

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

KEEP THE PROMISE III

ADDRESS (number and street) P.O. BOX 92225

Check if different than previously reported. (ACC) AUSTIN TX 78709

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

C C00575423

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

Election on / / in the State of

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

Election on / / in the State of

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

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

Type or Print Name of Treasurer JON FRANCIS

Signature of Treasurer JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

KEEP THE PROMISE III

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14994975.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="398394.01"/>	<input type="text" value="15398394.01"/>
(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="15393369.01"/>	<input type="text" value="15398394.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3766149.72"/>	<input type="text" value="3771174.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11627219.29"/>	<input type="text" value="11627219.29"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

KEEP THE PROMISE III

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).....	28085.00	15028085.00
(ii) Unitemized	170309.01	170309.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	198394.01	15198394.01
(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)	198394.01	15198394.01
12. Transfers From Affiliated/Other Party Committees.....	200000.00	200000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	398394.01	15398394.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	398394.01	15398394.01

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	3566149.72	3571174.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3566149.72	3571174.72
22. Transfers to Affiliated/Other Party Committees.....	200000.00	200000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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)) ..	3766149.72	3771174.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3766149.72	3771174.72

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)	198394.01	15198394.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	198394.01	15198394.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3566149.72	3571174.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3566149.72	3571174.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

A. LOWELL ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 2750 S LILAC

City BLOOMINGTON State CA Zip Code 92316

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2015
Transaction ID : SA11AI.7369

Amount of Each Receipt this Period
 250.00

B. ROBIN ARMSTRONG
Full Name (Last, First, Middle Initial)

Mailing Address 1101 MAXI CIRCLE

City FRIENDSWOOD State TX Zip Code 77546

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

Name of Employer INPATIENT CONSULTANTS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2015
Transaction ID : SA11AI.7385

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 9134 LIMA ROAD

City FORT WAYNE State IN Zip Code 46818

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

Name of Employer PREFERRED AUTOMOTIVE GROUP Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.7356

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 7 OF 93
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)
A. JEANNA BOURES

Mailing Address 1919 GARY ROAD

City STEWARTSVILLE	State NJ	Zip Code 08886
-----------------------	-------------	-------------------

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

Name of Employer MICHAEL BOURES	Occupation OFFICE MANAGER
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : SA11Al.7370

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. JOHN BOWLING

Mailing Address 916 REDLEAFE CIRCLE

City CHESA	State VA	Zip Code 23320
---------------	-------------	-------------------

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

Name of Employer RESOURCE LIGHTING	Occupation SALES REP
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SA11Al.7359

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. CHARLIE BOYD

Mailing Address 900 JEFFERSON ST. SE

City OLYMPIA	State WA	Zip Code 98516
-----------------	-------------	-------------------

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 ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : SA11Al.625

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)
KEEP THE PROMISE III

A. CHARLIE BOYD
Full Name (Last, First, Middle Initial)

Mailing Address 900 JEFFERSON ST. SE

City OLYMPIA	State WA	Zip Code 98516
-----------------	-------------	-------------------

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 ▼
310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.712

Amount of Each Receipt this Period
50.00

B. CHARLIE BOYD
Full Name (Last, First, Middle Initial)

Mailing Address 900 JEFFERSON ST. SE

City OLYMPIA	State WA	Zip Code 98516
-----------------	-------------	-------------------

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 ▼
385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : SA11AI.713

Amount of Each Receipt this Period
75.00

C. CHARLIE BOYD
Full Name (Last, First, Middle Initial)

Mailing Address 900 JEFFERSON ST. SE

City OLYMPIA	State WA	Zip Code 98516
-----------------	-------------	-------------------

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 ▼
435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : SA11AI.714

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

A. CHARLIE BOYD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 JEFFERSON ST. SE
 City OLYMPIA State WA Zip Code 98516
 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 ▼ 485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : SA11AI.722
 Amount of Each Receipt this Period
 50.00

B. BILL BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address PO. BOX 10349
 City ZEPHYR COVE State NV Zip Code 89448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : SA11AI.7363
 Amount of Each Receipt this Period
 250.00

C. MANUEL CAMBO
 Full Name (Last, First, Middle Initial)
 Mailing Address 670 SOUTH MASHTA DRIVE
 City KEY BISCAVNE State FL Zip Code 33149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SQUARE FOOT 401K LLC Occupation INVESTOR RETIREMENT INSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : SA11AI.7384
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
KEEP THE PROMISE III

A. LES CHAPMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address NOT AVAILABLE
 City NOT AVAILABLE State IA Zip Code 00000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : SA11AI.652
 Amount of Each Receipt this Period
 300.00

B. LEWIS J COOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 743 LOCHMOOR BLVD.
 City GROSE POINT State CA Zip Code 48236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GREAT LAKES WINE & SPIRITS BOARD MEMBER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11AI.7377
 Amount of Each Receipt this Period
 250.00

C. ROBERT CRAMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 SW BROOKSIDE DR
 City GRIMES State IA Zip Code 50111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CRAMER AND ASSOC. INC. CONSTRUCTION ENGINEER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2015
Transaction ID : SA11AI.7389
 Amount of Each Receipt this Period
 3000.00

SUBTOTAL of Receipts This Page (optional).....▶	3550.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

A. ROBERT CURRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2805 W PITTSBURG ST
 City BROKEN ARROW State OK Zip Code 74012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2015
Transaction ID : SA11AI.7375
 Amount of Each Receipt this Period
 250.00

B. MICHAEL DEASY
 Full Name (Last, First, Middle Initial)
 Mailing Address 13316 S SHAWDEE RD SE
 City HUNTSVILLE State AL Zip Code 35803
 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.7366
 Amount of Each Receipt this Period
 250.00

C. PENNY DEMETRIADES
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1790
 City HENDERSON State NC Zip Code 27536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ETC OF HENDERSON Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.7365
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
KEEP THE PROMISE III

A. PENNY DEMETRIADES
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1790
 City HENDERSON State NC Zip Code 27536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ETC OF HENDERSON Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.7381
 Amount of Each Receipt this Period
 500.00

B. ROBERT DIETRICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 BURBEACK AVE.
 City RICHMOND State CA Zip Code 94801
 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 ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2015
Transaction ID : SA11AI.6486
 Amount of Each Receipt this Period
 30.00

C. ROBERT DIETRICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 BURBEACK AVE.
 City RICHMOND State CA Zip Code 94801
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : SA11AI.5683
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	555.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

A. ROBERT DIETRICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 BURBEACK AVE.
 City RICHMOND State CA Zip Code 94801
 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 ▼ 265.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : SA11AI.5701
 Amount of Each Receipt this Period
 25.00

B. ROBERT DIETRICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 BURBEACK AVE.
 City RICHMOND State CA Zip Code 94801
 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 ▼ 290.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : SA11AI.5745
 Amount of Each Receipt this Period
 25.00

C. ROBERT DIETRICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 BURBEACK AVE.
 City RICHMOND State CA Zip Code 94801
 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 ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2015
Transaction ID : SA11AI.6487
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
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 14 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)
A. ROBERT DIETRICH

Mailing Address 1312 BURBEACK AVE.

