

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Right to Rise PAC, Inc.

ADDRESS (number and street) 6334 Pumpnickel Lane Check if different than previously reported. (ACC) Monroe NC 28110

2. FEC IDENTIFICATION NUMBER C C00571380 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer William Simon

Signature of Treasurer William Simon [Electronically Filed] Date 04 / 15 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Right to Rise PAC, Inc.

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="325484.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="325484.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="309639.70"/>	<input type="text" value="309639.70"/>
(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="635124.44"/>	<input type="text" value="635124.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="245103.10"/>	<input type="text" value="245103.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="390021.34"/>	<input type="text" value="390021.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Right to Rise PAC, Inc.

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).....	297950.00	297950.00
(ii) Unitemized	1630.00	1630.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	299580.00	299580.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	304580.00	304580.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	59.70	59.70
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
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))..... ▶	309639.70	309639.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	309639.70	309639.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	224503.10	224503.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	224503.10	224503.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9600.00	9600.00
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	11000.00	11000.00
(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)).....	11000.00	11000.00
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)) ..	245103.10	245103.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	245103.10	245103.10

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)	304580.00	304580.00
34. Total Contribution Refunds (from Line 28(d))	11000.00	11000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	293580.00	293580.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	224503.10	224503.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	59.70	59.70
38. Net Operating Expenditures (subtract Line 37 from Line 36)	224443.40	224443.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. BARRY G. ANDREWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3711 BEVERLY DR
 City State Zip Code
 DALLAS TX 75205-2805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ANDREWS DISTRIBUTING EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016
Transaction ID : SA11.199958
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION
 REATTRIBUTION / REDESIGNATION REQUESTED

B. AMBASSADOR HUSHANG ANSARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 LOUISIANA ST STE 5900
 City State Zip Code
 HOUSTON TX 77002-5014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STEWART & STEVENSON LLC EXECUTIVE CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : SA11.193039
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION
 SEE REATTRIBUTION

C. AMBASSADOR HUSHANG ANSARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 LOUISIANA ST STE 5900
 City State Zip Code
 HOUSTON TX 77002-5014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STEWART & STEVENSON LLC EXECUTIVE CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : SA11.193039B
 Amount of Each Receipt this Period
 -5000.00
 Memo Item
 CONTRIBUTION
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....▶	20000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MRS. SHAHLA ANSARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 LOUISIANA ST
 City HOUSTON State TX Zip Code 77002-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt: **02 / 02 / 2016**
Transaction ID : SA11.193044
 Amount of Each Receipt this Period: **5000.00**
 Memo Item
CONTRIBUTION
 REATTRIBUTION FROM SPOUSE

B. MR. SYED JAVAID ANWAR
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 3082
 City MIDLAND State TX Zip Code 79702-3082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **MIDLAND ENERGY** Occupation: **PRESIDENT/CEO**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt: **01 / 29 / 2016**
Transaction ID : SA11.189491
 Amount of Each Receipt this Period: **5000.00**
 Memo Item
CONTRIBUTION

C. MRS. VICKY ANWAR
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 3082
 City MIDLAND State TX Zip Code 79702-3082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **INFORMATION REQUESTED PER BEST EFF** Occupation: **INFORMATION REQUESTED PER BEST EFF**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt: **01 / 29 / 2016**
Transaction ID : SA11.189490
 Amount of Each Receipt this Period: **5000.00**
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **10000.00**
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 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. H. LEE BARFIELD II
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 CHANCERY LANE S
 City NASHVILLE State TN Zip Code 37215-4524
 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 ▼ 2300.00

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11.204546A
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION
 CHARGED BACK \$2,700.00 ON 02/03/2016

B. MR. H. LEE BARFIELD II
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 CHANCERY LANE S
 City NASHVILLE State TN Zip Code 37215-4524
 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 ▼ 2300.00

Date of Receipt 02 / 03 / 2016
Transaction ID : SA11.204546B
 Amount of Each Receipt this Period -2700.00
 Memo Item
 CONTRIBUTION
 CHARGED BACK

C. MRS. MARY FRIST BARFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 CHANCERY LANE S
 City NASHVILLE State TN Zip Code 37215-4524
 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 ▼ 2300.00

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11.204545A
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION
 CHARGED BACK \$2,700.00 ON 02/03/2016

SUBTOTAL of Receipts This Page (optional).....	7300.00
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 9 OF 76
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MRS. MARY FRIST BARFIELD
Full Name (Last, First, Middle Initial)
Mailing Address 1026 CHANCERY LANE S
City NASHVILLE State TN Zip Code 37215-4524
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 ▼ 2300.00

Date of Receipt 02 / 03 / 2016
Transaction ID : SA11.204545B
Amount of Each Receipt this Period -2700.00
 Memo Item
CONTRIBUTION
CHARGED BACK

B. MR. RANDALL BERMAN
Full Name (Last, First, Middle Initial)
Mailing Address 108 INWOOD AVE
City MONTCLAIR State NJ Zip Code 07043-2317
FEC ID number of contributing federal political committee. **C**
Name of Employer CONTINENTAL FOOD & BEVERAGE Occupation EXECUTIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11.191720
Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

C. NANCY BEST
Full Name (Last, First, Middle Initial)
Mailing Address 9762 AUDUBON PLACE
City DALLAS State TX Zip Code 75220-2011
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 ▼ 5000.00

Date of Receipt 01 / 21 / 2016
Transaction ID : SA11.191695
Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3300.00
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 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. RANDY BEST
Full Name (Last, First, Middle Initial)

Mailing Address 2200 ROSS AVE, STE 3800

City DALLAS	State TX	Zip Code 75201-7967
----------------	-------------	------------------------

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

Name of Employer BEST MERCHANT PARTNERSHIPS	Occupation ENTREPRENEUR
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2016

Transaction ID : SA11.191696

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. MRS. MARY CRINER BLAKE
Full Name (Last, First, Middle Initial)

Mailing Address 3004 REBA DR

City HOUSTON	State TX	Zip Code 77019-6204
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation INVESTOR
-----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	02	/	2016

