

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

KEEP THE PROMISE I

ADDRESS (number and street) 2 ROOSEVELT AVENUE

Check if different than previously reported. (ACC) PORT JEFFERSON STA NY 11776

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00575373

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period 07 01 2015 through 12 31 2015

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

Type or Print Name of Treasurer JACQUELYN JAMES

Signature of Treasurer JACQUELYN JAMES [Electronically Filed] Date 05 09 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

KEEP THE PROMISE I

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10470926.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29654.40"/>	<input type="text" value="11036750.40"/>
(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="10500580.50"/>	<input type="text" value="11036750.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3005592.81"/>	<input type="text" value="3541762.71"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7494987.69"/>	<input type="text" value="7494987.69"/>
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="4000.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

KEEP THE PROMISE I

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	29654.40	11036750.40
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))..... ▶	29654.40	11036750.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29654.40	11036750.40

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1762023.46	1762023.46
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1243569.35	1779739.25
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)) ..	3005592.81	3541762.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3005592.81	3541762.71

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

A. FRED ALGER
Full Name (Last, First, Middle Initial)
Mailing Address 6 VIA VIZCAYA

City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Date of Receipt
12 / 29 / 2015
Transaction ID : SA17.5038

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. GALE ALGER
Full Name (Last, First, Middle Initial)
Mailing Address 6 VIA VIZCAYA

City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Date of Receipt
12 / 29 / 2015
Transaction ID : SA17.5040

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

C. CHASE BANK
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 65974

City SAN ANTONIO	State TX	Zip Code 78265
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2755.17	

Date of Receipt
07 / 31 / 2015
Transaction ID : SA17.5025

Amount of Each Receipt this Period
859.17

Memo Item
INTEREST INCOME

SUBTOTAL of Receipts This Page (optional).....	20859.17
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 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

A. CHASE BANK
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 65974
 City SAN ANTONIO State TX Zip Code 78265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3569.94
 Date of Receipt: 08 / 31 / 2015
Transaction ID : SA17.5026
 Amount of Each Receipt this Period: 814.77
 Memo Item
 INTEREST INCOME

B. CHASE BANK
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 65974
 City SAN ANTONIO State TX Zip Code 78265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4328.23
 Date of Receipt: 09 / 30 / 2015
Transaction ID : SA17.5027
 Amount of Each Receipt this Period: 758.29
 Memo Item
 INTEREST INCOME

C. CHASE BANK
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 65974
 City SAN ANTONIO State TX Zip Code 78265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4926.84
 Date of Receipt: 10 / 31 / 2015
Transaction ID : SA17.5028
 Amount of Each Receipt this Period: 598.61
 Memo Item
 INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)..... ▶ 2171.67
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)
A. CHASE BANK

Mailing Address PO BOX 65974

City State Zip Code
SAN ANTONIO TX 78265

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5463.73

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : SA17.5029

Amount of Each Receipt this Period
536.89

Memo Item
INTEREST INCOME

Full Name (Last, First, Middle Initial)
B. CHASE BANK

Mailing Address PO BOX 65974

City State Zip Code
SAN ANTONIO TX 78265

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5950.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA17.5042

Amount of Each Receipt this Period
486.67

Memo Item
INTEREST INCOME

Full Name (Last, First, Middle Initial)
C. BRADLEY CLOVEN

Mailing Address 817 NORTH SHERIDAN AVE.

City State Zip Code
TACOMA WA 98403

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

Name of Employer Occupation
110 CONSULTING SOFTWARE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015
Transaction ID : SA17.4932

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2023.56

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

A. RAFAEL GOMEZ
Full Name (Last, First, Middle Initial)

Mailing Address 1222 MOLOKAI ROAD

City JACKSONVILLE State FL Zip Code 32216

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA17.4879

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. TOBY NEUGEBAUER
Full Name (Last, First, Middle Initial)

Mailing Address 2210 DORADO BEACH DRIVE

City DORADO State PR Zip Code 00646

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 ▼ 1000.00

Date of Receipt 07 / 08 / 2015
Transaction ID : SA17.4587

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

C. PETER NEUMANN
Full Name (Last, First, Middle Initial)

Mailing Address 7009 SHEPHERDS GLEN

City Colleyville State TX Zip Code 76034

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

Name of Employer ARAMCO SERVICES COMPANY Occupation PETROLEUM ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2015
Transaction ID : SA17.4908

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	26804.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address PO BOX 619616
DFW AIRPORT

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4946**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address PO BOX 619616
DFW AIRPORT

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4948**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address PO BOX 619616
DFW AIRPORT

