

# 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.

KEEP THE PROMISE III

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

Election on  /  /  in the State of

- (d) 30-Day  POST-Election General (30G)  Runoff (30R)  Special (30S)
- Report for the:  Convention (12C)  Special (12S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer JON FRANCIS

Signature of Treasurer JON FRANCIS [Electronically Filed] Date  /  /

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 III**

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

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

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**KEEP THE PROMISE III**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28085.00	15028085.00
(ii) Unitemized .....	170309.01	170309.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	198394.01	15198394.01
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	198394.01	15198394.01
12. Transfers From Affiliated/Other Party Committees.....	200000.00	200000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	398394.01	15398394.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	398394.01	15398394.01

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	3316912.19	3321937.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3316912.19	3321937.19
22. Transfers to Affiliated/Other Party Committees.....	200000.00	200000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	249237.53	249237.53
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3766149.72	3771174.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3766149.72	3771174.72

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	198394.01	15198394.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	198394.01	15198394.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3316912.19	3321937.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3316912.19	3321937.19

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

Form/Schedule: F3XA  
Transaction ID :

All IEs during this period were determined to have been made for the election in IA.

Form/Schedule:  
Transaction ID:

**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 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

**A. LOWELL ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2750 S LILAC

City BLOOMINGTON	State CA	Zip Code 92316
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. ROBIN ARMSTRONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 MAXI CIRCLE

City FRIENDSWOOD	State TX	Zip Code 77546
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FEC ID number of contributing federal political committee. **C**

Name of Employer INPATIENT CONSULTANTS	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. WILLIAM BANDOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9134 LIMA ROAD

City FORT WAYNE	State IN	Zip Code 46818
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FEC ID number of contributing federal political committee. **C**

Name of Employer PREFERRED AUTOMOTIVE GROUP	Occupation CFO
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial) <b>A. JEANNA BOURES</b>		Date of Receipt MM / DD / YYYY 11 / 09 / 2015
Mailing Address 1919 GARY ROAD		<b>Transaction ID : SA11AI.7370</b>
City STEWARTSVILLE	State NJ	Zip Code 08886
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer MICHAEL BOURES	Occupation OFFICE MANAGER	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN BOWLING</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 916 REDLEAFE CIRCLE		<b>Transaction ID : SA11AI.7359</b>
City CHESA	State VA	Zip Code 23320
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer RESOURCE LIGHTING	Occupation SALES REP	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. CHARLIE BOYD</b>		Date of Receipt MM / DD / YYYY 10 / 28 / 2015
Mailing Address 900 JEFFERSON ST. SE		<b>Transaction ID : SA11AI.625</b>
City OLYMPIA	State WA	Zip Code 98516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 103  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

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

Mailing Address 900 JEFFERSON ST. SE

City OLYMPIA State WA Zip Code 98516

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

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

Transaction ID : SA11AI.712

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 900 JEFFERSON ST. SE

City OLYMPIA State WA Zip Code 98516

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

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

Transaction ID : SA11AI.713

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 900 JEFFERSON ST. SE

City OLYMPIA State WA Zip Code 98516

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

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

Transaction ID : SA11AI.714

Amount of Each Receipt this Period  
50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 103  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

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

Mailing Address 900 JEFFERSON ST. SE

City	State	Zip Code
OLYMPIA	WA	98516

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : SA11AI.722**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. BILL BROWN**

Mailing Address PO. BOX 10349

City	State	Zip Code
ZEPHYR COVE	NV	89448

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : SA11AI.7363**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. MANUEL CAMBO**

Mailing Address 670 SOUTH MASHTA DRIVE

City	State	Zip Code
KEY BISCAVNE	FL	33149

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

Name of Employer	Occupation
SQUARE FOOT 401K LLC	INVESTOR RETIREMENT INSURANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2015

**Transaction ID : SA11AI.7384**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

**A. LES CHAPMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address NOT AVAILABLE

City NOT AVAILABLE State IA Zip Code 00000

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.652**

Amount of Each Receipt this Period  
 300.00

Memo Item

**B. LEWIS J COOPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 743 LOCHMOOR BLVD.

City GROSE POINT State CA Zip Code 48236

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

Name of Employer Occupation  
 GREAT LAKES WINE & SPIRITS BOARD MEMBER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : SA11AI.7377**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 3100 SW BROOKSIDE DR

City GRIMES State IA Zip Code 50111

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

Name of Employer Occupation  
 CRAMER AND ASSOC. INC. CONSTRUCTION ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2015

**Transaction ID : SA11AI.7389**

Amount of Each Receipt this Period  
 3000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3550.00
<b>TOTAL</b> 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 12 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

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

Mailing Address 2805 W PITTSBURG ST

City State Zip Code  
BROKEN ARROW OK 74012

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : SA11AI.7375**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 13316 S SHAWDEE RD SE

City State Zip Code  
HUNTSVILLE AL 35803

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

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

**Transaction ID : SA11AI.7366**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. PENNY DEMETRIADES**

Mailing Address P.O. BOX 1790

City State Zip Code  
HENDERSON NC 27536

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

Name of Employer Occupation  
ETC OF HENDERSON EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID : SA11AI.7365**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 13 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

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

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

**B. ROBERT DIETRICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 BURBEACK AVE.  
 City RICHMOND State CA Zip Code 94801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

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

**C. ROBERT DIETRICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 BURBEACK AVE.  
 City RICHMOND State CA Zip Code 94801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

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

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

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

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

FOR LINE NUMBER: PAGE 14 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

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

Mailing Address 1312 BURBEACK AVE.

City Richmond State CA Zip Code 94801

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015

Transaction ID : SA11AI.5701

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1312 BURBEACK AVE.

City Richmond State CA Zip Code 94801

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015

Transaction ID : SA11AI.5745

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1312 BURBEACK AVE.

City Richmond State CA Zip Code 94801

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2015

Transaction ID : SA11AI.6487

Amount of Each Receipt this Period  
30.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

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

Mailing Address 1312 BURBEACK AVE.

City Richmond State CA Zip Code 94801

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : SA11AI.5859**

Amount of Each Receipt this Period  
 25.00

Memo Item

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

Mailing Address 1312 BURBEACK AVE.