Transaction ID : SA11.193040

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. MRS. MARY CRINER BLAKE
Full Name (Last, First, Middle Initial)

Mailing Address 3004 REBA DR

City HOUSTON	State TX	Zip Code 77019-6204
-----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation INVESTOR
-----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	16	/	2016

Transaction ID : SA11.204516

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	9000.00
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 11 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MRS. RUTH BLOOM
 Full Name (Last, First, Middle Initial)
 Mailing Address 98 OLD CHESTER ROAD
 City ESSEX FELLS State NJ Zip Code 07021-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JAMACHA LLC Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11.204547A
 Amount of Each Receipt this Period 2700.00
 Memo Item
 CONTRIBUTION
 CHARGED BACK \$2,700.00 ON 03/29/2016

B. MRS. RUTH BLOOM
 Full Name (Last, First, Middle Initial)
 Mailing Address 98 OLD CHESTER ROAD
 City ESSEX FELLS State NJ Zip Code 07021-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JAMACHA LLC Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 29 / 2016
Transaction ID : SA11.204547B
 Amount of Each Receipt this Period -2700.00
 Memo Item
 CONTRIBUTION
 CHARGED BACK

C. MRS. BARBARA P. BUSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10000 MEMORIAL DR STE 900
 City HOUSTON State TX Zip Code 77024-3412
 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 ▼ 5000.00

Date of Receipt 02 / 01 / 2016
Transaction ID : SA11.193036
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. PRESIDENT GEORGE H. W. BUSH

Full Name (Last, First, Middle Initial)
Mailing Address 10000 MEMORIAL DR
STE 900

City HOUSTON State TX Zip Code 77024-3412

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 ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2016

Transaction ID : SA11.193000

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. MR. JONATHAN J. BUSH

Full Name (Last, First, Middle Initial)
Mailing Address 146 HARTFORD TPKE

City HAMDEN State CT Zip Code 06517-3526

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

Name of Employer FAIRFIELD, BUSH & CO. Occupation INVESTMENT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2016

Transaction ID : SA11.193195

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. MS. PATRICIA M. CAMBO

Full Name (Last, First, Middle Initial)
Mailing Address 3845 ALHAMBRA CT

City CORAL GABLES State FL Zip Code 33134-6229

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

Name of Employer GREENBERG TRAUIG LLP Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2016

Transaction ID : SA11.191691

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	12700.00
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 13 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial) A. MR. JOSE B. CARRION			Date of Receipt MM / DD / YYYY 02 / 01 / 2016
Mailing Address PO BOX 195556			Transaction ID : SA11.193038
City SAN JUAN	State PR	Zip Code 00919-5556	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer HUB INTERNATIONAL INSURANCE	Occupation PRINCIPAL PARTNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. MR. JOE CAVENDER			Date of Receipt MM / DD / YYYY 01 / 29 / 2016
Mailing Address 7409 CROSS ROAD			Transaction ID : SA11.191716
City TYLER	State TX	Zip Code 75703-0574	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. MR. RONALD D. CIARAVELLA			Date of Receipt MM / DD / YYYY 02 / 01 / 2016
Mailing Address 3535 BAYOU LOUISE LN			Transaction ID : SA11.194427
City SARASOTA	State FL	Zip Code 34242-1101	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer DOLPHIN AVIATION	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00		

SUBTOTAL of Receipts This Page (optional).....▶	10200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. RICHARD D. COHEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 BROADWAY
 FL 20
 City NEW YORK State NY Zip Code 10006-1611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAPITAL PROPERTIES Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2016
Transaction ID : SA11.191709
 Amount of Each Receipt this Period
 2700.00
 Memo Item
 CONTRIBUTION

B. MR. THOMAS J. COLLAMORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5206 NORWAY DR.
 City CHEVY CHASE State MD Zip Code 20815-6672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US CHAMBER Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2016
Transaction ID : SA11.191685
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

C. KATHY DEWITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 MAIN STREET
 City CINCINNATI State OH Zip Code 45202-4159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : SA11.191713
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	12700.00
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 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. WILLIAM O. DEWITT III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 INDIAN HL
 City SAINT LOUIS State MO Zip Code 63124-1516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. LOUIS CARDINALS Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11.191714
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. MR. DAVID F. DYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9060 ROCKY PT. DRIVE
 City VERO BEACH State FL Zip Code 32963-4108
 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 ▼ 5000.00

Date of Receipt 01 / 22 / 2016
Transaction ID : SA11.191702
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. MRS. HARRIET E. DYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 BEACH DR NE APT 2801
 City SAINT PETERSBURG State FL Zip Code 33701-3468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 22 / 2016
Transaction ID : SA11.191703
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 11000.00
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 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. EDWARD W. EASTON JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10165 NW 19TH ST
 City DORAL State FL Zip Code 33172-2529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EASTON & ASSOCIATES Occupation CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 21 / 2016
Transaction ID : SA11.204514
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. MS. ELIZABETH M. FAGO
 Full Name (Last, First, Middle Initial)
 Mailing Address 372 REGATTA DRIVE
 City JUPITER State FL Zip Code 33477-4076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOME QUALITY MANAGEMENT Occupation FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 19 / 2016
Transaction ID : SA11.191693
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. MR. MIGUEL FORBES
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 385
 City COMMACK State NY Zip Code 11725-0385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FORBES Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 01 / 27 / 2016
Transaction ID : SA11.191710
 Amount of Each Receipt this Period 2700.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 12700.00
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 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. PAULA GOLDSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 POST OAK BLVD
 UNIT 1803
 City HOUSTON State TX Zip Code 77056-2918
 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
 02 / 18 / 2016
Transaction ID : SA11.204519
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

B. MR. ORLANDO GOMEZ JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7100 SW 44TH ST
 City MIAMI State FL Zip Code 33155-4611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOMEZ CONSTRUCTION CO. Occupation BUILDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2016
Transaction ID : SA11.204513
 Amount of Each Receipt this Period
 2700.00
 Memo Item
 CONTRIBUTION