City Richmond State CA Zip Code 94801

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 ▼ **345.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : SA11AI.5859

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. ROBERT DIETRICH

Mailing Address 1312 BURBEACK AVE.

City Richmond State CA Zip Code 94801

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 ▼ **370.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2015
Transaction ID : SA11AI.6169

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. ROBERT DIETRICH

Mailing Address 1312 BURBEACK AVE.

City Richmond State CA Zip Code 94801

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 ▼ **395.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : SA11AI.6261

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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 15 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

A. PRESTON EDWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4514 WAGON RUN
 City MURRELLS INLET State SC Zip Code 29576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : SA11AI.7364
 Amount of Each Receipt this Period
 250.00

B. DIANA GALLAGHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 ASBURY RD
 City HACKETTSTOWN State NJ Zip Code 07840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GALLAGHERS PLMG Occupation OFFICE MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.7376
 Amount of Each Receipt this Period
 250.00

C. CARL GUSTKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 STATON ROAD
 City CABOT State AR Zip Code 72023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FEDERAL EXPRESS Occupation PILOT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.7351
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

A. CARL GUSTKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 STATON ROAD
 City CABOT State AR Zip Code 72023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FEDERAL EXPRESS Occupation PILOT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11AI.7367
 Amount of Each Receipt this Period
 250.00

B. JAN HARDING
 Full Name (Last, First, Middle Initial)
 Mailing Address 4703 MENLO PARK DR.
 City SUGAR LAND State TX Zip Code 77479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : SA11AI.7355
 Amount of Each Receipt this Period
 250.00

C. CLINT HARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8550 ORIENT RD.
 City SAN ANGELO State TX Zip Code 76905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HARRISON ROOFING CO Occupation CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.7357
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)
A. ANGIE HAWKS

Mailing Address 2260 OLD RICHARDSON HWY.

City NORTH POLE State AK Zip Code 99705

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

Name of Employer HAWKS GREENHOUSE Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2015
Transaction ID : SA11AI.7361

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. LISA HOGENSON

Mailing Address 1951 TYROL DR.

City ST. CLOUD State MN Zip Code 56301

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2015
Transaction ID : SA11AI.7353

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. LOUIS HUDSON

Mailing Address P.O. BOX 914

City NEW WAVERLY State TX Zip Code 77358

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

Name of Employer HUDCO Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2015
Transaction ID : SA11AI.7371

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial) A. THOMAS JENKINS		Date of Receipt MM / DD / YYYY 11 / 05 / 2015 Transaction ID : SA11AI.7368
Mailing Address 910 W HURON ST 403		Amount of Each Receipt this Period 250.00
City CHICAGO	State IL	Zip Code 60642
FEC ID number of contributing federal political committee. C		
Name of Employer HUNTINGTON INSURANCE INC.	Occupation SR. VICE PRESIDENT TECHINAL RISK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. THOMAS A CORCORAN JR		Date of Receipt MM / DD / YYYY 09 / 02 / 2015 Transaction ID : SA11AI.7352
Mailing Address PO BOX 1373		Amount of Each Receipt this Period 250.00
City GRANTS	State NM	Zip Code 87020
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. EUGENE LEDERER		Date of Receipt MM / DD / YYYY 08 / 25 / 2015 Transaction ID : SA11AI.7390
Mailing Address 1168 S BARRINGTON AVE.		Amount of Each Receipt this Period 7900.00
City LOS ANGELES	State CA	Zip Code 90049
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation INVENTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7900.00	

SUBTOTAL of Receipts This Page (optional).....▶	8400.00
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 19 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

A. MONICA LUDWIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 5405 41ST STREET N.W.
 City WASHINGTON State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. PATRICKS Occupation SOCIAL CONCERNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : SA11AI.7362
 Amount of Each Receipt this Period
 250.00

B. EMILY MARX
 Full Name (Last, First, Middle Initial)
 Mailing Address 2075 OAKLAND BEND
 City SAN ANTONIO State TX Zip Code 78258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RHEUMATOLOGY ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.7374
 Amount of Each Receipt this Period
 250.00

C. JOHN MARZANO
 Full Name (Last, First, Middle Initial)
 Mailing Address NOT AVAILABLE
 City NOT AVAILABLE State IA Zip Code 00000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : SA11AI.293
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 20 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

A. JOHN MARZANO
 Full Name (Last, First, Middle Initial)
 Mailing Address NOT AVAILABLE
 City NOT AVAILABLE State IA Zip Code 00000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 08 / 2015
Transaction ID : SA11AI.294
 Amount of Each Receipt this Period 100.00

B. JOHN MARZANO
 Full Name (Last, First, Middle Initial)
 Mailing Address NOT AVAILABLE
 City NOT AVAILABLE State IA Zip Code 00000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2015
Transaction ID : SA11AI.295
 Amount of Each Receipt this Period 100.00

C. SEBASTIAN MATHEW
 Full Name (Last, First, Middle Initial)
 Mailing Address 5256 W HARVARD TERRACE
 City SKOKIE State IL Zip Code 60077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ISAC Occupation ACCOUNTS ASSOCIATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2015
Transaction ID : SA11AI.7354
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
KEEP THE PROMISE III

A. FORREST MCDONALD
Full Name (Last, First, Middle Initial)

Mailing Address 608 EAST PIATT LANE

City OLATHE State KS Zip Code 66061

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

Name of Employer MESSPLAY MACHINERY CO. Occupation SALES ENG.