City Richmond State CA Zip Code 94801

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2015

**Transaction ID : SA11AI.6169**

Amount of Each Receipt this Period  
 25.00

Memo Item

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

Mailing Address 1312 BURBEACK AVE.

City Richmond State CA Zip Code 94801

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : SA11AI.6261**

Amount of Each Receipt this Period  
 25.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 16 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

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

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11AI.7364**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

Date of Receipt 12 / 03 / 2015  
**Transaction ID : SA11AI.7376**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

Date of Receipt 09 / 01 / 2015  
**Transaction ID : SA11AI.7351**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 17 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

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

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

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

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

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

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

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

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

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

FOR LINE NUMBER: PAGE 18 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

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

Mailing Address 2260 OLD RICHARDSON HWY.

City NORTH POLE      State AK      Zip Code 99705

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

Name of Employer HAWKS GREENHOUSE      Occupation MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1951 TYROL DR.

City ST. CLOUD      State MN      Zip Code 56301

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

Name of Employer NONE      Occupation HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address P.O. BOX 914

City NEW WAVERLY      State TX      Zip Code 77358

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

Name of Employer HUDCO      Occupation OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 19 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

**A. THOMAS JENKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 W HURON ST 403  
 City CHICAGO State IL Zip Code 60642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HUNTINGTON INSURANCE INC. Occupation SR. VICE PRESIDENT TECHINAL RISK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : SA11AI.7368**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. THOMAS A CORCORAN JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1373  
 City GRANTS State NM Zip Code 87020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015  
**Transaction ID : SA11AI.7352**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. EUGENE LEDERER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1168 S BARRINGTON AVE.  
 City LOS ANGELES State CA Zip Code 90049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation INVENTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015  
**Transaction ID : SA11AI.7390**  
 Amount of Each Receipt this Period  
 7900.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

**A. MONICA LUDWIG**  
Full Name (Last, First, Middle Initial)

Mailing Address 5405 41ST STREET N.W.

City WASHINGTON State DC Zip Code 20015

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

Name of Employer ST. PATRICKS Occupation SOCIAL CONCERNS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : SA11Al.7362**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. EMILY MARX**  
Full Name (Last, First, Middle Initial)

Mailing Address 2075 OAKLAND BEND

City SAN ANTONIO State TX Zip Code 78258

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

Name of Employer RHEUMATOLOGY ASSOCIATES Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2015

**Transaction ID : SA11Al.7374**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. JOHN MARZANO**  
Full Name (Last, First, Middle Initial)

Mailing Address NOT AVAILABLE

City NOT AVAILABLE State IA Zip Code 00000

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2015

**Transaction ID : SA11Al.293**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 21 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

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

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

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

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

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

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

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

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

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

FOR LINE NUMBER: PAGE 22 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

**A. FORREST MCDONALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 EAST PIATT LANE  
 City OLATHE State KS Zip Code 66061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MESSPLAY MACHINERY CO. Occupation SALES ENG.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 05 / 2015  
**Transaction ID : SA11AI.7387**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. JOAN MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1374. 13.3. RD.  
 City LOMA State CO Zip Code 81524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 25 / 2015  
**Transaction ID : SA11AI.7386**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. JIM MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5413 DEER HILL COURT  
 City RALEIGH State NC Zip Code 27613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 17 / 2015  
**Transaction ID : SA11AI.7379**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 23 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

**A. DIANE MUNRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6105 MILAM DR SW  
 City MABLETON State GA Zip Code 30126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 16 / 2015  
**Transaction ID : SA11AI.7348**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

Date of Receipt 08 / 25 / 2015  
**Transaction ID : SA11AI.7350**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

Date of Receipt 11 / 12 / 2015  
**Transaction ID : SA11AI.7388**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 24 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

**A. ROGER PECHULS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1204 S BAYFRONT  
 City BALBOA ISLAND State CA Zip Code 92662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : SA11AI.7382**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

**C. HAROLD PREECE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 ALEXANDER LOOP  
 City EUGENE State OR Zip Code 97401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

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

Mailing Address 3201 NE 183RD STREET APT 2403

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : SA11AI.7380**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 3201 NE 183RD STREET APT 2403

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.7383**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 5305 FULTON IND BLVD SW STE B

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2015

**Transaction ID : SA11AI.7360**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 26 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

**A. LANA RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10218 DUTCH IRIS DR.  
 City BAKERSFIELD State CA Zip Code 93311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2015  
**Transaction ID : SA11AI.7372**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. MICHAEL SHINNERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8515 S PARKLAND DRIVE  
 City FRANKLIN State WI Zip Code 53132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MICHAEL K SHINNERS Occupation DDS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : SA11AI.7358**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. DAVID SIMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address NOT AVAILABLE  
 City NOT AVAILABLE State IA Zip Code 00000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11AI.533**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

**A. GREG SOWARDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2916 MAESE LN.

City LAS CRUCES State NM Zip Code 88007

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : SA11AI.7373**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. CAROL SWARTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 7007 TUCKAWAY ST.

City SAN DIEGO State CA Zip Code 92119

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : SA11AI.7378**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. MARTHA WOLF**  
Full Name (Last, First, Middle Initial)

Mailing Address 8710 HEADLEY DR

City STERLING HEIGHTS State MI Zip Code 48314

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.7297**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 28 OF 103  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)  
**A. MARTHA WOLF**

Mailing Address 8710 HEADLEY DR

City State Zip Code  
STERLING HEIGHTS MI 48314

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2015

**Transaction ID : SA11AI.7318**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 29 OF 103  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

**A. KEEP THE PROMISE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 92225  
 City AUSTIN State TX Zip Code 78709  
 FEC ID number of contributing federal political committee. **C** C00575415  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : SA12.10548**  
 Amount of Each Receipt this Period  
 200000.00  
 Memo Item

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

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

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
PAC TRAVEL EXPENSE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.18**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
PAC TRAVEL EXPENSE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.19**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
PAC TRAVEL EXPENSE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.27**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
PAC TRAVEL EXPENSE