C. MR. PRENTISS C. HAVENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 AUDUBON PL
 City NEW ORLEANS State LA Zip Code 70118-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SEI Occupation GEOPHYSICS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : SA11.204415
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 8000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)
A. AL HOFFMAN
 Mailing Address 12530 SEMINOLE BEACH RD
 City NORTH PALM BEACH State FL Zip Code 33408-2534
 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 ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016
Transaction ID : SA11.191706
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. DAWN HOFFMAN
 Mailing Address 12530 SEMINOLE BEACH RD
 City NORTH PALM BEACH State FL Zip Code 33408-2534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016
Transaction ID : SA11.191705
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. MEL M. IMMERGUT
 Mailing Address 170 EAST END AVE #17C
 APT 17C
 City NEW YORK State NY Zip Code 10128-7681
 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 ▼ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2016
Transaction ID : SA11.191690
 Amount of Each Receipt this Period
 2700.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 12700.00
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 76
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. ROBERT W. JOHNSON IV
Full Name (Last, First, Middle Initial)
Mailing Address 610 5TH AVE
FL 2
City NEW YORK State NY Zip Code 10020-2403
FEC ID number of contributing federal political committee. **C**
Name of Employer THE JOHNSON COMPANY, INC. Occupation CHAIRMAN & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 01 / 2016
Transaction ID : SA11.194430
Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. MRS. SUZANNE JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 610 5TH AVE
FL 2
City NEW YORK State NY Zip Code 10020-2403
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 01 / 2016
Transaction ID : SA11.194429
Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. MR. GEORGE A. KELLNER
Full Name (Last, First, Middle Initial)
Mailing Address 117 E 78TH STREET
City NEW YORK State NY Zip Code 10075-0301
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 ▼ 5000.00

Date of Receipt 01 / 27 / 2016
Transaction ID : SA11.191712
Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. HONORABLE JAMES C. KENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2275 DRURY LANE
 City NORTHFIELD State IL Zip Code 60093-3122
 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 ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : SA11.191704
 Amount of Each Receipt this Period
 2000.00
 Memo Item
 CONTRIBUTION

B. MR. WILLIAM C. KUNKLER III
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 N LA SALLE ST STE 1000
 City CHICAGO State IL Zip Code 60601-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CC INDUSTRIES, INC. Occupation EXECUTIVE VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11.191699
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

C. TIM LANEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4030 E FORBES CT
 City GREENWOOD VILLAGE State CO Zip Code 80121-3943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NBH HOLDINGS Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : SA11.191719
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	9500.00
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 76
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. ANDREW A. MACGREGOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 242 FAIRMOUNT AVENUE
 City CHATHAM State NJ Zip Code 07928-1825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016
Transaction ID : SA11.191701
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. MRS. CRYSTAL MAGGELET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 E DARTMOOR LANE
 City SALT LAKE CITY State UT Zip Code 84103-2279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FJ MANAGEMENT Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4600.00

Date of Receipt 01 / 19 / 2016
Transaction ID : SA11.191694
 Amount of Each Receipt this Period 4600.00
 Memo Item CONTRIBUTION

C. MRS. ANNE W. MARION
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 CHERRY ST UNIT 9
 City FORT WORTH State TX Zip Code 76102-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation OIL, GAS, INVESTMENTS, RANCHING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 02 / 03 / 2016
Transaction ID : SA11.193041
 Amount of Each Receipt this Period 2700.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7550.00
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 76
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. JOHN L. MARION
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 CHERRY ST
 UNIT 9
 City FORT WORTH State TX Zip Code 76102-6881
 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 ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2016
Transaction ID : SA11.193042
 Amount of Each Receipt this Period
 2700.00
 Memo Item
 CONTRIBUTION

B. WILLIAM MARKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2207CHARLESTON
 City WESTON State FL Zip Code 33326-2316
 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
 01 / 08 / 2016
Transaction ID : SA11.191676
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. WILLIAM MARKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2207CHARLESTON
 City WESTON State FL Zip Code 33326-2316
 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
 02 / 05 / 2016
Transaction ID : SA11.194420
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2900.00
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 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

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

Mailing Address **2207CHARLESTON**

City **WESTON** State **FL** Zip Code **33326-2316**

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
03 / 05 / 2016

Transaction ID : SA11.204525

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. MYRON E. MCCALL

Mailing Address **10664 QUAIL RIDGE DR**

City **PONTE VEDRA** State **FL** Zip Code **32081-8830**

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

Name of Employer **PERRY-MCCALL CONSTRUCTION, INC** Occupation **COO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
02 / 18 / 2016

Transaction ID : SA11.204518

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. HARRY T. MCMAHON III

Mailing Address **1299 OCEAN AVE
STE 400**

City **SANTA MONICA** State **CA** Zip Code **90401-1042**

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 ▼ **5000.00**

Date of Receipt
02 / 04 / 2016

Transaction ID : SA11.194421

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6100.00
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 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. DAVID B. MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3811 TURTLE CREEK BLVD
 STE 1080
 City DALLAS State TX Zip Code 75219-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ENCAP INVESTMENTS Occupation PARTNER/PRIVATE EQUITY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 01 / 2016
Transaction ID : SA11.193037
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. MR. BILL E. OBERNDORF SR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 WALNUT ST
 City SAN FRANCISCO State CA Zip Code 94118-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 26 / 2016
Transaction ID : SA11.188359
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION
 SEE REATTRIBUTION

C. MR. BILL E. OBERNDORF SR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 WALNUT ST
 City SAN FRANCISCO State CA Zip Code 94118-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 11 / 2016
Transaction ID : SA11.188359B
 Amount of Each Receipt this Period -5000.00
 Memo Item
 CONTRIBUTION
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MRS. SUSAN C. OBERNDORF
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 SANSOME ST
 STE 1950
 City SAN FRANCISCO State CA Zip Code 94111-3173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt: **02 / 11 / 2016**
Transaction ID : SA11.196474
 Amount of Each Receipt this Period: **5000.00**
 Memo Item CONTRIBUTION
 REATTRIBUTION FROM SPOUSE