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
 11 / 05 / 2015

Transaction ID : SA11AI.7387

Amount of Each Receipt this Period
 1000.00

B. JOAN MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 1374. 13.3. RD.

City LOMA State CO Zip Code 81524

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

Name of Employer SELF EMPLOYED Occupation TEACHER

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
 10 / 25 / 2015

Transaction ID : SA11AI.7386

Amount of Each Receipt this Period
 1000.00

C. JIM MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 5413 DEER HILL COURT

City RALEIGH State NC Zip Code 27613

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
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : SA11AI.7379

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
KEEP THE PROMISE III

A. DIANE MUNRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6105 MILAM DR SW
 City MABLETON State GA Zip Code 30126
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11AI.7348
 Amount of Each Receipt this Period
 200.00

B. PHILIP NAVRATIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2035 MILFORD ST
 City HOUSTON State TX Zip Code 77098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAIRFIELDNODAL Occupation ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2015
Transaction ID : SA11AI.7350
 Amount of Each Receipt this Period
 250.00

C. ELIZABETH PAYNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1878 HURON DR.
 City ROCKWALL State TX Zip Code 75087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DALLAS ISD Occupation ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2015
Transaction ID : SA11AI.7388
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)
KEEP THE PROMISE III

A. ROGER PECHULS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1204 S BAYFRONT
 City BALBOA ISLAND State CA Zip Code 92662
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : SA11AI.7382
 Amount of Each Receipt this Period
 500.00

B. DIANNE PEDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address NOT AVAILABLE
 City NOT AVAILABLE State IA Zip Code 00000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.1616
 Amount of Each Receipt this Period
 300.00

C. HAROLD PREECE
 Full Name (Last, First, Middle Initial)
 Mailing Address 455 ALEXANDER LOOP
 City EUGENE State OR Zip Code 97401
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11AI.7347
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

A. SOL PRIZANT
Full Name (Last, First, Middle Initial)

Mailing Address 3201 NE 183RD STREET APT 2403

City AVENTURA	State FL	Zip Code 33160
------------------	-------------	-------------------

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
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2015
Transaction ID : SA11AI.7380

Amount of Each Receipt this Period
500.00

B. SOL PRIZANT
Full Name (Last, First, Middle Initial)

Mailing Address 3201 NE 183RD STREET APT 2403

City AVENTURA	State FL	Zip Code 33160
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11AI.7383

Amount of Each Receipt this Period
500.00

C. DAVID REYNOLDS
Full Name (Last, First, Middle Initial)

Mailing Address 5305 FULTON IND BLVD SW STE B

City ATLANTA	State GA	Zip Code 30336
-----------------	-------------	-------------------

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

Name of Employer REYNOLDS PUBLISHING INC	Occupation SMALL BUSINESS OWNER
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA11AI.7360

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)
A. LANA RYAN

Mailing Address 10218 DUTCH IRIS DR.

City State Zip Code
BAKERSFIELD CA 93311

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015
Transaction ID : SA11AI.7372

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. MICHAEL SHINNERS

Mailing Address 8515 S PARKLAND DRIVE

City State Zip Code
FRANKLIN WI 53132

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

Name of Employer Occupation
MICHAEL K SHINNERS DDS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : SA11AI.7358

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. DAVID SIMS

Mailing Address NOT AVAILABLE

City State Zip Code
NOT AVAILABLE IA 00000

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : SA11AI.533

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 26 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

A. GREG SOWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2916 MAESE LN.
 City LAS CRUCES State NM Zip Code 88007
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11AI.7373
 Amount of Each Receipt this Period
 250.00

B. CAROL SWARTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 7007 TUCKAWAY ST.
 City SAN DIEGO State CA Zip Code 92119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11AI.7378
 Amount of Each Receipt this Period
 250.00

C. MARTHA WOLF
 Full Name (Last, First, Middle Initial)
 Mailing Address 8710 HEADLEY DR
 City STERLING HEIGHTS State MI Zip Code 48314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11AI.7297
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 27 OF 93
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

A. MARTHA WOLF
Full Name (Last, First, Middle Initial)
Mailing Address 8710 HEADLEY DR
City STERLING HEIGHTS State MI Zip Code 48314
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 ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2015
Transaction ID : SA11AI.7318
Amount of Each Receipt this Period
100.00

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	28085.00

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

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

FOR LINE NUMBER: PAGE 28 OF 93
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15			

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)
KEEP THE PROMISE III

A. KEEP THE PROMISE PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 92225

City AUSTIN State TX Zip Code 78709

FEC ID number of contributing federal political committee. **C** C00575415

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA12.10548

Amount of Each Receipt this Period
 200000.00

B.

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

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

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

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	200000.00
TOTAL This Period (last page this line number only).....▶	200000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address PO BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
PAC TRAVEL EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.19

Amount of Each Disbursement this Period

55.84

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address PO BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
PAC TRAVEL EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.18

Amount of Each Disbursement this Period

654.20

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address PO BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
PAC TRAVEL EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.27

Amount of Each Disbursement this Period

57.88

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

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

767.92

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address PO BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
PAC TRAVEL EXPENSE

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.26

Amount of Each Disbursement this Period

332.20

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 4315 S 2700 W

City SALT LAKE CITY State UT Zip Code 84184

Purpose of Disbursement
TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.151

Amount of Each Disbursement this Period

42.53

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 4315 S 2700 W

City SALT LAKE CITY State UT Zip Code 84184

Purpose of Disbursement
TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.150

Amount of Each Disbursement this Period

376.36

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

751.09

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 4315 S 2700 W

City State Zip Code
SALT LAKE CITY UT 84184

Purpose of Disbursement
TRANSACTION FEES

001

Candidate Name

Category/
Type

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
12 / 29 / 2015

Transaction ID : SB21B.152

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 4315 S 2700 W

City State Zip Code
SALT LAKE CITY UT 84184

Purpose of Disbursement
TRANSACTION FEES

001

Candidate Name

Category/
Type

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
12 / 31 / 2015

Transaction ID : SB21B.153

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. APPLE STORE

Mailing Address 6121 W PARK BLVD.

City State Zip Code
PLANO TX 75093

Purpose of Disbursement
PAC COMPUTER EXPENSE

001

Candidate Name

Category/
Type

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
08 / 20 / 2015

Transaction ID : SB21B.21

Amount of Each Disbursement this Period

395.93

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

595.93

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. APPLE STORE

Mailing Address 6121 W PARK BLVD.

City PLANO State TX Zip Code 75093

Purpose of Disbursement
PAC COMPUTER EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.37

Amount of Each Disbursement this Period

27.01

Full Name (Last, First, Middle Initial)

B. APPLE STORE

Mailing Address 6121 W PARK BLVD.