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : SB21B.26

Amount of Each Disbursement this Period

332.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 4315 S 2700 W

City SALT LAKE CITY State UT Zip Code 84184

Purpose of Disbursement  
TRANSACTION FEES

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

Transaction ID : SB21B.151

Amount of Each Disbursement this Period

42.53

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address 4315 S 2700 W

City SALT LAKE CITY State UT Zip Code 84184

Purpose of Disbursement  
TRANSACTION FEES

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

Transaction ID : SB21B.150

Amount of Each Disbursement this Period

376.36

Memo Item

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

751.09

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 4315 S 2700 W

City State Zip Code  
SALT LAKE CITY UT 84184

Purpose of Disbursement  
TRANSACTION FEES

001

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : SB21B.152

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 4315 S 2700 W

City State Zip Code  
SALT LAKE CITY UT 84184

Purpose of Disbursement  
TRANSACTION FEES

001

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB21B.153

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APPLE STORE**

Mailing Address 6121 W PARK BLVD.

City State Zip Code  
PLANO TX 75093

Purpose of Disbursement  
PAC COMPUTER EXPENSE

001

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2015

Transaction ID : SB21B.21

Amount of Each Disbursement this Period

395.93

Memo Item

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

595.93

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. APPLE STORE**

Mailing Address 6121 W PARK BLVD.

City PLANO State TX Zip Code 75093

Purpose of Disbursement  
PAC COMPUTER EXPENSE

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : SB21B.36

Amount of Each Disbursement this Period

3098.92

Memo Item

Full Name (Last, First, Middle Initial)

**B. APPLE STORE**

Mailing Address 6121 W PARK BLVD.

City PLANO State TX Zip Code 75093

Purpose of Disbursement  
PAC COMPUTER EXPENSE

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : SB21B.37

Amount of Each Disbursement this Period

27.01

Memo Item

Full Name (Last, First, Middle Initial)

**C. AVALON HOTELS**

Mailing Address 9400 W OLYMPIC BLVD

City BEVERLY HILLS State CA Zip Code 90212

Purpose of Disbursement  
PAC TRAVEL EXPENSE

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : SB21B.38

Amount of Each Disbursement this Period

461.35

Memo Item

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

3587.28

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : **SB21B.48**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2015

Transaction ID : **SB21B.50**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

Transaction ID : **SB21B.54**

Amount of Each Disbursement this Period

25.00

Memo Item

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

75.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC BANK FEES

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.58**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC BANK FEES

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.60**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
BANK FEES

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.155**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 901 GUADALUPE STREET

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
BANK FEES

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.156**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. BANKCARD**

Mailing Address PO BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
PAC TRAVEL EXPENSE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.28**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. BANKCARD**

Mailing Address PO BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
PAC TRANSACTION FEES

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.44**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. BANKCARD**

Mailing Address PO BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
PAC TRANSACTION FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

Transaction ID : SB21B.53

Amount of Each Disbursement this Period

1719.29

Memo Item

Full Name (Last, First, Middle Initial)

**B. BANKCARD**

Mailing Address PO BOX 2557

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
TRANSACTION FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2015

Transaction ID : SB21B.157

Amount of Each Disbursement this Period

1244.82

Memo Item

Full Name (Last, First, Middle Initial)

**C. BERKE FARAH LLP**

Mailing Address 1200 NEW HAMPSHIRE AVE STE 800

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
PAC LEGAL FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

Transaction ID : SB21B.13

Amount of Each Disbursement this Period

3125.00

Memo Item

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

6089.11

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial) <b>A. BERKE FARAH LLP</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1200 NEW HAMPSHIRE AVE STE 800		<b>Transaction ID : SB21B.17</b>
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement PAC LEGAL FEES	Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/Type 001	<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>B. BERKE FARAH LLP</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1200 NEW HAMPSHIRE AVE STE 800		<b>Transaction ID : SB21B.24</b>
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement PAC LEGAL FEES	Amount of Each Disbursement this Period 4000.00
Candidate Name	Category/Type 001	<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>C. BERKE FARAH LLP</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address 1200 NEW HAMPSHIRE AVE STE 800		<b>Transaction ID : SB21B.41</b>
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement PAC LEGAL FEES	Amount of Each Disbursement this Period 4000.00
Candidate Name	Category/Type 001	<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:		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. BERKE FARAH LLP**

Mailing Address 1200 NEW HAMPSHIRE AVE STE 800

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
PAC LEGAL FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2015

Transaction ID : **SB21B.52**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BERKE FARAH LLP**

Mailing Address 1200 NEW HAMPSHIRE AVE STE 800

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
LEGAL FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2015

Transaction ID : **SB21B.158**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BERKE FARAH LLP**

Mailing Address 1200 NEW HAMPSHIRE AVE STE 800

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
LEGAL FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 24 / 2015

Transaction ID : **SB21B.159**

Amount of Each Disbursement this Period

4000.00

Memo Item

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

12000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. BEST BUY**

Mailing Address 7601 PENN AVE

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
PAC COMPUTER EXPENSE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.47

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. JUSTIN BRADSHAW**

Mailing Address 509 WESTVIEW DRIVE

City ABILENE State TX Zip Code 79603

Purpose of Disbursement  
VIDEO PRODUCTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.173

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. CALDWELL MANAGEMENT SERVICES**

Mailing Address 301 N GRAY ST

City CALDWELL State TX Zip Code 77836

Purpose of Disbursement  
EVENT COORDINATION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.160

Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial) <b>A. DAMON CROW CATERING</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2015
Mailing Address 1609 DURANT STREET		<b>Transaction ID : SB21B.161</b>
City DALLAS	State TX	
Zip Code 75216	Purpose of Disbursement EVENT CATERING	Amount of Each Disbursement this Period 9400.00
Candidate Name	Category/Type 001	<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>B. DAMON CROW CATERING</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2015
Mailing Address 1609 DURANT STREET		<b>Transaction ID : SB21B.162</b>
City DALLAS	State TX	
Zip Code 75216	Purpose of Disbursement EVENT CATERING	Amount of Each Disbursement this Period 7400.00
Candidate Name	Category/Type 001	<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>C. DAMON CROW CATERING</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2015
Mailing Address 1609 DURANT STREET		<b>Transaction ID : SB21B.2293</b>
City DALLAS	State TX	
Zip Code 75216	Purpose of Disbursement PAC EVENT CATERING	Amount of Each Disbursement this Period 6000.00
Candidate Name	Category/Type 001	<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:		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. FINLEY PRODUCTIONS**