B. MR. PATRICK C. OXFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 LOUISIANA ST
 STE 2300
 City HOUSTON State TX Zip Code 77002-2770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **BRACEWELL & GIULIANI** Occupation: **ATTORNEY**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt: **02 / 12 / 2016**
Transaction ID : SA11.198297
 Amount of Each Receipt this Period: **2500.00**
 Memo Item CONTRIBUTION

C. MS. NANCY PASTOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 645 MADEIRA AVE
 City CORAL GABLES State FL Zip Code 33134-3729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **MIDTOWN DORAL INT'L REALTY** Occupation: **REALTOR**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt: **02 / 16 / 2016**
Transaction ID : SA11.199275
 Amount of Each Receipt this Period: **5000.00**
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. THOMAS F. PETWAY III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 BEACH AVE
 City ATLANTIC BEACH State FL Zip Code 32233-5840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PETWAY COMPANIES Occupation INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 17 / 2016
Transaction ID : SA11.199955
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. MR. SERGIO PINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 ISLA DORADA BLVD
 City CORAL GABLES State FL Zip Code 33143-6549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTURY HOMEBUILDERS, L.L.C. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11.193043
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. MRS. TATIANA PINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 ISLA DORADA BLVD
 City CORAL GABLES State FL Zip Code 33143-6549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 12 / 2016
Transaction ID : SA11.198296
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial) A. AMBASSADOR JOHN D. ROOD		Date of Receipt MM / DD / YYYY 01 / 27 / 2016 Transaction ID : SA11.188361
Mailing Address 3030 HARTLEY RD STE 310		Amount of Each Receipt this Period 5000.00
City JACKSONVILLE State FL Zip Code 32257-8213	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer VESTCOR COMPANIES Occupation REAL ESTATE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Full Name (Last, First, Middle Initial) B. MRS. SONYA ROOD		Date of Receipt MM / DD / YYYY 01 / 26 / 2016 Transaction ID : SA11.188360
Mailing Address 303 HARTLEY RD STE 310		Amount of Each Receipt this Period 5000.00
City JACKSONVILLE State FL Zip Code 32257-	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer HOMEMAKER Occupation HOMEMAKER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Full Name (Last, First, Middle Initial) C. CHRIS ROONEY		Date of Receipt MM / DD / YYYY 01 / 09 / 2016 Transaction ID : SA11.191680
Mailing Address 37 WALNUT STREET		Amount of Each Receipt this Period 500.00
City MILTON State MA Zip Code 02186-3237	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer NATIONAL HOCKEY LEAGUE Occupation REFEREE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	10500.00
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 28 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. CHRIS ROONEY
Full Name (Last, First, Middle Initial)
Mailing Address 37 WALNUT STREET

City MILTON	State MA	Zip Code 02186-3237
----------------	-------------	------------------------

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

Name of Employer NATIONAL HOCKEY LEAGUE	Occupation REFEREE
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2016

Transaction ID : SA11.194416

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. CHRIS ROONEY
Full Name (Last, First, Middle Initial)
Mailing Address 37 WALNUT STREET

City MILTON	State MA	Zip Code 02186-3237
----------------	-------------	------------------------

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

Name of Employer NATIONAL HOCKEY LEAGUE	Occupation REFEREE
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2016

Transaction ID : SA11.204528

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. AMBASSADOR FRANCIS ROONEY
Full Name (Last, First, Middle Initial)
Mailing Address 800 ADMIRALTY

City NAPLES	State FL	Zip Code 34102-
----------------	-------------	--------------------

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

Name of Employer CEO	Occupation ROONEY HOLDINGS
-------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : SA11.199270

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 29 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MRS. COURTNEY G. SAROFIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 2995 LAZY LANE BLVD
 City HOUSTON State TX Zip Code 77019-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 03 / 2016
Transaction ID : SA11.194424
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. MR. WILLIAM SCHERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3231 GARFIELD STREET NW
 City WASHINGTON State DC Zip Code 20008-3514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GIBSON DUNN Occupation LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 12 / 2016
Transaction ID : SA11.191686
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. MR. ARTHUR M. SCHWABE JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 DEER PARK MEADOW ROAD
 City GREENWICH State CT Zip Code 06830-3835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PREMIER HHCS Occupation PRESIDENT/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11.191715
 Amount of Each Receipt this Period 1100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 11100.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 30 OF 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. DARREN SEIRER
Full Name (Last, First, Middle Initial)
Mailing Address 29 BANK STREET
City NEW YORK State NY Zip Code 10014-5201
FEC ID number of contributing federal political committee. **C**
Name of Employer SELECT EQUITY GROUP Occupation PORTFOLIO MANAGER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 01 / 27 / 2016
Transaction ID : SA11.191711
Amount of Each Receipt this Period 2700.00
 Memo Item
CONTRIBUTION

B. NEIL H. SHAH
Full Name (Last, First, Middle Initial)
Mailing Address 210 LOCUST STREET PH1
City PHILADELPHIA State PA Zip Code 19106-3900
FEC ID number of contributing federal political committee. **C**
Name of Employer HERSHA HOSPITALITY TRUST Occupation PRESIDENT & COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 15 / 2016
Transaction ID : SA11.191687
Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. MRS. THERESE M. SHAHEEN
Full Name (Last, First, Middle Initial)
Mailing Address 9509 PURCELL DR
City POTOMAC State MD Zip Code 20854-4541
FEC ID number of contributing federal political committee. **C**
Name of Employer US ASIA INTERNATIONAL, INC. Occupation PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 11 / 2016
Transaction ID : SA11.196486
Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 12700.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. WILLIAM S. SIMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 W PINNACLE DR
 City ROGERS State AR Zip Code 72758-8831
 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 ▼ 5000.00

Date of Receipt 02 / 10 / 2016
Transaction ID : SA11.199272
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. MR. STEPHEN B. SMITH SR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7065 MOORES LN STE 300
 City BRENTWOOD State TN Zip Code 37027-8576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation HOMEBUILDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 09 / 2016
Transaction ID : SA11.199273
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