City PLANO State TX Zip Code 75093

Purpose of Disbursement
PAC COMPUTER EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.36

Amount of Each Disbursement this Period

3098.92

Full Name (Last, First, Middle Initial)

C. AVALON HOTELS

Mailing Address 9400 W OLYMPIC BLVD

City BEVERLY HILLS State CA Zip Code 90212

Purpose of Disbursement
PAC TRAVEL EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.38

Amount of Each Disbursement this Period

461.35

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

3587.28

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
PAC BANK FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.48

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
PAC BANK FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : SB21B.50

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
PAC BANK FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.54

Amount of Each Disbursement this Period

25.00

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

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

75.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
PAC BANK FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.58

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
PAC BANK FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2015

Transaction ID : SB21B.60

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.155

Amount of Each Disbursement this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

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
12 / 10 / 2015

Transaction ID : SB21B.156

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. BANKCARD

Mailing Address PO BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
PAC TRAVEL EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.28

Amount of Each Disbursement this Period

774.10

Full Name (Last, First, Middle Initial)

C. BANKCARD

Mailing Address PO BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
PAC TRANSACTION FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SB21B.44

Amount of Each Disbursement this Period

1381.62

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

2185.72

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. BANKCARD

Mailing Address PO BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
PAC TRANSACTION FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.53

Amount of Each Disbursement this Period

1719.29

Full Name (Last, First, Middle Initial)

B. BANKCARD

Mailing Address PO BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
TRANSACTION FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : SB21B.157

Amount of Each Disbursement this Period

1244.82

Full Name (Last, First, Middle Initial)

C. BERKE FARAH LLP

Mailing Address 1200 NEW HAMPSHIRE AVE STE 800

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PAC LEGAL FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : SB21B.13

Amount of Each Disbursement this Period

3125.00

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

6089.11

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial) A. BERKE FARAH LLP		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1200 NEW HAMPSHIRE AVE STE 800		Transaction ID : SB21B.17
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement PAC LEGAL FEES	Candidate Name	Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. BERKE FARAH LLP		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1200 NEW HAMPSHIRE AVE STE 800		Transaction ID : SB21B.24
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement PAC LEGAL FEES	Candidate Name	Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. BERKE FARAH LLP		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address 1200 NEW HAMPSHIRE AVE STE 800		Transaction ID : SB21B.41
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement PAC LEGAL FEES	Candidate Name	Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	10500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. BERKE FARAH LLP

Mailing Address 1200 NEW HAMPSHIRE AVE STE 800

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PAC LEGAL FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : **SB21B.52**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. BERKE FARAH LLP

Mailing Address 1200 NEW HAMPSHIRE AVE STE 800

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : **SB21B.158**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. BERKE FARAH LLP

Mailing Address 1200 NEW HAMPSHIRE AVE STE 800

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2015

Transaction ID : **SB21B.159**

Amount of Each Disbursement this Period

4000.00

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

12000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. BEST BUY

Mailing Address 7601 PENN AVE

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement PAC COMPUTER EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
10 / 09 / 2015

Transaction ID : **SB21B.47**

Amount of Each Disbursement this Period: 353.59

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. JUSTIN BRADSHAW

Mailing Address 509 WESTVIEW DRIVE

City ABILENE State TX Zip Code 79603

Purpose of Disbursement VIDEO PRODUCTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
12 / 29 / 2015

Transaction ID : **SB21B.173**

Amount of Each Disbursement this Period: 250.00

Category/Type: 001

Full Name (Last, First, Middle Initial)

C. CALDWELL MANAGEMENT SERVICES

Mailing Address 301 N GRAY ST

City CALDWELL State TX Zip Code 77836

Purpose of Disbursement EVENT COORDINATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
12 / 18 / 2015

Transaction ID : **SB21B.160**

Amount of Each Disbursement this Period: 1471.55

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2075.14

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 Page

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial) A. DAMON CROW CATERING		Date of Disbursement MM / DD / YYYY 12 / 14 / 2015
Mailing Address 1609 DURANT STREET		Transaction ID : SB21B.161
City DALLAS	State TX	
Zip Code 75216	Purpose of Disbursement EVENT CATERING	Amount of Each Disbursement this Period 9400.00
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DAMON CROW CATERING		Date of Disbursement MM / DD / YYYY 12 / 29 / 2015
Mailing Address 1609 DURANT STREET		Transaction ID : SB21B.2293
City DALLAS	State TX	
Zip Code 75216	Purpose of Disbursement PAC EVENT CATERING	Amount of Each Disbursement this Period 6000.00
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DAMON CROW CATERING		Date of Disbursement MM / DD / YYYY 12 / 29 / 2015
Mailing Address 1609 DURANT STREET		Transaction ID : SB21B.162
City DALLAS	State TX	
Zip Code 75216	Purpose of Disbursement EVENT CATERING	Amount of Each Disbursement this Period 7400.00
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	22800.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. FINLEY PRODUCTIONS

Mailing Address 5729 LEBANON RD STE 144

City FRISCO State TX Zip Code 75034

Purpose of Disbursement
VIDEO PRODUCTION

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Transaction ID : SB21B.164

Amount of Each Disbursement this Period

3994.45

Full Name (Last, First, Middle Initial)

B. FINLEY PRODUCTIONS

Mailing Address 5729 LEBANON RD STE 144

City FRISCO State TX Zip Code 75034

Purpose of Disbursement
VIDEO PRODUCTION

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2015

Transaction ID : SB21B.165

Amount of Each Disbursement this Period

6210.32

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN EXPRESS

Mailing Address PO BOX 30321

City SALT LAKE CITY State UT Zip Code 84130

Purpose of Disbursement
TRAVEL EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2015

Transaction ID : SB21B.169

Amount of Each Disbursement this Period

169.50

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

10374.27

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN EXPRESS

Mailing Address PO BOX 30321

City State Zip Code
SALT LAKE CITY UT 84130

Purpose of Disbursement
TRAVEL EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2015

Transaction ID : SB21B.168

Amount of Each Disbursement this Period

169.50

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN EXPRESS

Mailing Address PO BOX 30321

City State Zip Code
SALT LAKE CITY UT 84130

Purpose of Disbursement
TRAVEL EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2015

Transaction ID : SB21B.170

Amount of Each Disbursement this Period

113.00

Full Name (Last, First, Middle Initial)

C. JASPER'S

Mailing Address 7161 BISHOP'S RD

City State Zip Code
PLANO TX 75024

Purpose of Disbursement
MEETING EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.172

Amount of Each Disbursement this Period

244.19

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

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

526.69

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. KATX

Mailing Address 2010 WEST COMMERCE

City EASTLAND State TX Zip Code 76448

Purpose of Disbursement
PAC ADVERTISING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.174

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. NEWSBOYS

Mailing Address 7106 CROSSROADS BLVD STE 215

City BRENTWOOD State TN Zip Code 37027

Purpose of Disbursement
EVENT ENTERTAINMENT

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.176

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. NEWSBOYS

Mailing Address 7106 CROSSROADS BLVD STE 215

City BRENTWOOD State TN Zip Code 37027

Purpose of Disbursement
EVENT ENTERTAINMENT

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.10562

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. OFFICE MAX

Mailing Address 263 SHUMAN BLVD.

