	VA	20175					
Purpose of Expenditure Advertising - Production							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1603800.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Signature

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.4761

Please note that the date of disbursement for this expenditure has been updated from 8/24/2016 to 8/10/2016.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
RGA RIGHT DIRECTION PAC
FEC IDENTIFICATION NUMBER
C C00490730

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

Full Name of Payee
McCleskey Media Strategies
Mailing Address
6100 Uptown Blvd NE, #590
City
Albuquerque State
NM Zip Code
87110
Purpose of Expenditure
Advertising - Production (Actual)
Category/Type
004
Date of Public Distribution/Dissemination
09 / 09 / 2016
Amount
13950.63
Transaction ID : SE.4771
Date of Disbursement or Obligation
09 / 29 / 2016

Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support
Oppose
Office Sought:
House
Senate
District: 00
State:
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
McCleskey Media Strategies
Mailing Address
6100 Uptown Blvd NE, #590
City
Albuquerque State
NM Zip Code
87110
Purpose of Expenditure
Advertising - Production (Actual)
Category/Type
004
Date of Public Distribution/Dissemination
09 / 19 / 2016
Amount
14487.19
Transaction ID : SE.4784
Date of Disbursement or Obligation
09 / 29 / 2016

Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support
Oppose
Office Sought:
House
Senate
District: 00
State:
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
28437.82
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, ,

[Electronically Filed]

Date

10 / 14 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
RGA RIGHT DIRECTION PAC
FEC IDENTIFICATION NUMBER
C C00490730

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

Full Name of Payee: McCleskey Media Strategies
Mailing Address: 6100 Uptown Blvd NE, #590
City: Albuquerque, State: NM, Zip Code: 87110
Purpose of Expenditure: Advertising - Production (Updated To Actual)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Amount: 14481.00
Transaction ID: SE.4898
Date of Disbursement or Obligation: 10/11/2016
Disbursement For: General

Full Name of Payee: Red October Productions, Inc.
Mailing Address: 1851A McGuckian St
City: Annapolis, State: MD, Zip Code: 21401
Purpose of Expenditure: Advertising - Production
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Amount: 7348.50
Transaction ID: SE.4792
Date of Disbursement or Obligation: 09/26/2016
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 7348.50
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, , ,

[Electronically Filed]

Date

10 / 14 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00490730                 </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Red October Productions, Inc.</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 04 / 2016	
Mailing Address 1851A McGuckian St		Amount <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 8728.50	
City Annapolis	State MD	Zip Code 21401	<b>Transaction ID : SE.4815</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016
Purpose of Expenditure Advertising - Production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State:	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 2938487.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>SRCP Media, Inc.</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 09 / 2016	
Mailing Address 201 N Union St, Suite 200		Amount <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 212910.00	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : SE.4767</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 07 / 2016
Purpose of Expenditure Television Advertising - Media Placement		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State:	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 1819583.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 221638.50
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490730
--	--

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

Full Name of Payee <b>SRCP Media, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 201 N Union St, Suite 200	Amount <input type="text"/> 25540.60 <b>Transaction ID : SE.4777</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22314	
Purpose of Expenditure Television Advertising - Media Placement Category/Type <input type="text"/> 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1867123.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>SRCP Media, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 201 N Union St, Suite 200	Amount <input type="text"/> 217066.70 <b>Transaction ID : SE.4781</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22314	
Purpose of Expenditure Television Advertising - Media Placement Category/Type <input type="text"/> 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2084190.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 242607.30
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00490730                 </div>
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Check if  24-hour report     48-hour report     New report    Amends report filed on    /    /   

Full Name of Payee <input type="checkbox"/> Memo Item <b>SRCP Media, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
Mailing Address 201 N Union St, Suite 200	
City Alexandria    State VA    Zip Code 22314	Amount <span style="border: 1px solid black; padding: 2px;">212590.40</span>
Purpose of Expenditure Television Advertising - Media Placement    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.4798</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State:
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2587141.20</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>Targeted Victory</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
Mailing Address 1033 N Fairfax St, Suite 400	
City Alexandria    State VA    Zip Code 22314	Amount <span style="border: 1px solid black; padding: 2px;">20000.00</span>
Purpose of Expenditure Digital Advertising - Media Placement    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.4768</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State:
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1839583.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">232590.40</span>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, , ,

*[Electronically Filed]*

Date

10 / 14 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00490730                 </div>
--	---