C. MR. BRANDON T. STEELE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5555 OLD JACKSONVILLE HWY
 City TYLER State TX Zip Code 75703-3379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEELE FINANCIAL CORPORATION Occupation FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 02 / 08 / 2016
Transaction ID : SA11.199274
 Amount of Each Receipt this Period 2700.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	10200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MRS. EVA S. STERN
Full Name (Last, First, Middle Initial)

Mailing Address 23700 MALIBU COLONY RD

City	State	Zip Code
MALIBU	CA	90265-6629

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFC	CLINICAL SOCIAL WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2016

Transaction ID : SA11.199271

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. MARC STERN
Full Name (Last, First, Middle Initial)

Mailing Address 23700 MALIBU COLONY RD

City	State	Zip Code
MALIBU	CA	90265-6629

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

Name of Employer	Occupation
THE TCW GROUP, INC	CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016

Transaction ID : SA11.194423

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. MRS. DIANA SUN
Full Name (Last, First, Middle Initial)

Mailing Address 26 E RIVERCREST DR

City	State	Zip Code
HOUSTON	TX	77042-2514

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFC	INFORMATION REQUESTED PER BEST EFFC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2016

Transaction ID : SA11.194426

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. JOHN F. SYMINGTON III
 Full Name (Last, First, Middle Initial)
 Mailing Address 10645 N TATUM BLVD
 # 200-514
 City PHOENIX State AZ Zip Code 85028-3068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ENTREPRENEUR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 01 / 2016**
Transaction ID : SA11.194428
 Amount of Each Receipt this Period **5000.00**
 Memo Item
CONTRIBUTION

B. MR. EDWARD L. TARBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4131 BRUNER AVE
 City BRONX State NY Zip Code 10466-2027
 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 **1200.00**

Date of Receipt **01 / 29 / 2016**
Transaction ID : SA11.191717
 Amount of Each Receipt this Period **1200.00**
 Memo Item
CONTRIBUTION

C. AMBASSADOR WARREN W. TICHENOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 NE LOOP 410
 STE 265
 City SAN ANTONIO State TX Zip Code 78216-5833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer W.W. TICHENOR & CO., INC. Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 03 / 2016**
Transaction ID : SA11.194425
 Amount of Each Receipt this Period **5000.00**
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **11200.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. MARTIN TRUST
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 STILES RD
 STE 202
 City SALEM State NH Zip Code 03079-4802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAMTEX Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : SA11.188356
 Amount of Each Receipt this Period 5400.00
 Memo Item
 CONTRIBUTION
 SEE REATTRIBUTION

B. MRS. DIANE TRUST
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 STILES RD
 STE 202
 City SALEM State NH Zip Code 03079-4802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAMTEX USA Occupation FINANCIAL ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 11 / 2016
Transaction ID : SA11.196472
 Amount of Each Receipt this Period 400.00
 Memo Item
 CONTRIBUTION
 REATTRIBUTION FROM SPOUSE

C. MR. MARTIN TRUST
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 STILES RD
 STE 202
 City SALEM State NH Zip Code 03079-4802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAMTEX Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 11 / 2016
Transaction ID : SA11.188356B
 Amount of Each Receipt this Period -400.00
 Memo Item
 CONTRIBUTION
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....	5400.00
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 35 OF 76
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. MR. ROBERT C. WRIGHT
Full Name (Last, First, Middle Initial)
Mailing Address 400 ARABIAN RD
City PALM BEACH State FL Zip Code 33480-3006
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 ▼ 2700.00

Date of Receipt 01 / 25 / 2016
Transaction ID : SA11.188353
Amount of Each Receipt this Period 2700.00
 Memo Item
CONTRIBUTION

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
Amount of Each Receipt this Period
 Memo Item

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

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
TOTAL This Period (last page this line number only).....▶	297950.00

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

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

FOR LINE NUMBER: PAGE 36 OF 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. PINNACLE WEST CAPITAL CORPORATION PAC
Full Name (Last, First, Middle Initial)
Mailing Address 400 N 5TH ST
City PHOENIX State AZ Zip Code 85004-3902
FEC ID number of contributing federal political committee. **C** C00015933
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 28 / 2016
Transaction ID : SA11.189435
Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

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
Amount of Each Receipt this Period
 Memo Item

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

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER: PAGE 37 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

A. NEVADA REPUBLICAN CENTRAL COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 95125
 City LAS VEGAS State NV Zip Code 89193
 FEC ID number of contributing federal political committee. **C** C00082925
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016
Transaction ID : SA15.30979
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 REFUND: PARTY CONTRIBUTION

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
 Memo Item

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
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. JEB 2016, INC.

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB21B.I30844**

Amount of Each Disbursement this Period

40078.51

Memo Item

Full Name (Last, First, Middle Initial)

B. CARSON AVERY

Mailing Address 1095 PAPER MILL COURT NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : **SB21B.I30889**

Amount of Each Disbursement this Period

330.99

Memo Item

Full Name (Last, First, Middle Initial)

C. JONATHAN BIELER

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : **SB21B.I30882**

Amount of Each Disbursement this Period

1161.40

Memo Item

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

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

41570.90

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. JONATHAN BIELER

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : **SB21B.I30892**

Amount of Each Disbursement this Period

1161.40

Memo Item

Full Name (Last, First, Middle Initial)

B. SALLY BRADSHAW

Mailing Address 1345 DUPONT RD

City HAVANA State FL Zip Code 32333

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2016

Transaction ID : **SB21B.I30849**

Amount of Each Disbursement this Period

15000.00

Memo Item

VOIDED AND ISSUED NEW PAYMENT 1/22/16 -- ORIGINAL TRANSACTION 3/16/15

Full Name (Last, First, Middle Initial)

C. SALLY BRADSHAW

Mailing Address 1345 DUPONT RD

City HAVANA State FL Zip Code 32333

Purpose of Disbursement
AIRFARE/TRAVEL/LODGING/FOOD AND BEVERAGE/INTERNET SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2016