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement
PAC OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.61

Amount of Each Disbursement this Period

2	9	7	.	0	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.180

Amount of Each Disbursement this Period

5	2	5	0	0	.	0	0
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. RED METRICS

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	5

Transaction ID : SB21B.10

Amount of Each Disbursement this Period

2	0	0	0	0	.	0	0
---	---	---	---	---	---	---	---

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

2	0	5	5	4	7	.	0	6
---	---	---	---	---	---	---	---	---

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

2	0	5	5	4	7	.	0	6
---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. RED METRICS

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement
PAC MEDIA

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB21B.16

Amount of Each Disbursement this Period

300000.00

Full Name (Last, First, Middle Initial)

B. RED METRICS

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement
PAC MEDIA

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.23

Amount of Each Disbursement this Period

200000.00

Full Name (Last, First, Middle Initial)

C. RED METRICS

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement
PAC MEDIA

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : SB21B.30

Amount of Each Disbursement this Period

200000.00

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

700000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. RED METRICS

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement
PAC MEDIA

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.43

Amount of Each Disbursement this Period

275000.00

Full Name (Last, First, Middle Initial)

B. RED METRICS

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement
PAC MEDIA

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.46

Amount of Each Disbursement this Period

260000.00

Full Name (Last, First, Middle Initial)

C. RED METRICS

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement
PAC MEDIA

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.49

Amount of Each Disbursement this Period

250000.00

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

785000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. RED METRICS

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement PAC MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2015

Transaction ID : **SB21B.51**

Amount of Each Disbursement this Period: 250000.00

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. RED METRICS

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement PAC MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2015

Transaction ID : **SB21B.55**

Amount of Each Disbursement this Period: 250000.00

Category/Type: 001

Full Name (Last, First, Middle Initial)

C. RED METRICS

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement PAC MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2015

Transaction ID : **SB21B.59**

Amount of Each Disbursement this Period: 250000.00

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... ▶ 750000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. RED METRICS

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 20 / 2015

Transaction ID : **SB21B.182**

Amount of Each Disbursement this Period: 500000.00

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. RED METRICS

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 10 / 2015

Transaction ID : **SB21B.183**

Amount of Each Disbursement this Period: 500000.00

Category/Type: 001

Full Name (Last, First, Middle Initial)

C. SGA PRODUCTION

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement VIDEO PRODUCTION

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.184**

Amount of Each Disbursement this Period: 4042.01

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1004042.01

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. SGA PRODUCTION

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement
VIDEO PRODUCTION

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.185

Amount of Each Disbursement this Period

4648.85

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TN Zip Code 75235

Purpose of Disbursement
TRAVEL EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : SB21B.188

Amount of Each Disbursement this Period

250.96

Full Name (Last, First, Middle Initial)

C. SPAETH COMMUNICATIONS

Mailing Address 8150 N CENTRAL EXPWY STE 1410

City DALLAS State TX Zip Code 75206

Purpose of Disbursement
PAC COMMUNICATIONS CONSULTING

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2015

Transaction ID : SB21B.62

Amount of Each Disbursement this Period

10000.00

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

14899.81

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. SPAETH COMMUNICATIONS

Mailing Address 8150 N CENTRAL EXPWY STE 1410

City DALLAS State TX Zip Code 75206

Purpose of Disbursement
PAC COMMUNICATIONS CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.189**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SUPER 8 MOTEL

Mailing Address 22 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement
TRAVEL EXPENSE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.192**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SUPER 8 MOTEL

Mailing Address 22 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement
TRAVEL EXPENSE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.195**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. SUPER 8 MOTEL

Mailing Address 22 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement
TRAVEL EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : SB21B.194

Amount of Each Disbursement this Period

55.14

Full Name (Last, First, Middle Initial)

B. SUPER 8 MOTEL

Mailing Address 22 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement
TRAVEL EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : SB21B.193

Amount of Each Disbursement this Period

55.14

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Transaction ID : SB21B.199

Amount of Each Disbursement this Period

79.17

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

189.45

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 14 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB21B.198
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	Amount of Each Disbursement this Period 52.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	52.86
TOTAL This Period (last page this line number only).....▶	3564309.76

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE III

Full Name (Last, First, Middle Initial)

A. KEEP THE PROMISE PAC

Mailing Address PO BOX 92225

City AUSTIN State TX Zip Code 78709

Purpose of Disbursement
TRANSFER

008

Category/
Type

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 Y
07 / 08 / 2015

Transaction ID : SB22.12

Amount of Each Disbursement this Period

200000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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 Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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 Y

Amount of Each Disbursement this Period

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

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

200000.00

200000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III	FEC IDENTIFICATION NUMBER ▼ C C00575423
Check if <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 FACEBOOK [MEMO ITEM]	Date of Public Distribution/Dissemination 12 / 03 / 2015
Mailing Address 1 HACKER WAY	Amount 1657.33
City MENLO PARK State CA Zip Code 94025	Transaction ID : SE.90
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Date of Disbursement or Obligation 12 / 03 / 2015
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought 22112.63	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FACEBOOK [MEMO ITEM]	Date of Public Distribution/Dissemination 12 / 08 / 2015
Mailing Address 1 HACKER WAY	Amount 3633.39
City MENLO PARK State CA Zip Code 94025	Transaction ID : SE.91
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Date of Disbursement or Obligation 12 / 08 / 2015
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought 25746.02	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

