

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 (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

5. Covering Period 02 / 01 / 2016 through 02 / 29 / 2016

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

Type or Print Name of Treasurer JACQUELYN JAMES

Signature of Treasurer JACQUELYN JAMES [Electronically Filed] Date 03 / 20 / 2016

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

Office Use Only									
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**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="2016"/>	<input type="text"/>	<input type="text" value="7494987.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2745909.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="854564.95"/>	<input type="text" value="870270.16"/>
(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="3600474.37"/>	<input type="text" value="8365257.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3177912.09"/>	<input type="text" value="7942695.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="422562.28"/>	<input type="text" value="422562.28"/>
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

Write or Type Committee Name

KEEP THE PROMISE I

Report Covering the Period: From: 02 / 01 / 2016 To: 02 / 29 / 2016

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.).....	854564.95	870270.16
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))..... ▶	854564.95	870270.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	854564.95	870270.16

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	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)	2933318.81	7448222.34
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	244593.28	494473.23
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)) ..	3177912.09	7942695.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3177912.09	7942695.57

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 48
<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

Full Name (Last, First, Middle Initial)
A. BRUCE BENDER

Mailing Address 150 E. MONTECITO AVE #F

City SIERRA MADRE	State CA	Zip Code 91024
----------------------	-------------	-------------------

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

Name of Employer RICBERAY	Occupation PRES.
------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID : SA17.5494

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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 ▼
415.16

Date of Receipt

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

Transaction ID : SA17.5450

Amount of Each Receipt this Period
109.95

Memo Item
INTEREST INCOME

Full Name (Last, First, Middle Initial)
C. HERZOG RAILROAD SERVICES INC.

Mailing Address 700 S. RIVERSIDE ROAD

City ST. JOSEPH	State MO	Zip Code 64507
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : SA17.5454

Amount of Each Receipt this Period
250000.00

Memo Item
OTHER FEDERAL RECEIPT

SUBTOTAL of Receipts This Page (optional).....▶	251109.95
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 7 OF 48
<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. STEVE JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 3099 S. THORN RIDGE DR.

City SPRINGFIELD	State MO	Zip Code 65809
---------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation BUSINESS OWNER
-----------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	25	/	2016

Transaction ID : SA17.5543

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. J.M. JUNG
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7060

City NOVI	State MI	Zip Code 48376
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	22	/	2016

Transaction ID : SA17.5451

Amount of Each Receipt this Period
100000.00

Memo Item
OTHER FEDERAL RECEIPT

C. KAREN KIM
Full Name (Last, First, Middle Initial)

Mailing Address 1316 WILMINGTON ISLAND RD

City SAVANNAH	State GA	Zip Code 31410
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	04	/	2016

Transaction ID : SA17.5482

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	100750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 48
<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. CHARLEEN MCBRAYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5098 POST OAK TRITT RD. NE
 City ROSWELL State GA Zip Code 30075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2016
Transaction ID : SA17.5503
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. DENNIS MCHENRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2109 SAINT CHARLES RD
 City NEW BETHLEHEM State PA Zip Code 16242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation DAIRY FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2016
Transaction ID : SA17.5533
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. ROBERT MERCER
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 ROUTE 25A
 City EAST SETAUKET State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RENAISSANCE TECHNOLOGIES Occupation FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 02 / 26 / 2016
Transaction ID : SA17.5453
 Amount of Each Receipt this Period 500000.00
 Memo Item
 OTHER FEDERAL RECEIPT

SUBTOTAL of Receipts This Page (optional).....	500750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 9 OF 48
(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. WILLIAM REYNOLDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 12500 S BUGAI RD
 City CEDAR State MI Zip Code 49621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEELANAU IND LLC Occupation CNC MACHINIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2016
Transaction ID : SA17.5523
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	852859.95

**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 : SB29.5566

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BOSTON COACH

Mailing Address 245 SUMMER STREET

City State Zip Code
BOSTON MA 02111

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 : SB29.5438

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BRACEWELL & GIULIANI LLP

Mailing Address PO BOX 848566

City State Zip Code
DALLAS TX 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 : SB29.5456

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. CAMPAIGN DATA SOLUTIONS

Mailing Address 7740 TINTED MESA CT.