Mailing Address 5729 LEBANON RD STE 144

City FRISCO State TX Zip Code 75034

Purpose of Disbursement  
VIDEO PRODUCTION

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : SB21B.164

Amount of Each Disbursement this Period

3994.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. FINLEY PRODUCTIONS**

Mailing Address 5729 LEBANON RD STE 144

City FRISCO State TX Zip Code 75034

Purpose of Disbursement  
VIDEO PRODUCTION

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 24 / 2015

Transaction ID : SB21B.165

Amount of Each Disbursement this Period

6210.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN EXPRESS**

Mailing Address PO BOX 30321

City SALT LAKE CITY State UT Zip Code 84130

Purpose of Disbursement  
TRAVEL EXPENSE

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2015

Transaction ID : SB21B.170

Amount of Each Disbursement this Period

113.00

Memo Item

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

10317.77

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. HOLIDAY INN EXPRESS**

Mailing Address PO BOX 30321

City State Zip Code  
SALT LAKE CITY UT 84130

Purpose of Disbursement  
TRAVEL EXPENSE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.169**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLIDAY INN EXPRESS**

Mailing Address PO BOX 30321

City State Zip Code  
SALT LAKE CITY UT 84130

Purpose of Disbursement  
TRAVEL EXPENSE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.168**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. JASPER'S**

Mailing Address 7161 BISHOP'S RD

City State Zip Code  
PLANO TX 75024

Purpose of Disbursement  
MEETING EXPENSE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.172**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. KATX**

Mailing Address 2010 WEST COMMERCE

City EASTLAND State TX Zip Code 76448

Purpose of Disbursement  
PAC ADVERTISING

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.174**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. NEWSBOYS**

Mailing Address 7106 CROSSROADS BLVD STE 215

City BRENTWOOD State TN Zip Code 37027

Purpose of Disbursement  
EVENT ENTERTAINMENT

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.176**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. NEWSBOYS**

Mailing Address 7106 CROSSROADS BLVD STE 215

City BRENTWOOD State TN Zip Code 37027

Purpose of Disbursement  
EVENT ENTERTAINMENT

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.10562**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. OFFICE MAX**

Mailing Address 263 SHUMAN BLVD.

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement  
PAC OFFICE SUPPLIES

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : SB21B.61

Amount of Each Disbursement this Period

297.06

Memo Item

Full Name (Last, First, Middle Initial)

**B. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

Transaction ID : SB21B.180

Amount of Each Disbursement this Period

5250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RED METRICS**

Mailing Address PO BOX 6014

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
PAC DATA ACQUISITION & SURVEYS

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2015

Transaction ID : SB21B.10

Amount of Each Disbursement this Period

200000.00

Memo Item

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

205547.06

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. RED METRICS**

Mailing Address PO BOX 6014

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
PAC DATA ACQUISITION & SURVEYS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

**Transaction ID : SB21B.16**

Amount of Each Disbursement this Period

300000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RED METRICS**

Mailing Address PO BOX 6014

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
PAC DATA ACQUISITION & SURVEYS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

**Transaction ID : SB21B.23**

Amount of Each Disbursement this Period

200000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RED METRICS**

Mailing Address PO BOX 6014

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
PAC DATA ACQUISITION & SURVEYS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

**Transaction ID : SB21B.30**

Amount of Each Disbursement this Period

200000.00

Memo Item

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

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

700000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. RED METRICS**

Mailing Address PO BOX 6014

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
PAC DATA ACQUISITION & SURVEYS

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.43

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RED METRICS**

Mailing Address PO BOX 6014

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
PAC DATA ACQUISITION & SURVEYS

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.46

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RED METRICS**

Mailing Address PO BOX 6014

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
PAC DATA ACQUISITION & SURVEYS

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.49

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. RED METRICS**

Mailing Address PO BOX 6014

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
PAC MEDIA

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.51**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RED METRICS**

Mailing Address PO BOX 6014

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
PAC DATA ACQUISITION & SURVEYS

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.55**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RED METRICS**

Mailing Address PO BOX 6014

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
PAC MEDIA

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.59**

Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. RED METRICS**

Mailing Address PO BOX 6014

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
MEDIA

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.182**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RED METRICS**

Mailing Address PO BOX 6014

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
MEDIA

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.183**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. SGA PRODUCTION**

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement  
VIDEO PRODUCTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.184**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. SGA PRODUCTION**

Mailing Address NA

City NA State GA Zip Code 00000

Purpose of Disbursement VIDEO PRODUCTION

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 31 / 2015

Transaction ID : **SB21B.185**

Amount of Each Disbursement this Period: 4648.85

Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TN Zip Code 75235

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 07 / 2015

Transaction ID : **SB21B.188**

Amount of Each Disbursement this Period: 250.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. SPAETH COMMUNICATIONS**

Mailing Address 8150 N CENTRAL EXPWY STE 1410

City DALLAS State TX Zip Code 75206

Purpose of Disbursement PAC COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 12 / 2015

Transaction ID : **SB21B.62**

Amount of Each Disbursement this Period: 10000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 14899.81

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. SPAETH COMMUNICATIONS**

Mailing Address 8150 N CENTRAL EXPWY STE 1410

City DALLAS State TX Zip Code 75206

Purpose of Disbursement  
PAC COMMUNICATIONS CONSULTING

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.189**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. SUPER 8 MOTEL**

Mailing Address 22 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
TRAVEL EXPENSE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.192**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. SUPER 8 MOTEL**

Mailing Address 22 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
TRAVEL EXPENSE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.194**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. SUPER 8 MOTEL**

Mailing Address 22 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
TRAVEL EXPENSE