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4949**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City State Zip Code
BATON ROUGE LA 70884

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4938**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ARLINGTON YELLOW CAB

Mailing Address 3251 WASHINGTON BLVD

City State Zip Code
ARLINGTON VA 22201

Purpose of Disbursement
TRANSPORTATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.5024**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ARLINGTON YELLOW CAB

Mailing Address 3251 WASHINGTON BLVD

City State Zip Code
ARLINGTON VA 22201

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4950**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. BRACEWELL & GIULIANI LLP

Mailing Address PO BOX 848566

City DALLAS State TX Zip Code 75284

Purpose of Disbursement
LEGAL & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4589**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BRACEWELL & GIULIANI LLP

Mailing Address PO BOX 848566

City DALLAS State TX Zip Code 75284

Purpose of Disbursement
LEGAL & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4590**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BRACEWELL & GIULIANI LLP

Mailing Address PO BOX 848566

City DALLAS State TX Zip Code 75284

Purpose of Disbursement
LEGAL & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4591**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial) A. BRACEWELL & GIULIANI LLP		Date of Disbursement MM / DD / YYYY 11 / 23 / 2015
Mailing Address PO BOX 848566		Transaction ID : SB29.4592
City DALLAS	State TX	
Zip Code 75284	Purpose of Disbursement LEGAL & COMPLIANCE SERVICES	Amount of Each Disbursement this Period 32911.95
Candidate Name	Category/Type	<input 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:		

Full Name (Last, First, Middle Initial) B. BRACEWELL & GIULIANI LLP		Date of Disbursement MM / DD / YYYY 12 / 16 / 2015
Mailing Address PO BOX 848566		Transaction ID : SB29.4593
City DALLAS	State TX	
Zip Code 75284	Purpose of Disbursement LEGAL & COMPLIANCE SERVICES	Amount of Each Disbursement this Period 42555.22
Candidate Name	Category/Type	<input 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:		

Full Name (Last, First, Middle Initial) C. BREITBART NEWS NETWORK LLC		Date of Disbursement MM / DD / YYYY 11 / 25 / 2015
Mailing Address 8363 WILSHIRE BLVD STE 1000		Transaction ID : SB29.4594
City BEVERLY HILLS	State CA	
Zip Code 90211	Purpose of Disbursement LIST PURCHASE EXPENSE	Amount of Each Disbursement this Period 109341.25
Candidate Name	Category/Type	<input 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:		

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

184808.42

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. CAMBRIDGE ANALYTICA LLC

Mailing Address 8383 WILSHIRE BLVD
STE 1000

City BEVERLY HILLS State CA Zip Code 90211

Purpose of Disbursement
MEDIA - PREPAID

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SB29.5034

Amount of Each Disbursement this Period

118208.54

Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

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

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SB29.4596

Amount of Each Disbursement this Period

1375.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SHAWN DIETZ

Mailing Address 720 CENTRAL AVENUE EAST

City HAMPTON State IA Zip Code 50441

Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SB29.4612

Amount of Each Disbursement this Period

1233.57

Memo Item

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

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

120817.11

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. SHAWN DIETZ

Mailing Address 720 CENTRAL AVENUE EAST

City HAMPTON State IA Zip Code 50441

Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.4614

Amount of Each Disbursement this Period

3701.45

Memo Item

Full Name (Last, First, Middle Initial)

B. GLITTERING STEEL LLC

Mailing Address 8383 WILSHIRE BLVD
STE 1000

City BEVERLY HILLS State CA Zip Code 90211

Purpose of Disbursement
VIDEO PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SB29.5667

Amount of Each Disbursement this Period

45000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GLITTERING STEEL LLC

Mailing Address 8383 WILSHIRE BLVD
STE 1000

City BEVERLY HILLS State CA Zip Code 90211

Purpose of Disbursement
VIDEO PRODUCTION - PREPAID

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2015

Transaction ID : SB29.5035

Amount of Each Disbursement this Period

132276.00

Memo Item

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

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

180977.45

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. KRISTINA HERNANDEZ

Mailing Address 332 CRESTHAVEN PLACE

City SIMPSONVILLE State SC Zip Code 29681

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB29.4581

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KRISTINA HERNANDEZ

Mailing Address 332 CRESTHAVEN PLACE

City SIMPSONVILLE State SC Zip Code 29681

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2015

Transaction ID : SB29.4583

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KRISTINA HERNANDEZ

Mailing Address 332 CRESTHAVEN PLACE

City SIMPSONVILLE State SC Zip Code 29681

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB29.4584

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)..... ▶

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. KRISTINA HERNANDEZ

Mailing Address 332 CRESTHAVEN PLACE

City State Zip Code
SIMPSONVILLE SC 29681

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : **SB29.4585**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KRISTINA HERNANDEZ