MR. JON FRANCIS

Signature _____ Date **01 / 31 / 2016**

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 32891.71

Date of Public Distribution/Dissemination 12 / 09 / 2015
Amount 6842.67
Transaction ID : SE.93
Date of Disbursement or Obligation 12 / 09 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 41450.61

Date of Public Distribution/Dissemination 12 / 10 / 2015
Amount 7749.71
Transaction ID : SE.95
Date of Disbursement or Obligation 12 / 10 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 55972.77

Date of Public Distribution/Dissemination 12 / 11 / 2015
Amount 7874.32
Transaction ID : SE.97
Date of Disbursement or Obligation 12 / 11 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 72428.71

Date of Public Distribution/Dissemination 12 / 12 / 2015
Amount 7889.28
Transaction ID : SE.99
Date of Disbursement or Obligation 12 / 12 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FACEBOOK
[MEMO ITEM]

Date of Public Distribution/Dissemination 12 / 13 / 2015

Mailing Address 1 HACKER WAY

Amount 8058.70
Transaction ID : SE.101

City MENLO PARK State CA Zip Code 94025

Date of Disbursement or Obligation 12 / 13 / 2015

Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Category/Type 001

Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Support [X] Oppose []

Office Sought: House [] Senate [X]
District: 00 State: IA

Calendar Year-To-Date Per Election for Office Sought 89055.24

Disbursement For: Primary [X] General []
2016 Other (specify)

Full Name of Payee FACEBOOK
[MEMO ITEM]

Date of Public Distribution/Dissemination 12 / 14 / 2015

Mailing Address 1 HACKER WAY

Amount 2469.34
Transaction ID : SE.103

City MENLO PARK State CA Zip Code 94025

Date of Disbursement or Obligation 12 / 14 / 2015

Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Category/Type 001

Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Support [X] Oppose []

Office Sought: House [] Senate [X]
District: 00 State: IA

Calendar Year-To-Date Per Election for Office Sought 100001.49

Disbursement For: Primary [X] General []
2016 Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 0.00; (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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 124461.65

Date of Public Distribution/Dissemination 12 / 21 / 2015
Amount 5140.26
Transaction ID : SE.110
Date of Disbursement or Obligation 12 / 21 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 132468.98

Date of Public Distribution/Dissemination 12 / 22 / 2015
Amount 5140.26
Transaction ID : SE.113
Date of Disbursement or Obligation 12 / 22 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III	FEC IDENTIFICATION NUMBER ▼ C C00575423
Check if <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 FACEBOOK [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2015
Mailing Address 1 HACKER WAY	Amount 5538.00
City State Zip Code MENLO PARK CA 94025	Transaction ID : SE.114 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<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: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought 138006.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FACEBOOK [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2015
Mailing Address 1 HACKER WAY	Amount 140.81
City State Zip Code MENLO PARK CA 94025	Transaction ID : SE.115 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<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: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought 138147.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

MR. JON FRANCIS

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 142379.43

Date of Public Distribution/Dissemination 12 / 23 / 2015
Amount 2550.14
Transaction ID : SE.117
Date of Disbursement or Obligation 12 / 23 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 142512.02

Date of Public Distribution/Dissemination 12 / 23 / 2015
Amount 132.59
Transaction ID : SE.118
Date of Disbursement or Obligation 12 / 23 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 7342.70

Date of Public Distribution/Dissemination 12 / 24 / 2015
Amount 2762.36
Transaction ID : SE.120
Date of Disbursement or Obligation 12 / 24 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2015 Other (specify)

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 143513.38

Date of Public Distribution/Dissemination 12 / 24 / 2015
Amount 266.94
Transaction ID : SE.121
Date of Disbursement or Obligation 12 / 24 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 12787.86

Date of Public Distribution/Dissemination 12 / 24 / 2015
Amount 5445.16
Transaction ID : SE.122
Date of Disbursement or Obligation 12 / 24 / 2015
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2015 [] Other (specify)

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 144111.61

Date of Public Distribution/Dissemination 12 / 24 / 2015
Amount 598.23
Transaction ID : SE.123
Date of Disbursement or Obligation 12 / 24 / 2015
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FACEBOOK
[MEMO ITEM]

Date of Public Distribution/Dissemination 12 / 25 / 2015

Mailing Address 1 HACKER WAY

Amount 5222.15
Transaction ID : SE.126

City MENLO PARK State CA Zip Code 94025

Date of Disbursement or Obligation 12 / 25 / 2015

Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Category/Type 001

Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Support Oppose

Office Sought: House Senate District: 00 State: IA
President

Calendar Year-To-Date Per Election for Office Sought 153665.28

Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee FACEBOOK
[MEMO ITEM]

Date of Public Distribution/Dissemination 12 / 25 / 2015

Mailing Address 1 HACKER WAY

Amount 600.64
Transaction ID : SE.127

City MENLO PARK State CA Zip Code 94025

Date of Disbursement or Obligation 12 / 25 / 2015

Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Category/Type 001

Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Support Oppose

Office Sought: House Senate District: 00 State: IA
President

Calendar Year-To-Date Per Election for Office Sought 154265.92

Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00

(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 161983.57

Date of Public Distribution/Dissemination 12 / 26 / 2015
Amount 5415.24
Transaction ID : SE.129
Date of Disbursement or Obligation 12 / 26 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 164973.81

Date of Public Distribution/Dissemination 12 / 26 / 2015
Amount 392.57
Transaction ID : SE.131
Date of Disbursement or Obligation 12 / 26 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 170657.74

Date of Public Distribution/Dissemination 12 / 27 / 2015
Amount 5683.93
Transaction ID : SE.132
Date of Disbursement or Obligation 12 / 27 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 173835.52

Date of Public Distribution/Dissemination 12 / 27 / 2015
Amount 277.26
Transaction ID : SE.134
Date of Disbursement or Obligation 12 / 27 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 179064.65

Date of Public Distribution/Dissemination 12 / 28 / 2015
Amount 5229.13
Transaction ID : SE.135
Date of Disbursement or Obligation 12 / 28 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 187452.54

Date of Public Distribution/Dissemination 12 / 29 / 2015
Amount 5248.27
Transaction ID : SE.137
Date of Disbursement or Obligation 12 / 29 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 195901.85

Date of Public Distribution/Dissemination 12/30/2015
Amount 5302.75
Transaction ID : SE.139
Date of Disbursement or Obligation 12/30/2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee FACEBOOK [MEMO ITEM]
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 202515.29