City LAS VEGAS State NM Zip Code 89149

Purpose of Disbursement
VOTER CONTACT SVCS - PUBLICATIONS/VOTER CANVASSING PRE-PAID
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB29.5573

Amount of Each Disbursement this Period

15000.00

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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2016

Transaction ID : SB29.5470

Amount of Each Disbursement this Period

12925.00

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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : SB29.5467

Amount of Each Disbursement this Period

4380.00

Memo Item

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

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

32305.00

**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		Date of Disbursement MM / DD / YYYY 02 / 05 / 2016
Mailing Address 332 CRESTHAVEN PLACE		Transaction ID : SB29.5465
City SIMPSONVILLE	State SC	
Zip Code 29681	Purpose of Disbursement MEDIA CONSULTING	Amount of Each Disbursement this Period 5000.00
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. INSOURCECODE LLC		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 8606 ALLISONVILLE ROAD STE 260		Transaction ID : SB29.5444
City INDIANAPOLIS	State IN	
Zip Code 46250	Purpose of Disbursement WEB SERVICES	Amount of Each Disbursement this Period 499.00
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. JEFF KING		Date of Disbursement MM / DD / YYYY 02 / 05 / 2016
Mailing Address 508 CENTER ST		Transaction ID : SB29.5463
City WALL LAKE	State IA	
Zip Code 51466	Purpose of Disbursement VOTER CONTACT SERVICES/MILEAGE	Amount of Each Disbursement this Period 5362.53
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)..... ▶

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

10861.53

**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

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

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 : **SB29.5462**

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 : **SB29.5445**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TIM OVERLIN

Mailing Address 1440 41ST PLACE

City DES MOINES State IA Zip Code 50311

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 : **SB29.5474**

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. STEVE RIKER

Mailing Address 4600 215TH STREET

City State Zip Code
AMES IA 50014

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

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.5469

Amount of Each Disbursement this Period

4940.56

Memo Item

Full Name (Last, First, Middle Initial)

B. ERIC ROSENTHAL

Mailing Address 3935 NANCY JANE LANE NE

City State Zip Code
CEDAR RAPIDS IA 52402

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

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.5460

Amount of Each Disbursement this Period

4529.20

Memo Item

Full Name (Last, First, Middle Initial)

C. ERIC ROSENTHAL

Mailing Address 3935 NANCY JANE LANE NE

City State Zip Code
CEDAR RAPIDS IA 52402

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

MM / DD / YYYY
02 / 22 / 2016

Transaction ID : SB29.5461

Amount of Each Disbursement this Period

7869.29

Memo Item

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

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

17339.05

**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

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

Full Name (Last, First, Middle Initial)

A. JUDD SAUL

Mailing Address 1801 DONALD DRIVE

City CEDAR FALLS State IA Zip Code 50613

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

/ /

Transaction ID : **SB29.5464**

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.5457**

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
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 : **SB29.5471**

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
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 : **SB29.5472**

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
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 : **SB29.5473**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET STREET

City SAN FRANCISCO State CA Zip Code 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 : **SB29.5448**

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. MELINDA WADSLEY

Mailing Address 1247 OLD BLOOMINGTON ROAD

City State Zip Code
AMES IA 50010

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
02 / 05 / 2016

Transaction ID : SB29.5466

Amount of Each Disbursement this Period

4847.34

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

4847.34

264475.32

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 48
	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 LUKENS COMPANY	Nature of Debt (Purpose): DIRECT MAIL EXPENSE
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR	
City State Zip Code ARLINGTON VA 22206	

Outstanding Balance Beginning This Period <input type="text" value="11067.04"/>	Transaction ID : SD10.5201	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="11067.04"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

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

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 78020.89
Date of Public Distribution/Dissemination 02/20/2016
Amount 78.00
Transaction ID: SE.5211
Date of Disbursement or Obligation 01/14/2016
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 1353762.14
Date of Public Distribution/Dissemination 02/20/2016
Amount 743.00
Transaction ID: SE.5213
Date of Disbursement or Obligation 01/14/2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 03/20/2016
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 1353762.14

Date of Public Distribution/Dissemination 02 / 20 / 2016
Amount 6000.00
Transaction ID : SE.5215
Date of Disbursement or Obligation 01 / 14 / 2016
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 78020.89

Date of Public Distribution/Dissemination 02 / 20 / 2016
Amount 10000.00
Transaction ID : SE.5217
Date of Disbursement or Obligation 01 / 14 / 2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
JACQUELYN JAMES [Electronically Filed] Date 03 / 20 / 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 1353762.14