Mailing Address 332 CRESTHAVEN PLACE

City State Zip Code
SIMPSONVILLE SC 29681

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.4586**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. INSOURCECODE LLC

Mailing Address 8606 ALLISONVILLE ROAD
STE 260

City State Zip Code
INDIANAPOLIS IN 46250

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2015

Transaction ID : **SB29.4579**

Amount of Each Disbursement this Period

499.00

Memo Item

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

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

10499.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. INSOURCECODE LLC

Mailing Address 8606 ALLISONVILLE ROAD
STE 260

City INDIANAPOLIS State IN Zip Code 46250

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.4599

Amount of Each Disbursement this Period

5998.00

Memo Item

Full Name (Last, First, Middle Initial)

B. INSOURCECODE LLC

Mailing Address 8606 ALLISONVILLE ROAD
STE 260

City INDIANAPOLIS State IN Zip Code 46250

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2015

Transaction ID : SB29.4980

Amount of Each Disbursement this Period

499.00

Memo Item

Full Name (Last, First, Middle Initial)

C. INSOURCECODE LLC

Mailing Address 8606 ALLISONVILLE ROAD
STE 260

City INDIANAPOLIS State IN Zip Code 46250

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : SB29.4981

Amount of Each Disbursement this Period

499.00

Memo Item

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

6996.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. KIKU ALPINE

Mailing Address 385 US ROUTE 9W

City ALPINE State NJ Zip Code 07620

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB29.4982

Amount of Each Disbursement this Period

284.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JEFF KING

Mailing Address 508 CENTER ST

City WALL LAKE State IA Zip Code 51466

Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2015

Transaction ID : SB29.4619

Amount of Each Disbursement this Period

6808.22

Memo Item

Full Name (Last, First, Middle Initial)

C. JEFF KING

Mailing Address 508 CENTER ST

City WALL LAKE State IA Zip Code 51466

Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SB29.4621

Amount of Each Disbursement this Period

5070.21

Memo Item

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

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

12162.43

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. JEFF KING

Mailing Address 508 CENTER ST

City WALL LAKE State IA Zip Code 51466

Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.4622

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JEFF KING

Mailing Address 508 CENTER ST

City WALL LAKE State IA Zip Code 51466

Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.4623

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JEFF KING

Mailing Address 508 CENTER ST

City WALL LAKE State IA Zip Code 51466

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.4624

Amount of Each Disbursement this Period

155.54

Memo Item

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

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

10155.54

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. ERIK LARSEN

Mailing Address 2210 NEBRASKA STREET

City SIOUX CITY State IA Zip Code 51104

Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : **SB29.4617**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MAIL CHIMP

Mailing Address 675 PONCE DE LEON AVE NE
STE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : **SB29.4988**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MAIL CHIMP

Mailing Address 675 PONCE DE LEON AVE NE
STE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : **SB29.4989**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. MAIL CHIMP

Mailing Address 675 PONCE DE LEON AVE NE
STE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2015

Transaction ID : SB29.4990

Amount of Each Disbursement this Period

375.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MAIL CHIMP

Mailing Address 675 PONCE DE LEON AVE NE
STE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SB29.4991

Amount of Each Disbursement this Period

1100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. METROPOLITAN SHUTTLE BUS CHARTER

Mailing Address 2730 W. UNIVERSITY BLVD
STE. 204

City SILVER SPRING State MD Zip Code 20902

Purpose of Disbursement
TRANSPORTATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.4992

Amount of Each Disbursement this Period

1203.63

Memo Item

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

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

2678.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. NOSTROMO FILMS INC.

Mailing Address 709 LORRAINE DRIVE

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement
MEDIA - PREPAID

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.5036

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. OC TAXI

Mailing Address 14252 CULVER DRIVE
A545

City IRVINE State CA Zip Code 92604

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4999

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. REPUBLICAN PARTY OF IOWA

Mailing Address 621 E. 9TH STREET

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
LIST PURCHASE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4940

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. ST. REGIS HOTEL

Mailing Address ONE MONARCH BEACH RESORT

City DANA POINT State CA Zip Code 92629

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : SB29.5011

Amount of Each Disbursement this Period

963.30

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAD STEENHOEK

Mailing Address 3892 N. 500TH AVENUE

City AMES State IA Zip Code 50014

Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB29.4615

Amount of Each Disbursement this Period

1394.33

Memo Item

Full Name (Last, First, Middle Initial)

C. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2015

Transaction ID : SB29.4570

Amount of Each Disbursement this Period

20000.00

Memo Item

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

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

22357.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4571**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4572**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - TRAVEL EXPENSE REIMB.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4573**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - TRAVEL EXPENSE REIMB.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4574**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4575**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4576**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4603**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4604**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4605**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4606**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4607**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4608**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4609**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4611**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4610**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET STREET

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.5018

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET STREET

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.5020

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET STREET

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.5021

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. VOCUS

Mailing Address 12051 INDIAN CREEK COURT

City BELTSVILLE State MD Zip Code 20705

Purpose of Disbursement
DATA MANAGEMENT SERVICES

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
08 / 03 / 2015

Transaction ID : SB29.4577

Amount of Each Disbursement this Period

3801.88

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

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

Amount of Each Disbursement this Period

Memo Item

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

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

3801.88

1242028.27

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 100
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE MONACO GROUP	Nature of Debt (Purpose): DIRECT MAIL EXPENSE - DISPUTED
Mailing Address 1011 S. LINWOOD AVENUE	
City State Zip Code SANTA ANA CA 92705	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.5037	
Amount Incurred This Period <input type="text" value="4000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="4000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="4000.00"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
--	--

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

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 7237.04
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
73711.12	

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 12 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 8156.20
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
170524.32	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15393.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 177194.84
Date of Public Distribution/Dissemination 12/12/2015
Amount 6670.52
Transaction ID : SE.4327
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 253900.08
Date of Public Distribution/Dissemination 12/14/2015
Amount 15881.00
Transaction ID : SE.4331
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 22551.52
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature JACQUELYN JAMES [Electronically Filed] Date 05/09/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373

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

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 178196.12

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 265396.08

(a) SUBTOTAL of Itemized Independent Expenditures 12497.28
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05 / 09 / 2016
Signature

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

Form/Schedule: SE

Transaction ID : SE.4333

Advertising period extended; corrected total to disclose final expense.

Form/Schedule: SE

Transaction ID: SE.4335

Advertising period extended; corrected total to disclose final expense.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373

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

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 183135.04
Date of Public Distribution/Dissemination 12/21/2015
Amount 4938.92
Transaction ID : SE.4338
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 277943.14
Date of Public Distribution/Dissemination 12/21/2015
Amount 6297.06
Transaction ID : SE.4346
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 11235.98
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 289645.14
Date of Public Distribution/Dissemination 12/26/2015
Amount 11702.00
Transaction ID : SE.4349
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 292290.14
Date of Public Distribution/Dissemination 12/27/2015
Amount 2645.00
Transaction ID : SE.4350
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 14347.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 29 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 13775.37
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
203160.41	

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 11947.94
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
304238.08	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25723.31
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 04 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 5569.00
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
208729.41	

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 04 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 1144.00
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
305382.08	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6713.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 8650.75
City State Zip Code BEVERLY HILLS CA 90211	Transaction ID : SE.4371 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 44782.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 2220.75
City State Zip Code BEVERLY HILLS CA 90211	Transaction ID : SE.4372 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 38352.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10871.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER
C C00575373

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

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 306654.08
Date of Public Distribution/Dissemination 01/05/2016
Amount 1272.00
Transaction ID : SE.4386
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 209653.41
Date of Public Distribution/Dissemination 01/05/2016
Amount 924.00
Transaction ID : SE.4387
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 2196.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 06 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 927.33
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought	215580.74 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 07 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 125.00
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought	217705.74 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8052.33
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 05 / 09 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA Category/Type

Date of Public Distribution/Dissemination 01 / 08 / 2016
Amount 11767.50
Transaction ID : SE.4402
Date of Disbursement or Obligation 12 / 10 / 2015

Name of Federal Candidate MARCO RUBIO
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 229473.24

Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General
Other (specify)

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA Category/Type

Date of Public Distribution/Dissemination 01 / 09 / 2016
Amount 3028.00
Transaction ID : SE.4403
Date of Disbursement or Obligation 12 / 10 / 2015

Name of Federal Candidate MARCO RUBIO
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 232501.24

Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 14795.50

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

JACQUELYN JAMES [Electronically Filed] Date 05 / 09 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
--	--

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

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 06 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 4531.33
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: SC
Calendar Year-To-Date Per Election for Office Sought 311185.41	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.4408

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 07 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 2887.00
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: SC
Calendar Year-To-Date Per Election for Office Sought 314072.41	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.4409