Date of Public Distribution/Dissemination 12/31/2015
Amount 3540.89
Transaction ID : SE.143
Date of Disbursement or Obligation 12/31/2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III	FEC IDENTIFICATION NUMBER ▼ C C00575423
Check if <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 RAPID RESPONSE TELEVISION LLC [MEMO ITEM] [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2015
Mailing Address PO BOX 36819	Amount 600.00
City State Zip Code CANTON OH 44735	Transaction ID : SE.64 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<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: 00 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) ▶
	830.06

Full Name of Payee RAPID RESPONSE TELEVISION LLC [MEMO ITEM] [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2015
Mailing Address PO BOX 36819	Amount 300.00
City State Zip Code CANTON OH 44735	Transaction ID : SE.65 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<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: 00 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) ▶
	1130.06

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

MR. JON FRANCIS

Signature _____ Date MM / DD / YYYY 01 / 31 / 2016

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III	FEC IDENTIFICATION NUMBER ▼ C C00575423
Check if <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 RAPID RESPONSE TELEVISION LLC [MEMO ITEM] [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2015
Mailing Address PO BOX 36819	Amount 2500.00
City State Zip Code CANTON OH 44735	Transaction ID : SE.66 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<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: 00 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) ▶

3630.06

Full Name of Payee RAPID RESPONSE TELEVISION LLC [MEMO ITEM] [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2015
Mailing Address PO BOX 36819	Amount 600.00
City State Zip Code CANTON OH 44735	Transaction ID : SE.67 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<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: 00 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) ▶

4230.06

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

MR. JON FRANCIS

Signature _____ Date MM / DD / YYYY 01 / 31 / 2016

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RAPID RESPONSE TELEVISION LLC [MEMO ITEM]
Mailing Address PO BOX 36819
City CANTON State OH Zip Code 44735
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 4530.06

Date of Public Distribution/Dissemination 10 / 28 / 2015
Amount 300.00
Transaction ID : SE.68
Date of Disbursement or Obligation 10 / 28 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016

Full Name of Payee RAPID RESPONSE TELEVISION LLC [MEMO ITEM]
Mailing Address PO BOX 36819
City CANTON State OH Zip Code 44735
Purpose of Expenditure DIGITAL MEDIA PLACEMENT/PRODUCTION
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 5036.36

Date of Public Distribution/Dissemination 10 / 29 / 2015
Amount 300.00
Transaction ID : SE.70
Date of Disbursement or Obligation 10 / 29 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III	FEC IDENTIFICATION NUMBER ▼ C C00575423
Check if <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 RAPID RESPONSE TELEVISION LLC [MEMO ITEM] [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2015
Mailing Address PO BOX 36819	Amount 600.00
City CANTON State OH Zip Code 44735	Transaction ID : SE.71
Purpose of Expenditure DIGITAL MEDIA PLACEMENT/PRODUCTION	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2015
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	Category/Type 001
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 5636.36	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM] [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2015
Mailing Address 400 NORTH ST PAUL #1025	Amount 230.06
City DALLAS State TX Zip Code 75201	Transaction ID : SE.63
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2015
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	Category/Type 001
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 230.06	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

MR. JON FRANCIS

Signature _____ Date MM / DD / YYYY 01 / 31 / 2016

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 4736.36

Date of Public Distribution/Dissemination 10/28/2015
Amount 206.30
Transaction ID : SE.69
Date of Disbursement or Obligation 10/28/2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIAL PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 5890.06

Date of Public Distribution/Dissemination 11/14/2015
Amount 253.70
Transaction ID : SE.72
Date of Disbursement or Obligation 11/14/2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 6203.12

Date of Public Distribution/Dissemination 11 / 15 / 2015
Amount 313.06
Transaction ID : SE.73
Date of Disbursement or Obligation 11 / 15 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 6406.96

Date of Public Distribution/Dissemination 11 / 16 / 2015
Amount 203.84
Transaction ID : SE.74
Date of Disbursement or Obligation 11 / 16 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Support [X] Oppose []
Office Sought: [X] President [] Senate
District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought 6634.21
Disbursement For: [X] Primary [] General 2016
Other (specify)

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Support [X] Oppose []
Office Sought: [X] President [] Senate
District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought 9054.13
Disbursement For: [X] Primary [] General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 9838.81

Date of Public Distribution/Dissemination 11 / 19 / 2015
Amount 784.68
Transaction ID : SE.77
Date of Disbursement or Obligation 11 / 19 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 10003.90

Date of Public Distribution/Dissemination 11 / 20 / 2015
Amount 165.09
Transaction ID : SE.78
Date of Disbursement or Obligation 11 / 20 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure MEDIA Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 10655.12

Date of Public Distribution/Dissemination 11/20/2015
Amount 651.22
Transaction ID : SE.79
Date of Disbursement or Obligation 11/20/2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 11268.34

Date of Public Distribution/Dissemination 11/20/2015
Amount 613.22
Transaction ID : SE.80
Date of Disbursement or Obligation 11/20/2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 11290.85

Date of Public Distribution/Dissemination 11 / 21 / 2015
Amount 22.51
Transaction ID : SE.81
Date of Disbursement or Obligation 11 / 21 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 12690.98

Date of Public Distribution/Dissemination 11 / 21 / 2015
Amount 1400.13
Transaction ID : SE.82
Date of Disbursement or Obligation 11 / 21 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III	FEC IDENTIFICATION NUMBER ▼ C C00575423
Check if <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 STRIPES AGENCY LLC [MEMO ITEM] [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2015
Mailing Address 400 NORTH ST PAUL #1025	Amount 1470.95
City State Zip Code DALLAS TX 75201	Transaction ID : SE.83 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 14161.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM] [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2015
Mailing Address 400 NORTH ST PAUL #1025	Amount 1408.61
City State Zip Code DALLAS TX 75201	Transaction ID : SE.84 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 15570.54	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

MR. JON FRANCIS

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 17027.97
Date of Public Distribution/Dissemination 11/24/2015
Amount 1457.43
Transaction ID : SE.85
Date of Disbursement or Obligation 11/24/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 18486.88
Date of Public Distribution/Dissemination 11/25/2015
Amount 1458.91
Transaction ID : SE.86
Date of Disbursement or Obligation 11/25/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
MR. JON FRANCIS [Electronically Filed] Date 01/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Office Sought: President
Disbursement For: Primary
Amount 1422.75
Transaction ID: SE.87
Date of Disbursement or Obligation 11/26/2015