Date of Public Distribution/Dissemination 02 / 20 / 2016
Amount 2052.00
Transaction ID : SE.5219
Date of Disbursement or Obligation 01 / 14 / 2016
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 78020.89

Date of Public Distribution/Dissemination 02 / 20 / 2016
Amount 1063.00
Transaction ID : SE.5221
Date of Disbursement or Obligation 01 / 14 / 2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 03 / 20 / 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 1353762.14
Date of Public Distribution/Dissemination 02/20/2016
Amount 207.00
Transaction ID : SE.5223
Date of Disbursement or Obligation 01/14/2016
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 1353762.14
Date of Public Distribution/Dissemination 02/20/2016
Amount 378.00
Transaction ID : SE.5225
Date of Disbursement or Obligation 01/14/2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
JACQUELYN JAMES [Electronically Filed] Date 03/20/2016
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 78020.89
Date of Public Distribution/Dissemination 02/20/2016
Amount 219.00
Transaction ID : SE.5227
Date of Disbursement or Obligation 01/14/2016
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 78020.89
Date of Public Distribution/Dissemination 02/22/2016
Amount 3266.00
Transaction ID : SE.5234
Date of Disbursement or Obligation 01/14/2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
JACQUELYN JAMES [Electronically Filed] Date 03/20/2016
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 78020.89
Date of Public Distribution/Dissemination 02/22/2016
Amount 1094.00
Transaction ID: SE.5238
Date of Disbursement or Obligation 01/14/2016
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 78020.89
Date of Public Distribution/Dissemination 02/23/2016
Amount 1197.00
Transaction ID: SE.5246
Date of Disbursement or Obligation 01/14/2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

JACQUELYN JAMES [Electronically Filed] Date 03/20/2016
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 <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount <input type="text"/>	
City BEVERLY HILLS	State CA	Zip Code 90211	Transaction ID : SE.5247
Purpose of Expenditure MEDIA		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate MARCO RUBIO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		<input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		78020.89	

Full Name of Payee CAMPAIGN DATA SOLUTIONS <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 7740 TINTED MESA CT.		Amount <input type="text"/>	
City LAS VEGAS	State NM	Zip Code 89149	Transaction ID : SE.5108
Purpose of Expenditure VOTER CONTACT SVCS - PUBLICATIONS/VOTER CANVASSING		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		<input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		745280.63	

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

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

JACQUELYN JAMES [Electronically Filed] Date / /

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 CAMPAIGN DATA SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 16 / 2016
Mailing Address 7740 TINTED MESA CT.	Amount 15000.00
City State Zip Code LAS VEGAS NM 89149	Transaction ID : SE.5123 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 12 / 2016
Purpose of Expenditure VOTER CONTACT SVCS - PUBLICATIONS/VOTER CANVASSING	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: NV
Calendar Year-To-Date Per Election for Office Sought 760280.63	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMPAIGN DATA SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 20 / 2016
Mailing Address 7740 TINTED MESA CT.	Amount 20000.00
City State Zip Code LAS VEGAS NM 89149	Transaction ID : SE.5208 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 12 / 2016
Purpose of Expenditure VOTER CONTACT SVCS - PUBLICATIONS/VOTER CANVASSING	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: NV
Calendar Year-To-Date Per Election for Office Sought 780280.63	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35000.00
(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
03 / 20 / 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 CAMPAIGN DATA SOLUTIONS
Mailing Address 7740 TINTED MESA CT.
City LAS VEGAS State NM Zip Code 89149
Purpose of Expenditure VOTER CONTACT SVCS - PUBLICATIONS/VOTER CANVASSING
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 815280.63
Date of Public Distribution/Dissemination 02/22/2016
Amount 35000.00
Transaction ID : SE.5229
Date of Disbursement or Obligation 02/22/2016
Office Sought: President
Disbursement For: Primary