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7418.33
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 321961.91

Date of Public Distribution/Dissemination 01 / 08 / 2016
Amount 7889.50
Transaction ID : SE.4410
Date of Disbursement or Obligation 12 / 10 / 2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 328704.91

Date of Public Distribution/Dissemination 01 / 09 / 2016
Amount 6743.00
Transaction ID : SE.4411
Date of Disbursement or Obligation 12 / 10 / 2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 14632.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05 / 09 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 14956.41

Date of Public Distribution/Dissemination 01 / 06 / 2016
Amount 1854.33
Transaction ID : SE.4417
Date of Disbursement or Obligation 12 / 10 / 2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 234951.24

Date of Public Distribution/Dissemination 01 / 10 / 2016
Amount 2450.00
Transaction ID : SE.4419
Date of Disbursement or Obligation 12 / 10 / 2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 4304.33
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05 / 09 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA Category/Type

Date of Public Distribution/Dissemination 01 / 11 / 2016
Amount 8937.50
Transaction ID : SE.4420
Date of Disbursement or Obligation 12 / 10 / 2015

Name of Federal Candidate MARCO RUBIO
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 243888.74

Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General
Other (specify)

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA Category/Type

Date of Public Distribution/Dissemination 01 / 12 / 2016
Amount 1932.50
Transaction ID : SE.4421
Date of Disbursement or Obligation 12 / 10 / 2015

Name of Federal Candidate MARCO RUBIO
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 245821.24

Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 10870.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05 / 09 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 10 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 5034.00
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate MARCO RUBIO	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
333738.91	

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 11 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 15505.50
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate MARCO RUBIO	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
349244.41	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20539.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 353799.91
Date of Public Distribution/Dissemination 01/12/2016
Amount 4555.50
Transaction ID : SE.4427
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 246115.24
Date of Public Distribution/Dissemination 01/13/2016
Amount 294.00
Transaction ID : SE.4432
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 4849.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 1283.00
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate MARCO RUBIO <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 247398.24	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 317.00
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 247715.24	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1600.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373

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

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 354806.91
Date of Public Distribution/Dissemination 01/13/2016
Amount 1007.00
Transaction ID : SE.4439
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 358851.91
Date of Public Distribution/Dissemination 01/14/2016
Amount 4045.00
Transaction ID : SE.4440
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 5052.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373

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

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 359697.91
Date of Public Distribution/Dissemination 01/14/2016
Amount 846.00
Transaction ID : SE.4441
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 249293.81
Date of Public Distribution/Dissemination 01/15/2016
Amount 1578.57
Transaction ID : SE.4464
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 2424.57
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 15 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 4111.26
City State Zip Code BEVERLY HILLS CA 90211	Transaction ID : SE.4465 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate MARCO RUBIO <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 253405.07	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 15 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 2485.67
City State Zip Code BEVERLY HILLS CA 90211	Transaction ID : SE.4469 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 362183.58	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6596.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 370632.72

Date of Public Distribution/Dissemination 01/15/2016
Amount 8449.14
Transaction ID : SE.4470
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee CAMBRIDGE ANALYTICA LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure MEDIA
Name of Federal Candidate MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 255943.07

Date of Public Distribution/Dissemination 01/16/2016
Amount 2538.00
Transaction ID : SE.4474
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 10987.14
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 16 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 3175.00
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: SC
Calendar Year-To-Date Per Election for Office Sought 373807.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.4477

Date of Disbursement or Obligation
M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Full Name of Payee CAMBRIDGE ANALYTICA LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 17 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 3000.00
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate MARCO RUBIO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought 258943.07	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.4480

Date of Disbursement or Obligation
M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6175.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

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

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00575373 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item CAMBRIDGE ANALYTICA LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 01 / 17 / 2016 </div>
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 5965.00 </div>
City State Zip Code BEVERLY HILLS CA 90211	Transaction ID : SE.4483 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 12 / 10 / 2015 </div>
Purpose of Expenditure MEDIA Category/Type	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 379772.72 </div>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name of Payee <input type="checkbox"/> Memo Item GLITTERING STEEL LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 08 / 03 / 2015 </div>
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 25000.00 </div>
City State Zip Code BEVERLY HILLS CA 90211	Transaction ID : SE.4127 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 07 / 17 / 2015 </div>
Purpose of Expenditure VIDEO PRODUCTION Category/Type	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 25000.00 </div>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 30965.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> _____ </div>