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Targeted Victory</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">  </span> / <span style="border: 1px solid black; padding: 2px;">  </span> / <span style="border: 1px solid black; padding: 2px;">  </span>
Mailing Address 1033 N Fairfax St, Suite 400	Amount <span style="border: 1px solid black; padding: 2px;">  </span> 2000.00
City: Alexandria    State: VA    Zip Code: 22314	<b>Transaction ID : SE.4770</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">  </span> / <span style="border: 1px solid black; padding: 2px;">  </span> / <span style="border: 1px solid black; padding: 2px;">  </span>
Purpose of Expenditure: Website Development    Category/Type: <span style="border: 1px solid black; padding: 2px;">  </span> 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President    District: 00 CLINTON, HILLARY RODHAM, , ,    State: _____
Calendar Year-To-Date Per Election for Office Sought: <span style="border: 1px solid black; padding: 2px;">  </span> 1841583.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Targeted Victory</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">  </span> / <span style="border: 1px solid black; padding: 2px;">  </span> / <span style="border: 1px solid black; padding: 2px;">  </span>
Mailing Address 1033 N Fairfax St, Suite 400	Amount <span style="border: 1px solid black; padding: 2px;">  </span> 20000.00
City: Alexandria    State: VA    Zip Code: 22314	<b>Transaction ID : SE.4786</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">  </span> / <span style="border: 1px solid black; padding: 2px;">  </span> / <span style="border: 1px solid black; padding: 2px;">  </span>
Purpose of Expenditure: Digital Advertising - Media Placement    Category/Type: <span style="border: 1px solid black; padding: 2px;">  </span> 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President    District: 00 CLINTON, HILLARY RODHAM, , ,    State: _____
Calendar Year-To-Date Per Election for Office Sought: <span style="border: 1px solid black; padding: 2px;">  </span> 2104190.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">  </span> 22000.00
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">  </span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">  </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, , ,

*[Electronically Filed]*

Date

   /    /     
 10 / 14 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00490730                 </div>
--	---

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Targeted Victory</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>                      09 / 29 / 2016                 </div>
Mailing Address 1033 N Fairfax St, Suite 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     20000.00                 </div>
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure Digital Advertising - Media Placement	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State:
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">                     2607141.20                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>Targeted Victory</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>                      09 / 29 / 2016                 </div>
Mailing Address 1033 N Fairfax St, Suite 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     15000.00                 </div>
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure Digital Advertising - Media Placement	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State:
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">                     2622141.20                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 35000.00             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 0.00             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 35000.00             </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, , ,

*[Electronically Filed]*

Date

  /  /    
 10 / 14 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
RGA RIGHT DIRECTION PAC
FEC IDENTIFICATION NUMBER
C C00490730

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

Full Name of Payee Target Enterprises LLC
Mailing Address 15260 Ventura Blvd Suite 1240
City Sherman Oaks State CA Zip Code 91403
Purpose of Expenditure Television Advertising - Media Placement
Category/Type 004
Date of Public Distribution/Dissemination 07/28/2016
Amount 776900.00
Transaction ID: SE.4755
Date of Disbursement or Obligation 07/27/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 776900.00

Full Name of Payee Target Enterprises LLC
Mailing Address 15260 Ventura Blvd Suite 1240
City Sherman Oaks State CA Zip Code 91403
Purpose of Expenditure Television Advertising - Media Placement
Category/Type 004
Date of Public Distribution/Dissemination 08/18/2016
Amount 776900.00
Transaction ID: SE.4758
Date of Disbursement or Obligation 07/27/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 1553800.00

(a) SUBTOTAL of Itemized Independent Expenditures 1553800.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, ,

[Electronically Filed]

Date

10/14/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
RGA RIGHT DIRECTION PAC
FEC IDENTIFICATION NUMBER
C C00490730

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

Full Name of Payee Target Enterprises LLC
Mailing Address 15260 Ventura Blvd Suite 1240
City Sherman Oaks State CA Zip Code 91403
Purpose of Expenditure Shipping Expense Category/Type 004
Date of Public Distribution/Dissemination 08/18/2016
Amount 2873.00
Transaction ID: SE.4764
Date of Disbursement or Obligation 08/24/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 1606673.00

Full Name of Payee Target Enterprises LLC
Mailing Address 15260 Ventura Blvd Suite 1240
City Sherman Oaks State CA Zip Code 91403
Purpose of Expenditure Television Advertising - Media Placement Category/Type 004
Date of Public Distribution/Dissemination 09/24/2016
Amount 263012.00
Transaction ID: SE.4789
Date of Disbursement or Obligation 09/22/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 2367202.30

(a) SUBTOTAL of Itemized Independent Expenditures 265885.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, ,

[Electronically Filed]

Date

10/14/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
RGA RIGHT DIRECTION PAC
FEC IDENTIFICATION NUMBER
C C00490730

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

Full Name of Payee
Target Enterprises LLC
Mailing Address
15260 Ventura Blvd
Suite 1240
City
Sherman Oaks
State
CA
Zip Code
91403
Purpose of Expenditure
Television Advertising - Media Placement
Category/Type
004
Date of Public Distribution/Dissemination
10 / 04 / 2016
Amount
279180.00
Transaction ID : SE.4810
Date of Disbursement or Obligation
09 / 30 / 2016

Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support
Oppose
Office Sought:
President
Senate
District: 00
State:
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support
Oppose
Office Sought:
House
Senate
District:
State:
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 279180.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures 2938487.52

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, ,

[Electronically Filed]

Date

10 / 14 / 2016

Signature