Full Name of Payee CAMPAIGN DATA SOLUTIONS
Mailing Address 7740 TINTED MESA CT.
City LAS VEGAS State NM Zip Code 89149
Purpose of Expenditure VOTER CONTACT SVCS - PUBLICATIONS/VOTER CANVASSING
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 890483.62
Date of Public Distribution/Dissemination 02/22/2016
Amount 75202.99
Transaction ID : SE.5230
Date of Disbursement or Obligation 02/22/2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 110202.99
(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 03/20/2016
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 GLITTERING STEEL LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 20250.00
City State Zip Code BEVERLY HILLS CA 90211	Transaction ID : SE.5056 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 01 / 2016
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: IA
Calendar Year-To-Date Per Election for Office Sought 2236444.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee GLITTERING STEEL LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 16 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 10750.00
City State Zip Code BEVERLY HILLS CA 90211	Transaction ID : SE.5116 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 16 / 2016
Purpose of Expenditure VIDEO PRODUCTION	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 2597893.40	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	31000.00
(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
03 / 20 / 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 GLITTERING STEEL LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 16 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 5550.00
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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: SC
Calendar Year-To-Date Per Election for Office Sought 2603443.40	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

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 02 / 16 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 20250.00
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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: SC
Calendar Year-To-Date Per Election for Office Sought 2623693.40	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25800.00
(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 [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 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 / 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 02 / 17 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 20250.00
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure VIDEO PRODUCTION	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 2643943.40	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

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 02 / 28 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 6243.75
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure VIDEO PRODUCTION	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: OK
Calendar Year-To-Date Per Election for Office Sought 50797.75	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26493.75
(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 03 / 20 / 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 GLITTERING STEEL LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 28 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount 12506.25
City State Zip Code BEVERLY HILLS CA 90211	
Purpose of Expenditure VIDEO PRODUCTION	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 02 / 23 / 2016
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: OK
Calendar Year-To-Date Per Election for Office Sought 63304.00	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 02 / 07 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 186181.20
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 02 / 05 / 2016
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: SC
Calendar Year-To-Date Per Election for Office Sought 2194687.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	198687.45
(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
03 / 20 / 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 02 / 07 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 186181.20
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.5087 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 05 / 2016
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: SC
Calendar Year-To-Date Per Election for Office Sought 2380868.80	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 02 / 07 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 93090.60
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.5088 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 05 / 2016
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate DONALD J TRUMP <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: SC
Calendar Year-To-Date Per Election for Office Sought 2473959.40	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	279271.80
(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
03 / 20 / 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 02 / 13 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 573243.74
City State Zip Code PLANO TX 75023	Transaction ID : SE.5105 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 10 / 2016
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 651264.63	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV 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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 18056.18
City State Zip Code PLANO TX 75023	Transaction ID : SE.5374 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 25 / 2016
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 18056.18	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	591299.92
(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
03 / 20 / 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 Category/Type

Date of Public Distribution/Dissemination 02 / 26 / 2016
Amount 7738.36
Transaction ID : SE.5375
Date of Disbursement or Obligation 02 / 25 / 2016

Name of Federal Candidate MARCO RUBIO
Support Oppose
Office Sought: President
Disbursement For: Primary

House District: 00
Senate State: AL
Disbursement For: Primary General Other (specify)

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 Category/Type

Date of Public Distribution/Dissemination 02 / 26 / 2016
Amount 11601.86
Transaction ID : SE.5376
Date of Disbursement or Obligation 02 / 25 / 2016

Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Support Oppose
Office Sought: President
Disbursement For: Primary

House District: 00
Senate State: AR
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 19340.22
(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 03 / 20 / 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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 9999.99 4972.22
City State Zip Code PLANO TX 75023	Transaction ID : SE.5377 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 25 / 2016
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: AR
Calendar Year-To-Date Per Election for Office Sought 9999.99 16574.08	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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 9999.99 12952.73
City State Zip Code PLANO TX 75023	Transaction ID : SE.5378 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 25 / 2016
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 9999.99 76256.73	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9999.99 17924.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	9999.99
(c) TOTAL Independent Expenditures.....▶	9999.99

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
03 / 20 / 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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 5551.17
City State Zip Code PLANO TX 75023	Transaction ID : SE.5379 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 25 / 2016
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 81807.90	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK 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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 27870.91
City State Zip Code PLANO TX 75023	Transaction ID : SE.5380 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 25 / 2016
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 72424.91	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33422.08
(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.