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

JACQUELYN JAMES

 Signature

[Electronically Filed] Date MM / DD / YYYY
 05 / 09 / 2016

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

Form/Schedule: SE

Transaction ID : SE.4127

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee GLITTERING STEEL LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 25 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 8660.00
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure VIDEO PRODUCTION	Category/Type
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 103660.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4158

Date of Disbursement or Obligation
M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Full Name of Payee GLITTERING STEEL LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 07 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 15000.00
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure VIDEO PRODUCTION	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____
Calendar Year-To-Date Per Election for Office Sought 118660.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4150

Date of Disbursement or Obligation
M M / D D / Y Y Y Y Y Y
08 / 07 / 2015

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	93660.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature _____

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

Form/Schedule: SE

Transaction ID : SE.4158

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

Form/Schedule: SE

Transaction ID: SE.4150

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373

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

Full Name of Payee GLITTERING STEEL LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure VIDEO PRODUCTION
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 119660.00
Date of Public Distribution/Dissemination 08/25/2015
Amount 1000.00
Transaction ID : SE.4156
Date of Disbursement or Obligation 08/07/2015
Office Sought: President
Disbursement For: General

Full Name of Payee GLITTERING STEEL LLC
Mailing Address 8383 WILSHIRE BLVD STE 1000
City BEVERLY HILLS State CA Zip Code 90211
Purpose of Expenditure VIDEO PRODUCTION
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 170660.00
Date of Public Distribution/Dissemination 09/12/2015
Amount 17500.00
Transaction ID : SE.4163
Date of Disbursement or Obligation 09/12/2015
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 18500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.4156

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

Form/Schedule: SE

Transaction ID: SE.4163

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee NOSTROMO FILMS INC.
Mailing Address 709 LORRAINE DRIVE
City SOUTHLAKE State TX Zip Code 76092
Purpose of Expenditure VIDEO PRODUCTION
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 127160.00
Date of Public Distribution/Dissemination 09/12/2015
Amount 7500.00
Transaction ID : SE.4166
Date of Disbursement or Obligation 09/03/2015
Office Sought: President
Disbursement For: General

Full Name of Payee NOSTROMO FILMS INC.
Mailing Address 709 LORRAINE DRIVE
City SOUTHLAKE State TX Zip Code 76092
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 66474.08
Date of Public Distribution/Dissemination 12/07/2015
Amount 12500.00
Transaction ID : SE.4307
Date of Disbursement or Obligation 10/29/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

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

Form/Schedule: SE

Transaction ID : SE.4166

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee NOSTROMO FILMS INC. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
Mailing Address 709 LORRAINE DRIVE	Amount 6250.00
City State Zip Code SOUTHLAKE TX 76092	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
189385.04	

Full Name of Payee NOSTROMO FILMS INC. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
Mailing Address 709 LORRAINE DRIVE	Amount 6250.00
City State Zip Code SOUTHLAKE TX 76092	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
271646.08	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 422520.00
Date of Public Distribution/Dissemination 09/28/2015
Amount 251860.00
Transaction ID: SE.4176
Date of Disbursement or Obligation 09/24/2015
Office Sought: President
Disbursement For: General

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 40872.00
Date of Public Distribution/Dissemination 10/26/2015
Amount 40872.00
Transaction ID: SE.4189
Date of Disbursement or Obligation 10/13/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 292732.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature JACQUELYN JAMES Date 05/09/2015

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

Form/Schedule: SE

Transaction ID : SE.4176

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 41214.00
City PLANO State TX Zip Code 75023	Transaction ID : SE.4190 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 41214.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4198 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	54316.08
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4200 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4202 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 13102.08
Date of Public Distribution/Dissemination 10/26/2015
Amount 13102.08
Transaction ID : SE.4204
Date of Disbursement or Obligation 10/13/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 13102.08
Date of Public Distribution/Dissemination 10/26/2015
Amount 13102.08
Transaction ID : SE.4206
Date of Disbursement or Obligation 10/13/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature JACQUELYN JAMES [Electronically Filed] Date 05/09/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4209 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4211 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4213 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13102.08	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4215 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13102.08	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4217 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13102.08	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4219 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13102.08	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 13102.08
Date of Public Distribution/Dissemination 10/26/2015
Amount 13102.08
Transaction ID : SE.4221
Date of Disbursement or Obligation 10/13/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 13102.08
Date of Public Distribution/Dissemination 10/26/2015
Amount 13102.08
Transaction ID : SE.4223
Date of Disbursement or Obligation 10/13/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature JACQUELYN JAMES Date 05/09/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4225 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type: 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13102.08	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4227 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type: 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13102.08	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