Transaction ID : **SB21B.I30897**

Amount of Each Disbursement this Period

2281.51

Memo Item

VOIDED AND ISSUED NEW PAYMENT 1/22/16 -- ORIGINAL TRANSACTION 4/13/15

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

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

18442.91

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. AVIS CAR RENTAL

Mailing Address 3010 AVIATION WAY
COLUMBIA METROPOLITAN AIRPORT

City WEST COLUMBIA State SC Zip Code 29170

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2016

Transaction ID : **SB21B.I30961**

Amount of Each Disbursement this Period

359.78

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2016

Transaction ID : **SB21B.I30958**

Amount of Each Disbursement this Period

1184.20

Memo Item

Full Name (Last, First, Middle Initial)

C. GRAND HYATT--DFW

Mailing Address 2337 S INTERNATIONAL PKWY

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2016

Transaction ID : **SB21B.I30963**

Amount of Each Disbursement this Period

315.27

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial) A. SALLY BRADSHAW		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016	
Mailing Address 1345 DUPONT RD		Transaction ID : SB21B.I30899	
City HAVANA	State FL		Zip Code 32333
Purpose of Disbursement VOID:POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period -15000.00	
Candidate Name		<input type="checkbox"/> Memo Item VOIDED AND ISSUED NEW PAYMENT 1/22/16 -- ORIGINAL TRANSACTION 3/16/15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. SALLY BRADSHAW		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016	
Mailing Address 1345 DUPONT RD		Transaction ID : SB21B.I30900	
City HAVANA	State FL		Zip Code 32333
Purpose of Disbursement VOID:AIRFARE/TRAVEL/LODGING/FOOD AND BEVERAGE/INTERNET SERVICE		Amount of Each Disbursement this Period -2281.51	
Candidate Name		<input type="checkbox"/> Memo Item VOIDED AND ISSUED NEW PAYMENT 1/22/16 -- ORIGINAL TRANSACTION 4/13/2015	
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		

Full Name (Last, First, Middle Initial) C. AVIS CAR RENTAL		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016	
Mailing Address 3010 AVIATION WAY COLUMBIA METROPOLITAN AIRPORT		Transaction ID : SB21B.I30971	
City WEST COLUMBIA	State SC		Zip Code 29170
Purpose of Disbursement VOID: TRAVEL		Amount of Each Disbursement this Period -359.78	
Candidate Name		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....▶	-17281.51
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
VOID: AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2016

Transaction ID : **SB21B.I30968**

Amount of Each Disbursement this Period

-1184.20

Memo Item

Full Name (Last, First, Middle Initial)

B. GRAND HYATT--DFW

Mailing Address 2337 S INTERNATIONAL PKWY

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
VOID: LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2016

Transaction ID : **SB21B.I30973**

Amount of Each Disbursement this Period

-315.27

Memo Item

Full Name (Last, First, Middle Initial)

C. KRISTI BROGHAMER

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB21B.I30856**

Amount of Each Disbursement this Period

1331.02

Memo Item

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

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

1331.02

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial) A. KRISTI BROGHAMER		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30866
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 521.07	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. KRISTI BROGHAMER		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30876
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 521.07	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. KRISTI BROGHAMER		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30883
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 3030.91	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4073.05
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial) A. KRISTI BROGHAMER		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30893
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 2909.32	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. LAUREN BRYAN		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30857
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 856.37	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. LAUREN BRYAN		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30867
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 856.37	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4622.06
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. LAUREN BRYAN

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : **SB21B.I30877**

Amount of Each Disbursement this Period

660.77

Memo Item

Full Name (Last, First, Middle Initial)

B. KRISTY CAMPBELL

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : **SB21B.I30898**

Amount of Each Disbursement this Period

1158.52

Memo Item

Full Name (Last, First, Middle Initial)

C. BILTMORE

Mailing Address 1200 ANASTASIA AVENUE

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : **SB21B.I30953**

Amount of Each Disbursement this Period

310.75

Memo Item

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

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

1819.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. BILTMORE

Mailing Address 1200 ANASTASIA AVENUE

City State Zip Code
CORAL GABLES FL 33134

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I30954**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. WYNN LAS VEGAS

Mailing Address 3131 S LAS VEGAS BLVD

City State Zip Code
LAS VEGAS NV 89109

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I30955**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. CHRISTINA COBAUGH

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City State Zip Code
MIAMI FL 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I30851**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. CHRISTINA COBAUGH

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I30861**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISTINA COBAUGH

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I30871**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BRANDON DOYLE

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I30850**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. BRANDON DOYLE

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I30860**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BRANDON DOYLE

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I30870**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BRANDON DOYLE

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I30880**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. BRANDON DOYLE

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : SB21B.I30890

Amount of Each Disbursement this Period

1455.13

Memo Item

Full Name (Last, First, Middle Initial)

B. DANA KLEIN

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2016

Transaction ID : SB21B.I30852

Amount of Each Disbursement this Period

747.60

Memo Item

Full Name (Last, First, Middle Initial)

C. DANA KLEIN

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB21B.I30862

Amount of Each Disbursement this Period

747.60

Memo Item

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

2950.33

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. DANA KLEIN

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : **SB21B.I30872**

Amount of Each Disbursement this Period

574.27

Memo Item

Full Name (Last, First, Middle Initial)

B. VIRGINIA KNOTT

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB21B.I30859**

Amount of Each Disbursement this Period

984.49

Memo Item

Full Name (Last, First, Middle Initial)

C. VIRGINIA KNOTT

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : **SB21B.I30869**

Amount of Each Disbursement this Period

984.49

Memo Item

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

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

2543.25

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. VIRGINIA KNOTT

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : SB21B.I30879

Amount of Each Disbursement this Period

757.32

Memo Item

Full Name (Last, First, Middle Initial)

