

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation RIGHT WAY INITIATIVE, INC.		3. FEC Identification Number C C90015801
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO BOX 27		
(c) City, State and ZIP Code ALEXANDRIA VA 22313		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M M M	/	D D D	/	Y Y Y Y Y Y
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5. COVERING PERIOD:

FROM

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

THROUGH

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	703491.10

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

MICHELE REISNER

MICHELE REISNER

04/15/2016

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
RIGHT WAY INITIATIVE, INC.

Full Name (Last, First, Middle Initial) of Payee ADVANTAGE INC		Date of Public Distribution/Dissemination 03 / 11 / 2016	
Mailing Address 2300 CLARENDON BLVD SUITE 303		Amount 6926.00	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : F57.4128
Purpose of Expenditure PHONE CALLS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 640363.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee ADVANTAGE INC		Date of Public Distribution/Dissemination 03 / 12 / 2016	
Mailing Address 2300 CLARENDON BLVD SUITE 303		Amount 9561.36	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : F57.4130
Purpose of Expenditure PHONE CALLS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 649924.86		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee ADVANTAGE INC		Date of Public Distribution/Dissemination 03 / 12 / 2016	
Mailing Address 2300 CLARENDON BLVD SUITE 303		Amount 6374.24	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : F57.4131
Purpose of Expenditure PHONE CALLS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: WARREN DAVIDSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 656299.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	22861.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
RIGHT WAY INITIATIVE, INC.

Full Name (Last, First, Middle Initial) of Payee ADVANTAGE INC		Date of Public Distribution/Dissemination 03 / 13 / 2016	
Mailing Address 2300 CLARENDON BLVD SUITE 303		Amount 9658.56	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : F57.4132
Purpose of Expenditure PHONE CALLS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 665957.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee ADVANTAGE INC		Date of Public Distribution/Dissemination 03 / 13 / 2016	
Mailing Address 2300 CLARENDON BLVD SUITE 303		Amount 6439.04	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : F57.4133
Purpose of Expenditure PHONE CALLS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: WARREN DAVIDSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 672396.70		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee ADVANTAGE INC		Date of Public Distribution/Dissemination 03 / 15 / 2016	
Mailing Address 2300 CLARENDON BLVD SUITE 303		Amount 21594.40	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : F57.4134
Purpose of Expenditure PHONE CALLS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 703491.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) **SUBTOTAL** of Itemized Independent Expenditures..... 37692.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures.....
(carry total from last page forward to Line 7)

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
RIGHT WAY INITIATIVE, INC.

Full Name (Last, First, Middle Initial) of Payee AXIOM STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2016	
Mailing Address 1251 NW BRIARCLIFF PARKWAY SUITE 85		Amount 17544.00	
City KANSAS CITY	State MO	Zip Code 64116	Transaction ID : F57.4109
Purpose of Expenditure PRINTING / POSTAGE	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 245910.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee AXIOM STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 29 / 2016	
Mailing Address 1251 NW BRIARCLIFF PARKWAY SUITE 85		Amount 17544.00	
City KANSAS CITY	State MO	Zip Code 64116	Transaction ID : F57.4112
Purpose of Expenditure PRINTING / POSTAGE	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 263454.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee AXIOM STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 29 / 2016	
Mailing Address 1251 NW BRIARCLIFF PARKWAY SUITE 85		Amount 14375.00	
City KANSAS CITY	State MO	Zip Code 64116	Transaction ID : F57.4137
Purpose of Expenditure MÉCIA PRODUCTION / MEDIA PLACEMENT	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 277829.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	49463.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
RIGHT WAY INITIATIVE, INC.

Full Name (Last, First, Middle Initial) of Payee AXIOM STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 02 / 2016	
Mailing Address 1251 NW BRIARCLIFF PARKWAY SUITE 85		Amount 17544.00	
City KANSAS CITY	State MO	Zip Code 64116	
Purpose of Expenditure PRINTING / POSTAGE		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 295373.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee AXIOM STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016	
Mailing Address 1251 NW BRIARCLIFF PARKWAY SUITE 85		Amount 17544.00	
City KANSAS CITY	State MO	Zip Code 64116	
Purpose of Expenditure PRINTING / POSTAGE		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 312917.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee AXIOM STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 06 / 2016	
Mailing Address 1251 NW BRIARCLIFF PARKWAY SUITE 85		Amount 10937.50	
City KANSAS CITY	State MO	Zip Code 64116	
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 323854.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	46025.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
RIGHT WAY INITIATIVE, INC.

Full Name (Last, First, Middle Initial) of Payee AXIOM STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 08 / 2016	
Mailing Address 1251 NW BRIARCLIFF PARKWAY SUITE 85		Amount 38689.00	
City KANSAS CITY	State MO	Zip Code 64116	
Purpose of Expenditure PRINTING / POSTAGE		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 362543.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee AXIOM STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1251 NW BRIARCLIFF PARKWAY SUITE 85		Amount 50010.00	
City KANSAS CITY	State MO	Zip Code 64116	
Purpose of Expenditure PRINTING / POSTAGE		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 412553.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee AXIOM STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2016	
Mailing Address 1251 NW BRIARCLIFF PARKWAY SUITE 85		Amount 9500.00	
City KANSAS CITY	State MO	Zip Code 64116	
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 681896.70		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	98199.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
RIGHT WAY INITIATIVE, INC.

Full Name (Last, First, Middle Initial) of Payee DEL CIELO MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2016	
Mailing Address 1427 LESLIE AVENUE SUITE 102		Amount 215866.00	
City ALEXANDRIA	State VA	Zip Code 22301	
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 215866.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4105

Full Name (Last, First, Middle Initial) of Payee DEL CIELO MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 1427 LESLIE AVENUE SUITE 102		Amount 220339.00	
City ALEXANDRIA	State VA	Zip Code 22301	
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 632892.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4125

Full Name (Last, First, Middle Initial) of Payee FOUR CARD LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2016	
Mailing Address 3788 RICHMOND AVENUE #1274		Amount 12500.00	
City HOUSTON	State TX	Zip Code 77046	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 228366.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4107

(a) SUBTOTAL of Itemized Independent Expenditures.....	448705.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
RIGHT WAY INITIATIVE, INC.

Full Name (Last, First, Middle Initial) of Payee FOUR CARD LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 3788 RICHMOND AVENUE #1274		Amount 545.00	
City HOUSTON	State TX	Zip Code 77046	Transaction ID : F57.4126
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY DERICKSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 633437.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
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.....	545.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	703491.10