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Office Sought: President
Disbursement For: Primary
Amount 545.33
Transaction ID: SE.88
Date of Disbursement or Obligation 11/27/2015

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRIPES AGENCY LLC [MEMO ITEM]
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 20455.30

Date of Public Distribution/Dissemination 11 / 28 / 2015
Amount 0.34
Transaction ID : SE.89
Date of Disbursement or Obligation 11 / 28 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 26049.04

Date of Public Distribution/Dissemination 12 / 08 / 2015
Amount 303.02
Transaction ID : SE.92
Date of Disbursement or Obligation 12 / 08 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33700.90

Date of Public Distribution/Dissemination 12 / 09 / 2015
Amount 809.19
Transaction ID : SE.94
Date of Disbursement or Obligation 12 / 09 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 48098.45

Date of Public Distribution/Dissemination 12 / 10 / 2015
Amount 6647.84
Transaction ID : SE.96
Date of Disbursement or Obligation 12 / 10 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 64539.43

Date of Public Distribution/Dissemination 12 / 11 / 2015
Amount 8566.66
Transaction ID : SE.98
Date of Disbursement or Obligation 12 / 11 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 80996.54

Date of Public Distribution/Dissemination 12 / 12 / 2015
Amount 8567.83
Transaction ID : SE.100
Date of Disbursement or Obligation 12 / 12 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 97532.15

Date of Public Distribution/Dissemination 12 / 13 / 2015
Amount 8476.91
Transaction ID : SE.102
Date of Disbursement or Obligation 12 / 13 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 103441.57

Date of Public Distribution/Dissemination 12 / 16 / 2015
Amount 3440.08
Transaction ID : SE.104
Date of Disbursement or Obligation 12 / 16 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 4580.34

Date of Public Distribution/Dissemination 12 / 16 / 2015
Amount 4580.34
Transaction ID : SE.105
Date of Disbursement or Obligation 12 / 16 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2015 Other (specify)

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 107684.56

Date of Public Distribution/Dissemination 12 / 17 / 2015
Amount 4242.99
Transaction ID : SE.106
Date of Disbursement or Obligation 12 / 17 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 111679.32

Date of Public Distribution/Dissemination 12 / 18 / 2015
Amount 3994.76
Transaction ID : SE.107
Date of Disbursement or Obligation 12 / 18 / 2015
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 115472.77

Date of Public Distribution/Dissemination 12 / 19 / 2015
Amount 3793.45
Transaction ID : SE.108
Date of Disbursement or Obligation 12 / 19 / 2015
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 119321.39

Date of Public Distribution/Dissemination 12 / 20 / 2015
Amount 3848.62
Transaction ID : SE.109
Date of Disbursement or Obligation 12 / 20 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 127064.78

Date of Public Distribution/Dissemination 12 / 21 / 2015
Amount 2603.13
Transaction ID : SE.111
Date of Disbursement or Obligation 12 / 21 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Office Sought: President
Calendar Year-To-Date Per Election for Office Sought 127328.72
Disbursement For: Primary 2016

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Office Sought: President
Calendar Year-To-Date Per Election for Office Sought 139829.29
Disbursement For: Primary 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
MR. JON FRANCIS [Electronically Filed] Date 01/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 143246.44

Date of Public Distribution/Dissemination 12 / 23 / 2015
Amount 734.42
Transaction ID : SE.119
Date of Disbursement or Obligation 12 / 23 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 145769.02

Date of Public Distribution/Dissemination 12 / 24 / 2015
Amount 1657.41
Transaction ID : SE.124
Date of Disbursement or Obligation 12 / 24 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III	FEC IDENTIFICATION NUMBER ▼ C C00575423
Check if <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 YOUTUBE [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 24 / 2015
Mailing Address 901 CHERRY AVE	Amount 2674.11
City State Zip Code SAN BRUNO CA 94066	Transaction ID : SE.125 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 24 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <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) ▶
	148443.13

Full Name of Payee YOUTUBE [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 25 / 2015
Mailing Address 901 CHERRY AVE	Amount 2302.41
City State Zip Code SAN BRUNO CA 94066	Transaction ID : SE.128 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 25 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <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) ▶
	156568.33

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

MR. JON FRANCIS

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III	FEC IDENTIFICATION NUMBER ▼ C C00575423
Check if <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 YOUTUBE [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2015
Mailing Address 901 CHERRY AVE	Amount 2597.67
City State Zip Code SAN BRUNO CA 94066	Transaction ID : SE.130 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<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: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought 164581.24	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee YOUTUBE [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2015
Mailing Address 901 CHERRY AVE	Amount 2900.52
City State Zip Code SAN BRUNO CA 94066	Transaction ID : SE.133 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<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: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought 173558.26	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

MR. JON FRANCIS

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 182204.27

Date of Public Distribution/Dissemination 12 / 28 / 2015
Amount 3139.62
Transaction ID : SE.136
Date of Disbursement or Obligation 12 / 28 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee YOUTUBE [MEMO ITEM]
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose
Calendar Year-To-Date Per Election for Office Sought 190599.10

Date of Public Distribution/Dissemination 12 / 30 / 2015
Amount 3146.56
Transaction ID : SE.138
Date of Disbursement or Obligation 12 / 29 / 2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MR. JON FRANCIS [Electronically Filed] Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee YOUTUBE [MEMO ITEM]

Date of Public Distribution/Dissemination 12 / 30 / 2015

Mailing Address 901 CHERRY AVE

Amount 3072.55
Transaction ID : SE.140

City SAN BRUNO State CA Zip Code 94066

Date of Disbursement or Obligation 12 / 30 / 2015

Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001

Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose

Office Sought: House District: 00 President Senate State: IA

Calendar Year-To-Date Per Election for Office Sought 198974.40

Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee YOUTUBE [MEMO ITEM]

Date of Public Distribution/Dissemination 12 / 31 / 2015

Mailing Address 901 CHERRY AVE

Amount 3014.01
Transaction ID : SE.144

City SAN BRUNO State CA Zip Code 94066

Date of Disbursement or Obligation 12 / 31 / 2015

Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT Category/Type 001

Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ Support Oppose

Office Sought: House District: 00 President Senate State: IA

Calendar Year-To-Date Per Election for Office Sought 205529.30

Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures 0.00

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

MR. JON FRANCIS

[Electronically Filed]

Date 01 / 31 / 2016

Signature