B. COLEMAN LAPOINTE

Mailing Address 1825 PONCE DE LEON BLVD

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : SB21B.I30887

Amount of Each Disbursement this Period

3420.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HEATHER LARRISON

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2016

Transaction ID : SB21B.I30854

Amount of Each Disbursement this Period

1609.87

Memo Item

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

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

5787.19

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial) A. HEATHER LARRISON		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30864	
City MIAMI State FL Zip Code 33129	Category/ Type	Amount of Each Disbursement this Period 1609.87	
Purpose of Disbursement PAYROLL		<input type="checkbox"/> Memo Item	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. HEATHER LARRISON		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016	
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30874	
City MIAMI State FL Zip Code 33129	Category/ Type	Amount of Each Disbursement this Period 1042.00	
Purpose of Disbursement PAYROLL		<input type="checkbox"/> Memo Item	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. EMMA NELSON		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016	
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30853	
City MIAMI State FL Zip Code 33129	Category/ Type	Amount of Each Disbursement this Period 772.92	
Purpose of Disbursement PAYROLL		<input type="checkbox"/> Memo Item	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....	3424.79
TOTAL This Period (last page this line number only).....	3424.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial) A. EMMA NELSON		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30863
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 772.92	
Purpose of Disbursement PAYROLL	Candidate Name	Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. EMMA NELSON		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30873
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 591.15	
Purpose of Disbursement PAYROLL	Candidate Name	Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30858
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 239.37	
Purpose of Disbursement PAYROLL	Candidate Name	Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	1603.44
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial) A. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30868
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 989.37	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30878
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 989.37	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30886
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 4088.26	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6067.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial) A. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30896
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 4088.26	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER REESE		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30881
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 1161.40	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. CHRISTOPHER REESE		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30891
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 1161.40	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6411.06
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial) A. KATHERINE RHODES		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016	
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30855	
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 722.29		
Purpose of Disbursement PAYROLL	<input type="checkbox"/> Memo Item		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KATHERINE RHODES		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30865	
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 722.29		
Purpose of Disbursement PAYROLL	<input type="checkbox"/> Memo Item		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KATHERINE RHODES		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016	
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30875	
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 554.69		
Purpose of Disbursement PAYROLL	<input type="checkbox"/> Memo Item		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....	1999.27
TOTAL This Period (last page this line number only).....	1999.27

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial) A. RYAN ROBINSON		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30885
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 1161.40	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. RYAN ROBINSON		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30895
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 1161.40	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. MEGAN SOWARDS		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 2475 BRICKELL AVE UNIT 2009		Transaction ID : SB21B.I30884
City MIAMI State FL Zip Code 33129	Amount of Each Disbursement this Period 857.31	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3180.31
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. MEGAN SOWARDS

Mailing Address 2475 BRICKELL AVE
UNIT 2009

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : **SB21B.I30894**

Amount of Each Disbursement this Period

857.51

Memo Item

Full Name (Last, First, Middle Initial)

B. RONALD E. THOMPSON

Mailing Address 525 E 72ND ST APT 161

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
DATABASE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB21B.I30888**

Amount of Each Disbursement this Period

2959.25

Memo Item

Full Name (Last, First, Middle Initial)

C. ATCHLEY & ASSOCIATES, LLP

Mailing Address 6850 AUSTIN CENTER BLVD STE 180

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement
ACCOUNTING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : **SB21B.I30944**

Amount of Each Disbursement this Period

730.00

Memo Item

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

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

4546.76

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW
NORTH BUILDING, SUITE 1000

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2016

Transaction ID : **SB21B.I30908**

Amount of Each Disbursement this Period

427.50

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2016

Transaction ID : **SB21B.I30905**

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2016

Transaction ID : **SB21B.I30916**

Amount of Each Disbursement this Period

250.00

Memo Item

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

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

927.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2016

Transaction ID : **SB21B.I30935**

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLIANCE CONSULTING SERVICES

Mailing Address 300 S BISCAYNE BLVD STE 3208

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2016

Transaction ID : **SB21B.I30921**

Amount of Each Disbursement this Period

1332.50

Memo Item

Full Name (Last, First, Middle Initial)

C. COMPLIANCE CONSULTING SERVICES

Mailing Address 300 S BISCAYNE BLVD STE 3208

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2016

Transaction ID : **SB21B.I30932**

Amount of Each Disbursement this Period

1885.00

Memo Item

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

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

3467.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. GERSON, PRESTON, ROBINSON & COMPANY, P.A.

Mailing Address 666 71 ST

City MIAMI BEACH State FL Zip Code 33141

Purpose of Disbursement
ACCOUNTING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : SB21B.I30930

Amount of Each Disbursement this Period

3150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR.

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2016

Transaction ID : SB21B.I30911

Amount of Each Disbursement this Period

1103.57

Memo Item

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR.

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB21B.I30917

Amount of Each Disbursement this Period

830.55

Memo Item

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

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

5084.12

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR.

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : SB21B.I30926

Amount of Each Disbursement this Period

553.87

Memo Item

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR.

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : SB21B.I30936

Amount of Each Disbursement this Period

2847.64

Memo Item

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR.

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : SB21B.I30945

Amount of Each Disbursement this Period

2806.31

Memo Item

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

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

6207.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2016

Transaction ID : SB21B.I30912

Amount of Each Disbursement this Period

3773.00

Memo Item

Full Name (Last, First, Middle Initial)

B. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB21B.I30918

Amount of Each Disbursement this Period

2756.45

Memo Item

Full Name (Last, First, Middle Initial)

C. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : SB21B.I30927

Amount of Each Disbursement this Period

2278.43

Memo Item

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

8807.88

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : **SB21B.I30939**

Amount of Each Disbursement this Period

5613.23

Memo Item

Full Name (Last, First, Middle Initial)

B. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City ATLANTA State GA Zip Code 39901

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : **SB21B.I30946**

Amount of Each Disbursement this Period

5548.97

Memo Item

Full Name (Last, First, Middle Initial)

C. LOCKTON AFFINITY, LLC

Mailing Address P.O. BOX 879610

City KANSAS CITY State MO Zip Code 64187

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2016

Transaction ID : **SB21B.I30933**

Amount of Each Disbursement this Period

6332.59

Memo Item

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

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

17494.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. MOSING VENTURES

Mailing Address 10260 WESTHEIMER RD

City HOUSTON State TX Zip Code 77042

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2016

Transaction ID : SB21B.I30909

Amount of Each Disbursement this Period

846.30

Memo Item

Full Name (Last, First, Middle Initial)

B. MOSING VENTURES

Mailing Address 10260 WESTHEIMER RD

City HOUSTON State TX Zip Code 77042

Purpose of Disbursement
VOID:AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2016