JACQUELYN JAMES
[Electronically Filed]
Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4229 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 53974.08	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4231 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13102.08	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER
C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: RIGEL STRATEGIES LLC
Mailing Address: 3948 LEGACY DRIVE, STE 106-282, PLANO, TX 75023
Purpose of Expenditure: MEDIA
Name of Federal Candidate: RAFAEL EDWARD 'TED' CRUZ
Date of Public Distribution/Dissemination: 10/26/2015
Amount: 13102.08
Transaction ID: SE.4233
Date of Disbursement or Obligation: 10/13/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee: RIGEL STRATEGIES LLC
Mailing Address: 3948 LEGACY DRIVE, STE 106-282, PLANO, TX 75023
Purpose of Expenditure: MEDIA
Name of Federal Candidate: RAFAEL EDWARD 'TED' CRUZ
Date of Public Distribution/Dissemination: 10/26/2015
Amount: 13102.08
Transaction ID: SE.4235
Date of Disbursement or Obligation: 10/13/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Office Sought: President
Disbursement For: Primary
Amount 13102.08
Transaction ID: SE.4237
Date of Disbursement or Obligation 10/13/2015

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Office Sought: President
Disbursement For: Primary
Amount 13102.08
Transaction ID: SE.4239
Date of Disbursement or Obligation 10/13/2015

(a) SUBTOTAL of Itemized Independent Expenditures 26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature JACQUELYN JAMES [Electronically Filed] Date 05/09/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4241 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13102.08	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4243 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13102.08	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

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

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on / / 	

Full Name of Payee <input type="checkbox"/> Memo Item RIGEL STRATEGIES LLC	Date of Public Distribution/Dissemination 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City State Zip Code PLANO TX 75023	Transaction ID : SE.4245 Date of Disbursement or Obligation 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> RAFAEL EDWARD 'TED' CRUZ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <input type="checkbox"/> Memo Item RIGEL STRATEGIES LLC	Date of Public Distribution/Dissemination 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City State Zip Code PLANO TX 75023	Transaction ID : SE.4247 Date of Disbursement or Obligation 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> RAFAEL EDWARD 'TED' CRUZ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	

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_____ *JACQUELYN JAMES* [Electronically Filed] Date 05 / 09 / 2016
 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4249 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4251 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4253 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4255 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4257 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type: 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4259 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type: 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES [Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4261 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type: 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4263 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type: 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4265 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13102.08	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4267 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13102.08	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4269 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4271 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER
C C00575373

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

Full Name of Payee: RIGEL STRATEGIES LLC
Mailing Address: 3948 LEGACY DRIVE, STE 106-282, PLANO, TX 75023
Purpose of Expenditure: MEDIA
Name of Federal Candidate: RAFAEL EDWARD 'TED' CRUZ
Date of Public Distribution/Dissemination: 10/26/2015
Amount: 13102.08
Transaction ID: SE.4273
Date of Disbursement or Obligation: 10/13/2015
Name of Federal Candidate: RAFAEL EDWARD 'TED' CRUZ
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 13102.08

Full Name of Payee: RIGEL STRATEGIES LLC
Mailing Address: 3948 LEGACY DRIVE, STE 106-282, PLANO, TX 75023
Purpose of Expenditure: MEDIA
Name of Federal Candidate: RAFAEL EDWARD 'TED' CRUZ
Date of Public Distribution/Dissemination: 10/26/2015
Amount: 13102.08
Transaction ID: SE.4275
Date of Disbursement or Obligation: 10/13/2015
Name of Federal Candidate: RAFAEL EDWARD 'TED' CRUZ
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 13102.08

(a) SUBTOTAL of Itemized Independent Expenditures: 26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES
[Electronically Filed]
Date: 05/09/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4277 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City PLANO State TX Zip Code 75023	Transaction ID : SE.4279 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 54316.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

JACQUELYN JAMES [Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Office Sought: President
Disbursement For: Primary
Amount 13102.08
Transaction ID: SE.4282
Date of Disbursement or Obligation 10/13/2015

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Office Sought: President
Disbursement For: Primary
Amount 13102.08
Transaction ID: SE.4284
Date of Disbursement or Obligation 10/13/2015