Signature JACQUELYN JAMES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 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 / 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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 11944.67
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.5381 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 25 / 2016
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: TN
Calendar Year-To-Date Per Election for Office Sought 84369.58	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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 105337.25
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.5382 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 25 / 2016
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: TX
Calendar Year-To-Date Per Election for Office Sought 105337.25	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	117281.92
(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
03 / 20 / 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 MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 150481.78
Date of Public Distribution/Dissemination 02/26/2016
Amount 45144.53
Transaction ID: SE.5383
Date of Disbursement or Obligation 02/25/2016
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 78831.69
Date of Public Distribution/Dissemination 02/26/2016
Amount 78831.69
Transaction ID: SE.5384
Date of Disbursement or Obligation 02/25/2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 123976.22
(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 03/20/2016

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 / 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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 33785.01
City State Zip Code PLANO TX 75023	Transaction ID : SE.5385 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 25 / 2016
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 112616.70	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA 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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 135670.50
City State Zip Code PLANO TX 75023	Transaction ID : SE.5353 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
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 180224.50	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.....▶	169455.51
(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
03 / 20 / 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 MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 238369.00
Date of Public Distribution/Dissemination 02/26/2016
Amount 58144.50
Transaction ID : SE.5355
Date of Disbursement or Obligation 02/26/2016
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 138366.09
Date of Public Distribution/Dissemination 02/26/2016
Amount 112571.55
Transaction ID : SE.5356
Date of Disbursement or Obligation 02/26/2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 170716.05
(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 03/20/2016
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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 48244.95
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.5357 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
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: AL
Calendar Year-To-Date Per Election for Office Sought 186611.04	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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 173196.45
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.5358 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
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: TN
Calendar Year-To-Date Per Election for Office Sought 257566.03	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	221441.40
(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
03 / 20 / 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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 74227.05
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.5359 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
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: TN
Calendar Year-To-Date Per Election for Office Sought 331793.08	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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 118480.95
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.5360 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
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: AR
Calendar Year-To-Date Per Election for Office Sought 135055.03	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	192708.00
(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
03 / 20 / 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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 50777.55
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.5361 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
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: AR
Calendar Year-To-Date Per Election for Office Sought 185832.58	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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 153527.85
City: PLANO State: TX Zip Code: 75023	Transaction ID : SE.5362 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
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 235335.75	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	204305.40
(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
03 / 20 / 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 02 / 26 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 65797.65
City State Zip Code PLANO TX 75023	
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: OK
Calendar Year-To-Date Per Election for Office Sought 301133.40	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 02 / 29 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 2061.45
City State Zip Code PLANO TX 75023	
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: OK
Calendar Year-To-Date Per Election for Office Sought 303194.85	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	67859.10
(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
03 / 20 / 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 / 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 02 / 29 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 14804.10
City State Zip Code PLANO TX 75023	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate MARCO RUBIO	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 29 / 2016
Name of Federal Candidate MARCO RUBIO	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
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) ▶
200636.68	

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 02 / 29 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 10732.50
City State Zip Code PLANO TX 75023	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate MARCO RUBIO	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 29 / 2016
Name of Federal Candidate MARCO RUBIO	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
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) ▶
249101.50	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25536.60
(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
03 / 20 / 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 02 / 29 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 4810.05
City State Zip Code PLANO TX 75023	
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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: OK
Calendar Year-To-Date Per Election for Office Sought 308004.90	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 02 / 29 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 34542.90
City State Zip Code PLANO TX 75023	
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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 235179.58	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	39352.95
(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
03 / 20 / 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 / 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 02 / 29 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282	Amount 25042.50
City State Zip Code PLANO TX 75023	Transaction ID : SE.5406 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 29 / 2016
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 274144.00	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) ▶

Full Name of Payee THE LUKENS COMPANY <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 13 / 2016
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR	Amount 113184.00
City State Zip Code ARLINGTON VA 22206	Transaction ID : SE.5111 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 11 / 2016
Purpose of Expenditure DIRECT MAIL EXPENSE 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 2587143.40	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..... ▶	138226.50
(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 / D D / Y Y Y Y Y Y
03 / 20 / 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 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 MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 684213.59
Date of Public Distribution/Dissemination 02/13/2016
Amount 32948.96
Transaction ID: SE.5112
Date of Disbursement or Obligation 02/11/2016
Office Sought: President
Disbursement For: Primary

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 MARCO RUBIO
Calendar Year-To-Date Per Election for Office Sought 695280.63
Date of Public Distribution/Dissemination 02/13/2016
Amount 11067.04
Transaction ID: SE.5582
Date of Disbursement or Obligation 02/11/2016
Office Sought: President
Disbursement For: Primary

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 44016.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 2933318.81

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 03/20/2016
Signature