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 28 / 2015

Transaction ID : SB21B.193

Amount of Each Disbursement this Period

55.14

Memo Item

Full Name (Last, First, Middle Initial)

**B. SUPER 8 MOTEL**

Mailing Address 22 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
TRAVEL EXPENSE

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 28 / 2015

Transaction ID : SB21B.195

Amount of Each Disbursement this Period

55.14

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL EXPENSE

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : SB21B.198

Amount of Each Disbursement this Period

52.86

Memo Item

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

163.14

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.199**

Amount of Each Disbursement this Period

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

/  /

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

/  /

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

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NAME OF COMMITTEE (In Full)  
**KEEP THE PROMISE III**

**A. KEEP THE PROMISE PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 92225

City AUSTIN State TX Zip Code 78709

Purpose of Disbursement TRANSFER

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 08 / 2015

Transaction ID : SB22.12

Amount of Each Disbursement this Period: 200000.00

Memo Item

Category/Type: 008

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	200000.00
<b>TOTAL</b> This Period (last page this line number only).....	200000.00

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
--	--

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 <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 10 / 2015
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">242.69</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.12590</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 10 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">242.69</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 11 / 2015
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">575.70</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.12591</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 11 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">818.39</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2016

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00575423
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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 <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">07 / 12 / 2015</span>
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">681.61</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.12592</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">07 / 12 / 2015</span>
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD 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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1500.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">07 / 28 / 2015</span>
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">806.17</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.12593</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">07 / 28 / 2015</span>
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD 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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2306.17</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date 05 / 17 / 2016



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 3500.00
Date of Public Distribution/Dissemination 07/29/2015
Amount 1193.83
Transaction ID : SE.12594
Date of Disbursement or Obligation 07/29/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 5103.85
Date of Public Distribution/Dissemination 07/30/2015
Amount 1603.85
Transaction ID : SE.12595
Date of Disbursement or Obligation 07/30/2015
Office Sought: President
Disbursement For: Primary

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

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

MR. JON FRANCIS [Electronically Filed] Date 05/17/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 6914.00
Date of Public Distribution/Dissemination 07/31/2015
Amount 1810.15
Transaction ID : SE.12596
Date of Disbursement or Obligation 07/31/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 7187.31
Date of Public Distribution/Dissemination 08/01/2015
Amount 273.31
Transaction ID : SE.12597
Date of Disbursement or Obligation 08/01/2015
Office Sought: President
Disbursement For: Primary

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

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

MR. JON FRANCIS [Electronically Filed] Date 05/17/2015
Signature

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 05 / 2015</span>
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">2602.05</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.12598</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">08 / 05 / 2015</span>
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD 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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9789.36</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 06 / 2015</span>
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">801.52</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.12599</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">08 / 06 / 2015</span>
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD 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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10590.88</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date 05 / 17 / 2016

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2015
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">200.00</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.12585</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">12390.88</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2015
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">200.00</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.12586</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">12590.88</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2016

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2015
Mailing Address 1 HACKER WAY	Amount 199.81
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.12587</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 12790.69	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Mailing Address 1 HACKER WAY	Amount 1657.33
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.90</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 114689.19	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

MR. JON FRANCIS  
Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2016

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

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

Full Name of Payee <b>FACEBOOK</b>	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1 HACKER WAY		Amount <input type="text"/>
City MENLO PARK	State CA	Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <input type="text"/> 001	Transaction ID : <b>SE.91</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate RAFAEL 'TED' EDWARD 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>IA</u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/> 118322.58	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK</b>	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1 HACKER WAY		Amount <input type="text"/>
City MENLO PARK	State CA	Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <input type="text"/> 001	Transaction ID : <b>SE.93</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate RAFAEL 'TED' EDWARD 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>IA</u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/> 125468.27	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/> 0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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.

MR. JON FRANCIS [Electronically Filed] Date  /  /

Signature

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FACEBOOK</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 12 / 10 / 2015
Mailing Address 1 HACKER WAY			Amount 7749.71
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.95</b>
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15		Category/Type 001	Date of Disbursement or Obligation 12 / 10 / 2015
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 134027.17			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 12 / 11 / 2015
Mailing Address 1 HACKER WAY			Amount 7874.32
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.97</b>
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15		Category/Type 001	Date of Disbursement or Obligation 12 / 11 / 2015
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 341270.93			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

MR. JON FRANCIS  
Signature \_\_\_\_\_ [Electronically Filed] Date 05 / 17 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 357726.87
Date of Public Distribution/Dissemination 12/12/2015
Amount 7889.28
Transaction ID : SE.99
Date of Disbursement or Obligation 12/12/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 374353.40
Date of Public Distribution/Dissemination 12/13/2015
Amount 8058.70
Transaction ID : SE.101
Date of Disbursement or Obligation 12/13/2015
Office Sought: President
Disbursement For: Primary

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

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

MR. JON FRANCIS
[Electronically Filed]
Date 05/17/2016
Signature



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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2015
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">2469.34</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.103</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">385299.65</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2015
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">5140.26</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.110</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">409759.81</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
05 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 418164.88
Date of Public Distribution/Dissemination 12/22/2015
Amount 5538.00
Transaction ID : SE.114
Date of Disbursement or Obligation 12/22/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 418305.69
Date of Public Distribution/Dissemination 12/22/2015
Amount 140.81
Transaction ID : SE.115
Date of Disbursement or Obligation 12/22/2015
Office Sought: President
Disbursement For: Primary

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

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

MR. JON FRANCIS [Electronically Filed] Date 05/17/2016
Signature

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00575423       </div>
--	---

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 <b>FACEBOOK</b>	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">12 / 23 / 2015</span>
Mailing Address 1 HACKER WAY		Amount <span style="border: 1px solid black; padding: 2px;">2550.14</span>
City MENLO PARK	State CA	Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>SE.117</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">12 / 23 / 2015</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD 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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">422537.33</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FACEBOOK</b>	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">12 / 23 / 2015</span>
Mailing Address 1 HACKER WAY		Amount <span style="border: 1px solid black; padding: 2px;">132.59</span>
City MENLO PARK	State CA	Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>SE.118</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">12 / 23 / 2015</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD 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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">422669.92</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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MR. JON FRANCIS