(a) SUBTOTAL of Itemized Independent Expenditures 26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature JACQUELYN JAMES Date 05/09/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City State Zip Code PLANO TX 75023	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City State Zip Code PLANO TX 75023	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 13102.08
Date of Public Distribution/Dissemination 10/26/2015
Amount 13102.08
Transaction ID : SE.4290
Date of Disbursement or Obligation 10/13/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 13102.08
Date of Public Distribution/Dissemination 10/26/2015
Amount 13102.08
Transaction ID : SE.4292
Date of Disbursement or Obligation 10/13/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4294
Purpose of Expenditure MEDIA Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 13102.08
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.4296
Purpose of Expenditure MEDIA Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373

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

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 13102.08
Date of Public Distribution/Dissemination 10/26/2015
Amount 13102.08
Transaction ID: SE.4298
Date of Disbursement or Obligation 10/13/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee RIGEL STRATEGIES LLC
Mailing Address 3948 LEGACY DRIVE STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 13102.00
Date of Public Distribution/Dissemination 10/26/2015
Amount 13102.00
Transaction ID: SE.4300
Date of Disbursement or Obligation 10/13/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 26204.08
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

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

Form/Schedule: SE

Transaction ID : SE.4300

The committee is reporting national radio media buys during the Primary election time period by assigning a consistent percentage of the cost of the buy to each of the 50 states and the District of Columbia because we believe Senator Cruz will be participating in the Primary process throughout the year. The advertisements on national media outlets are not state specific but apply equally in all states.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373

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

Full Name of Payee: RIGEL STRATEGIES LLC
Mailing Address: 3948 LEGACY DRIVE, STE 106-282, PLANO, TX 75023
Purpose of Expenditure: MEDIA
Name of Federal Candidate: RAFAEL EDWARD 'TED' CRUZ
Date of Public Distribution/Dissemination: 01/04/2016
Amount: 23030.00
Transaction ID: SE.4362
Date of Disbursement or Obligation: 11/24/2015
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 96741.12

Full Name of Payee: RIGEL STRATEGIES LLC
Mailing Address: 3948 LEGACY DRIVE, STE 106-282, PLANO, TX 75023
Purpose of Expenditure: MEDIA
Name of Federal Candidate: RAFAEL EDWARD 'TED' CRUZ
Date of Public Distribution/Dissemination: 01/04/2016
Amount: 23030.00
Transaction ID: SE.4363
Date of Disbursement or Obligation: 11/24/2015
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 77346.08

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures: 46060.00

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

JACQUELYN JAMES
[Electronically Filed] Date 05/09/2016
Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER C C00575373
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee RIGEL STRATEGIES LLC	"> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 04 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 23030.00
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/ Type 	Transaction ID : SE.4364 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 24 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	36132.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC	"> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 04 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 23030.00
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/ Type 	Transaction ID : SE.4365 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 24 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	36132.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	46060.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
Signature 05 / 09 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee SMART SET MEDIA
Mailing Address PO BOX 73011
City N. CHESTERFIELD State VA Zip Code 23235
Purpose of Expenditure MEDIA
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 153160.00
Date of Public Distribution/Dissemination 09/12/2015
Amount 26000.00
Transaction ID : SE.4164
Date of Disbursement or Obligation 09/09/2015
Office Sought: President
Disbursement For: General

Full Name of Payee THE LUKENS COMPANY
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR
City ARLINGTON State VA Zip Code 22206
Purpose of Expenditure DIRECT MAIL EXPENSE
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 124668.12
Date of Public Distribution/Dissemination 12/07/2015
Amount 27927.00
Transaction ID : SE.4310
Date of Disbursement or Obligation 12/02/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 53927.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

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

Form/Schedule: SE

Transaction ID : SE.4164

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I
FEC IDENTIFICATION NUMBER C C00575373
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee THE LUKENS COMPANY
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR
City ARLINGTON State VA Zip Code 22206
Purpose of Expenditure DIRECT MAIL EXPENSE
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 145719.08
Date of Public Distribution/Dissemination 12/07/2015
Amount 68373.00
Transaction ID : SE.4312
Date of Disbursement or Obligation 12/02/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee THE MONACO GROUP
Mailing Address 1011 S. LINWOOD AVENUE
City SANTA ANA State CA Zip Code 92705
Purpose of Expenditure DIRECT MAIL EXPENSE
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 162368.12
Date of Public Distribution/Dissemination 12/07/2015
Amount 37700.00
Transaction ID : SE.4315
Date of Disbursement or Obligation 12/02/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 106073.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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JACQUELYN JAMES [Electronically Filed] Date 05/09/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee THE MONACO GROUP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Mailing Address 1011 S. LINWOOD AVENUE	Amount 92300.00
City State Zip Code SANTA ANA CA 92705	
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
238019.08	2016

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
 	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	92300.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1762023.46

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

JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Signature _____