Transaction ID : SB21B.I30949

Amount of Each Disbursement this Period

-846.30

Memo Item

Full Name (Last, First, Middle Initial)

C. NEW YORK DEPT OF REVENUE

Mailing Address W. A. HARRIMAN CAMPUS

City ALBANY State NY Zip Code 12227

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2016

Transaction ID : SB21B.I30913

Amount of Each Disbursement this Period

81.37

Memo Item

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

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

81.37

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. NEW YORK DEPT OF REVENUE

Mailing Address **W. A. HARRIMAN CAMPUS**

City **ALBANY** State **NY** Zip Code **12227**

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I30919

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. NEW YORK DEPT OF REVENUE

Mailing Address **W. A. HARRIMAN CAMPUS**

City **ALBANY** State **NY** Zip Code **12227**

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I30928

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. QUARTERMASTER GROUP, LLC

Mailing Address **3880 BIRD ROAD #717**

City **MIAMI** State **FL** Zip Code **33146**

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I30942

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I30901**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I30902**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I30903**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 19 / 2016

Transaction ID : **SB21B.I30906**

Amount of Each Disbursement this Period: 459.34

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 25 / 2016

Transaction ID : **SB21B.I30910**

Amount of Each Disbursement this Period: 1488.62

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 01 / 2016

Transaction ID : **SB21B.I30914**

Amount of Each Disbursement this Period: 1273.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3221.36

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 08 / 2016

Transaction ID : **SB21B.I30915**

Amount of Each Disbursement this Period: 2874.13

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 16 / 2016

Transaction ID : **SB21B.I30923**

Amount of Each Disbursement this Period: 869.14

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 22 / 2016

Transaction ID : **SB21B.I30925**

Amount of Each Disbursement this Period: 156.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3900.11

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : **SB21B.I30929**

Amount of Each Disbursement this Period

2.28

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : **SB21B.I30934**

Amount of Each Disbursement this Period

18.71

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : **SB21B.I30938**

Amount of Each Disbursement this Period

59.44

Memo Item

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

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

80.43

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2016

Transaction ID : SB21B.I30941

Amount of Each Disbursement this Period

17.28

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2016

Transaction ID : SB21B.I30943

Amount of Each Disbursement this Period

17.28

Memo Item

Full Name (Last, First, Middle Initial)

C. THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON RD
SUITE 970

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
LIST PURCHASE -- FAIR MARKET VALUE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : SB21B.I30937

Amount of Each Disbursement this Period

60378.75

Memo Item

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

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

60413.31

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. THE MCINTOSH COMPANY, INC

Mailing Address 5310 HARVEST HILL RD STE 209
SUITE 209

City DALLAS State TX Zip Code 75230

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2016

Transaction ID : SB21B.I30922

Amount of Each Disbursement this Period

5970.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THE MCINTOSH COMPANY, INC

Mailing Address 5310 HARVEST HILL RD STE 209
SUITE 209

City DALLAS State TX Zip Code 75230

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : SB21B.I30924

Amount of Each Disbursement this Period

1450.00

Memo Item

Full Name (Last, First, Middle Initial)

C. THE UNITED COMPANY

Mailing Address 1005 GLENWAY AVE

City BRISTOL State VA Zip Code 24201

Purpose of Disbursement
VOID:AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2016

Transaction ID : SB21B.I30950

Amount of Each Disbursement this Period

-1800.40

Memo Item

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

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

5619.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. TUCK AVIATION, LLC

Mailing Address 41 AUTO CENTER DR.

City IRVINE State CA Zip Code 92618

Purpose of Disbursement
VOID: AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SB21B.I30951

Amount of Each Disbursement this Period

-1441.41

Memo Item

Full Name (Last, First, Middle Initial)

B. US DEPT OF TREASURY

Mailing Address FINANCIAL MANAGEMENT SERVICES
CREDIT ACCOUNTING BRANCH

City HYATTSVILLE State MD Zip Code 20787

Purpose of Disbursement
DISGORGEMENT: AIRFARE 6/1/15 (THE UNITED COMPANY)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I30907

Amount of Each Disbursement this Period

1800.40

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

358.99

224215.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. DOLD FOR CONGRESS

Mailing Address P.O. BOX 6312

City LIBERTYVILLE State IL Zip Code 60048

Purpose of Disbursement
VOID:COMMITTEE CONTRIBUTION

Candidate Name
ROBERT JAMES DOLD JR

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 10

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2016

Transaction ID : **SB23.I30845**

Amount of Each Disbursement this Period

-2700.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JEB 2016, INC.

Mailing Address P.O. BOX 440669

City MIAMI State FL Zip Code 33144

Purpose of Disbursement
COMMITTEE CONTRIBUTION

Candidate Name
JEB BUSH

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : **SB23.I30843**

Amount of Each Disbursement this Period

2300.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LINDSEY GRAHAM 2016

Mailing Address P.O. BOX 2732

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
COMMITTEE CONTRIBUTION--DEBT RETIREMENT

Candidate Name
LINDSEY O GRAHAM

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District: Debt Retirement

Date of Disbursement

MM / DD / YYYY
01 / 25 / 2016

Transaction ID : **SB23.I30842**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

4600.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. NEVADA REPUBLICAN CENTRAL COMMITTEE

Mailing Address PO BOX 95125

City LAS VEGAS State NV Zip Code 89193

Purpose of Disbursement
PARTY CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : SB23.I30952

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

5000.00

9600.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Rise PAC, Inc.

Full Name (Last, First, Middle Initial)

A. DEBORAH HOHLT

Mailing Address 7901 KENT RD

City ALEXANDRIA State VA Zip Code 22308

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2016

Transaction ID : SB28A.I30847

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD HOHLT

Mailing Address 7901 KENT RD

City ALEXANDRIA State VA Zip Code 22308

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2016

Transaction ID : SB28A.I30848

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHRIS ROONEY

Mailing Address 37 WALNUT ST

City MILTON State MA Zip Code 02186

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : SB28A.I30846

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

11000.00

11000.00