Signature \_\_\_\_\_ [Electronically Filed] Date 05 / 17 / 2016

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 24 / 2015
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">2762.36</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.120</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 24 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7342.70</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 24 / 2015
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">266.94</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.121</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 24 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">423671.28</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
05 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 12787.86

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 424269.51

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

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MR. JON FRANCIS
[Electronically Filed]
Date 05 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 433823.18
Date of Public Distribution/Dissemination 12/25/2015
Amount 5222.15
Transaction ID : SE.126
Date of Disbursement or Obligation 12/25/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 434423.82
Date of Public Distribution/Dissemination 12/25/2015
Amount 600.64
Transaction ID : SE.127
Date of Disbursement or Obligation 12/25/2015
Office Sought: President
Disbursement For: Primary

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

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MR. JON FRANCIS [Electronically Filed] Date 05/17/2015
Signature

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 26 / 2015
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">5415.24</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.129</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 26 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">442141.47</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 26 / 2015
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">392.57</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.131</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 26 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">445131.71</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
05 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Office Sought: President
Disbursement For: Primary
Amount 5683.93
Transaction ID: SE.132
Date of Disbursement or Obligation 12/27/2015

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Office Sought: President
Disbursement For: Primary
Amount 277.26
Transaction ID: SE.134
Date of Disbursement or Obligation 12/27/2015

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

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

MR. JON FRANCIS
[Electronically Filed]
Date 05/17/2015
Signature



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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 28 / 2015
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">5229.13</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.135</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 28 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">459222.55</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 29 / 2015
Mailing Address 1 HACKER WAY	Amount <span style="border: 1px solid black; padding: 2px;">5248.27</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE.137</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 29 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">467610.44</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
05 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 476059.75
Date of Public Distribution/Dissemination 12/30/2015
Amount 5302.75
Transaction ID : SE.139
Date of Disbursement or Obligation 12/30/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee FACEBOOK
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 482673.19
Date of Public Distribution/Dissemination 12/31/2015
Amount 3540.89
Transaction ID : SE.143
Date of Disbursement or Obligation 12/31/2015
Office Sought: President
Disbursement For: Primary

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
MR. JON FRANCIS [Electronically Filed] Date 05/17/2016
Signature

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC [MEMO ITEM]</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 12 / 2015
Mailing Address PO BOX 36819	Amount <span style="border: 1px solid black; padding: 2px;">800.00</span>
City State Zip Code CANTON OH 44735	<b>Transaction ID : SE.12583</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 12 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">11390.88</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC [MEMO ITEM]</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 13 / 2015
Mailing Address PO BOX 36819	Amount <span style="border: 1px solid black; padding: 2px;">800.00</span>
City State Zip Code CANTON OH 44735	<b>Transaction ID : SE.12584</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 13 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">12190.88</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2016

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC [MEMO ITEM]</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 21 / 2015
Mailing Address PO BOX 36819	Amount <span style="border: 1px solid black; padding: 2px;">13500.00</span>
City State Zip Code CANTON OH 44735	<b>Transaction ID : SE.12588</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 21 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">26290.69</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC [MEMO ITEM]</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 22 / 2015
Mailing Address PO BOX 36819	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code CANTON OH 44735	<b>Transaction ID : SE.12589</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 22 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">77987.68</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*MR. JON FRANCIS*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2016

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00575423
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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 <b>RAPID RESPONSE TELEVISION LLC [MEMO ITEM]</b> <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2015	
Mailing Address PO BOX 36819		Amount <span style="border: 1px solid black; padding: 2px;">600.00</span>	
City CANTON	State OH	Zip Code 44735	<b>Transaction ID : SE.64</b>
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2015
Name of Federal Candidate RAFAEL 'TED' EDWARD 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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">78587.68</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC [MEMO ITEM]</b> <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2015	
Mailing Address PO BOX 36819		Amount <span style="border: 1px solid black; padding: 2px;">300.00</span>	
City CANTON	State OH	Zip Code 44735	<b>Transaction ID : SE.65</b>
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2015
Name of Federal Candidate RAFAEL 'TED' EDWARD 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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">78887.68</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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MR. JON FRANCIS  
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y  
05 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee RAPID RESPONSE TELEVISION LLC [MEMO ITEM]
Mailing Address PO BOX 36819
City CANTON State OH Zip Code 44735
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 81387.68
Date of Public Distribution/Dissemination 10/28/2015
Amount 2500.00
Transaction ID : SE.66
Date of Disbursement or Obligation 10/28/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee RAPID RESPONSE TELEVISION LLC [MEMO ITEM]
Mailing Address PO BOX 36819
City CANTON State OH Zip Code 44735
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 81987.68
Date of Public Distribution/Dissemination 10/28/2015
Amount 600.00
Transaction ID : SE.67
Date of Disbursement or Obligation 10/28/2015
Office Sought: President
Disbursement For: Primary

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

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MR. JON FRANCIS [Electronically Filed] Date 05/17/2016
Signature

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC [MEMO ITEM]</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 28 / 2015
Mailing Address PO BOX 36819	Amount <span style="border: 1px solid black; padding: 2px;">300.00</span>
City State Zip Code CANTON OH 44735	<b>Transaction ID : SE.68</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 28 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">82287.68</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC [MEMO ITEM]</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 29 / 2015
Mailing Address PO BOX 36819	Amount <span style="border: 1px solid black; padding: 2px;">300.00</span>
City State Zip Code CANTON OH 44735	<b>Transaction ID : SE.70</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 29 / 2015
Purpose of Expenditure DIGITAL MEDIA PLACEMENT/PRODUCTION - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">82793.98</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2016

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC [MEMO ITEM]</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 29 / 2015
Mailing Address PO BOX 36819	Amount <span style="border: 1px solid black; padding: 2px;">600.00</span>
City State Zip Code CANTON OH 44735	<b>Transaction ID : SE.71</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 29 / 2015
Purpose of Expenditure DIGITAL MEDIA PLACEMENT/PRODUCTION - SEE RED METRICS 10-21-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">83393.98</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>RED METRICS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 21 / 2015
Mailing Address PO BOX 6014	Amount <span style="border: 1px solid black; padding: 2px;">41696.99</span>
City State Zip Code FRISCO TX 75035	<b>Transaction ID : SE.12601</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 21 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">67987.68</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">41696.99</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*MR. JON FRANCIS*

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2016



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee RED METRICS
Mailing Address PO BOX 6014
City FRISCO State TX Zip Code 75035
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 98212.92
Date of Public Distribution/Dissemination 11/10/2015
Amount 14818.94
Transaction ID : SE.12602
Date of Disbursement or Obligation 11/10/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee RED METRICS
Mailing Address PO BOX 6014
City FRISCO State TX Zip Code 75035
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 333396.61
Date of Public Distribution/Dissemination 12/10/2015
Amount 192721.60
Transaction ID : SE.12603
Date of Disbursement or Obligation 12/10/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 207540.54
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MR. JON FRANCIS [Electronically Filed] Date 05/17/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee STRIPES AGENCY LLC
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 10-21-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 82493.98
Date of Public Distribution/Dissemination 10/28/2015
Amount 206.30
Transaction ID : SE.69
Date of Disbursement or Obligation 10/28/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee STRIPES AGENCY LLC
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIAL PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 98466.62
Date of Public Distribution/Dissemination 11/14/2015
Amount 253.70
Transaction ID : SE.72
Date of Disbursement or Obligation 11/14/2015
Office Sought: President
Disbursement For: Primary

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

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

MR. JON FRANCIS [Electronically Filed] Date 05/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee STRIPES AGENCY LLC
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 98779.68
Date of Public Distribution/Dissemination 11/15/2015
Amount 313.06
Transaction ID : SE.73
Date of Disbursement or Obligation 11/15/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee STRIPES AGENCY LLC
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 98983.52
Date of Public Distribution/Dissemination 11/16/2015
Amount 203.84
Transaction ID : SE.74
Date of Disbursement or Obligation 11/16/2015
Office Sought: President
Disbursement For: Primary

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
MR. JON FRANCIS [Electronically Filed] Date 05/17/2016
Signature

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>STRIPES AGENCY LLC</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 17 / 2015
Mailing Address 400 NORTH ST PAUL #1025	Amount <span style="border: 1px solid black; padding: 2px;">227.25</span>
City State Zip Code DALLAS TX 75201	<b>Transaction ID : SE.75</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 17 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">99210.77</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>STRIPES AGENCY LLC</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 18 / 2015
Mailing Address 400 NORTH ST PAUL #1025	Amount <span style="border: 1px solid black; padding: 2px;">2419.92</span>
City State Zip Code DALLAS TX 75201	<b>Transaction ID : SE.76</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 18 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">101630.69</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
05 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee STRIPES AGENCY LLC
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 102415.37
Date of Public Distribution/Dissemination 11/19/2015
Amount 784.68
Transaction ID : SE.77
Date of Disbursement or Obligation 11/19/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee STRIPES AGENCY LLC
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 102580.46
Date of Public Distribution/Dissemination 11/20/2015
Amount 165.09
Transaction ID : SE.78
Date of Disbursement or Obligation 11/20/2015
Office Sought: President
Disbursement For: Primary

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

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MR. JON FRANCIS [Electronically Filed] Date 05/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee STRIPES AGENCY LLC
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure MEDIA - SEE RED METRICS 11-10-15
Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Office Sought: President
Disbursement For: Primary
Amount 651.22
Transaction ID: SE.79
Date of Disbursement or Obligation 11/20/2015

Full Name of Payee STRIPES AGENCY LLC
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15
Category/Type 001
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Office Sought: President
Disbursement For: Primary
Amount 613.22
Transaction ID: SE.80
Date of Disbursement or Obligation 11/20/2015

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

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

MR. JON FRANCIS [Electronically Filed] Date 05/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423

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

Full Name of Payee STRIPES AGENCY LLC
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 103867.41

Full Name of Payee STRIPES AGENCY LLC
Mailing Address 400 NORTH ST PAUL #1025
City DALLAS State TX Zip Code 75201
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 105267.54

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

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MR. JON FRANCIS [Electronically Filed] Date 05 / 17 / 2016
Signature

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
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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 <b>STRIPES AGENCY LLC</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 22 / 2015
Mailing Address 400 NORTH ST PAUL #1025	Amount <span style="border: 1px solid black; padding: 2px;">1470.95</span>
City State Zip Code DALLAS TX 75201	<b>Transaction ID : SE.83</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 22 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">106738.49</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>STRIPES AGENCY LLC</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 23 / 2015
Mailing Address 400 NORTH ST PAUL #1025	Amount <span style="border: 1px solid black; padding: 2px;">1408.61</span>
City State Zip Code DALLAS TX 75201	<b>Transaction ID : SE.84</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 23 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">108147.10</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2016



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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>STRIPES AGENCY LLC</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 24 / 2015
Mailing Address 400 NORTH ST PAUL #1025	Amount <span style="border: 1px solid black; padding: 2px;">1457.43</span>
City State Zip Code DALLAS TX 75201	<b>Transaction ID : SE.85</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 24 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">109604.53</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>STRIPES AGENCY LLC</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 25 / 2015
Mailing Address 400 NORTH ST PAUL #1025	Amount <span style="border: 1px solid black; padding: 2px;">1458.91</span>
City State Zip Code DALLAS TX 75201	<b>Transaction ID : SE.86</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 25 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">111063.44</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2016

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>STRIPES AGENCY LLC</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 26 / 2015
Mailing Address 400 NORTH ST PAUL #1025	Amount <span style="border: 1px solid black; padding: 2px;">1422.75</span>
City DALLAS State TX Zip Code 75201	<b>Transaction ID : SE.87</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 26 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">112486.19</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>STRIPES AGENCY LLC</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 27 / 2015
Mailing Address 400 NORTH ST PAUL #1025	Amount <span style="border: 1px solid black; padding: 2px;">545.33</span>
City DALLAS State TX Zip Code 75201	<b>Transaction ID : SE.88</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 27 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">113031.52</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2016

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

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

Full Name of Payee <b>STRIPES AGENCY LLC</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
Mailing Address 400 NORTH ST PAUL #1025	Amount <input type="text" value="0.34"/>
City State Zip Code DALLAS TX 75201	<b>Transaction ID : SE.89</b> Date of Disbursement or Obligation <input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 11-10-15	Category/Type <input type="text" value="001"/>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="113031.86"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>YOUTUBE</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
Mailing Address 901 CHERRY AVE	Amount <input type="text" value="303.02"/>
City State Zip Code SAN BRUNO CA 94066	<b>Transaction ID : SE.92</b> Date of Disbursement or Obligation <input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <input type="text" value="001"/>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="118625.60"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text" value="0.00"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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.

MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date  /  /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423

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

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 126277.46

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 140675.01

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

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MR. JON FRANCIS [Electronically Filed] Date 05 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423

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

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 349837.59

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 366294.70

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

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

MR. JON FRANCIS [Electronically Filed] Date 05 / 17 / 2016
Signature

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>YOUTUBE</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 13 / 2015
Mailing Address 901 CHERRY AVE	Amount <span style="border: 1px solid black; padding: 2px;">8476.91</span>
City State Zip Code SAN BRUNO CA 94066	<b>Transaction ID : SE.102</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 13 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">382830.31</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>YOUTUBE</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2015
Mailing Address 901 CHERRY AVE	Amount <span style="border: 1px solid black; padding: 2px;">3440.08</span>
City State Zip Code SAN BRUNO CA 94066	<b>Transaction ID : SE.104</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">388739.73</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2016



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 396977.48
Date of Public Distribution/Dissemination 12/18/2015
Amount 3994.76
Transaction ID : SE.107
Date of Disbursement or Obligation 12/18/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 400770.93
Date of Public Distribution/Dissemination 12/19/2015
Amount 3793.45
Transaction ID : SE.108
Date of Disbursement or Obligation 12/19/2015
Office Sought: President
Disbursement For: Primary

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

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MR. JON FRANCIS [Electronically Filed] Date 05/17/2016
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE III
FEC IDENTIFICATION NUMBER C C00575423

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

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 404619.55

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 412362.94

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

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MR. JON FRANCIS
[Electronically Filed]
Date 05 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 412626.88
Date of Public Distribution/Dissemination 12/21/2015
Amount 263.94
Transaction ID : SE.112
Date of Disbursement or Obligation 12/21/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 419987.19
Date of Public Distribution/Dissemination 12/22/2015
Amount 1681.50
Transaction ID : SE.116
Date of Disbursement or Obligation 12/22/2015
Office Sought: President
Disbursement For: Primary

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

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MR. JON FRANCIS [Electronically Filed] Date 05/17/2016
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 423404.34
Date of Public Distribution/Dissemination 12/23/2015
Amount 734.42
Transaction ID : SE.119
Date of Disbursement or Obligation 12/23/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee YOUTUBE
Mailing Address 901 CHERRY AVE
City SAN BRUNO State CA Zip Code 94066
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ
Calendar Year-To-Date Per Election for Office Sought 425926.92
Date of Public Distribution/Dissemination 12/24/2015
Amount 1657.41
Transaction ID : SE.124
Date of Disbursement or Obligation 12/24/2015
Office Sought: President
Disbursement For: Primary

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

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MR. JON FRANCIS
[Electronically Filed]
Date 05/17/2016
Signature

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>YOUTUBE</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 24 / 2015
Mailing Address 901 CHERRY AVE	Amount <span style="border: 1px solid black; padding: 2px;">2674.11</span>
City State Zip Code SAN BRUNO CA 94066	<b>Transaction ID : SE.125</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 24 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">428601.03</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>YOUTUBE</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 25 / 2015
Mailing Address 901 CHERRY AVE	Amount <span style="border: 1px solid black; padding: 2px;">2302.41</span>
City State Zip Code SAN BRUNO CA 94066	<b>Transaction ID : SE.128</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 25 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">436726.23</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
05 / 17 / 2016

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00575423
--	--

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 <b>YOUTUBE</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 26 / 2015
Mailing Address 901 CHERRY AVE	Amount <span style="border: 1px solid black; padding: 2px;">2597.67</span>
City State Zip Code SAN BRUNO CA 94066	<b>Transaction ID : SE.130</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 26 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">444739.14</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>YOUTUBE</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 27 / 2015
Mailing Address 901 CHERRY AVE	Amount <span style="border: 1px solid black; padding: 2px;">2900.52</span>
City State Zip Code SAN BRUNO CA 94066	<b>Transaction ID : SE.133</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 27 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">453716.16</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
05 / 17 / 2016

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>YOUTUBE</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 28 / 2015
Mailing Address 901 CHERRY AVE	Amount <span style="border: 1px solid black; padding: 2px;">3139.62</span>
City State Zip Code SAN BRUNO CA 94066	<b>Transaction ID : SE.136</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 28 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">462362.17</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>YOUTUBE</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 29 / 2015
Mailing Address 901 CHERRY AVE	Amount <span style="border: 1px solid black; padding: 2px;">3146.56</span>
City State Zip Code SAN BRUNO CA 94066	<b>Transaction ID : SE.138</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 29 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">470757.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2016

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

NAME OF COMMITTEE (In Full) <b>KEEP THE PROMISE III</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00575423
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>YOUTUBE</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 30 / 2015
Mailing Address 901 CHERRY AVE	Amount <span style="border: 1px solid black; padding: 2px;">3072.55</span>
City State Zip Code SAN BRUNO CA 94066	<b>Transaction ID : SE.140</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 30 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">479132.30</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>YOUTUBE</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 31 / 2015
Mailing Address 901 CHERRY AVE	Amount <span style="border: 1px solid black; padding: 2px;">3014.01</span>
City State Zip Code SAN BRUNO CA 94066	<b>Transaction ID : SE.144</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 31 / 2015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION/PLACEMENT - SEE RED METRICS 12-10-15	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RAFAEL 'TED' EDWARD CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">485687.20</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">249237.53</span>

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

MR. JON FRANCIS [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
05 / 17 / 2016