

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Right to Rise USA

ADDRESS (number and street) ▼

6230 Wilshire Blvd

PMB 1790

☐ Check if different than previously reported. (ACC)

Los Angeles

CA

90048

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00571372

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

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

through

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

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

Type or Print Name of Treasurer Charles R. Spies

Signature of Treasurer

Charles R. Spies

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 20 2016

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Right to Rise USA

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		58578054.21
(b) Cash on Hand at Beginning of Reporting Period.....	58578054.21	
(c) Total Receipts (from Line 19)	378821.41	378821.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	58956875.62	58956875.62
7. Total Disbursements (from Line 31)	34507985.97	34507985.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24448889.65	24448889.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Right to Rise USA

Report Covering the Period:

From:

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

To:

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

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

363160.00

363160.00

(ii) Unitemized

5998.00

5998.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

369158.00

369158.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

369158.00

369158.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

4034.52

4034.52

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

5628.89

5628.89

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))..... ►

378821.41

378821.41

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

378821.41

378821.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	7179729.94	7179729.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7179729.94	7179729.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	27328256.03	27328256.03
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)) ..	34507985.97	34507985.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34507985.97	34507985.97

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)	369158.00	369158.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	369158.00	369158.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	7179729.94	7179729.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	4034.52	4034.52
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	7175695.42	7175695.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 210

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

NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. J. GODWIN

Mailing Address 3109 GRAND AVENUE

City
MIAMIState
FLZip Code
33133-5103FEC ID number of contributing
federal political committee.

C

Name of Employer

JEANNE GODWIN

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	6

Transaction ID : SA11.119566

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. SCOTT W. OPENSHAWMailing Address 925 N GARFIELD ST.
APT. 522

City

ARLINGTON

State

VA

Zip Code

22201-6709

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN CHEMISTRY COUNCIL

Occupation

SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

Transaction ID : SA11.119567

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. WILLIAM DANHOF

Mailing Address 6351 PINE HOLLOW DR.

City

EAST LANSING

State

MI

Zip Code

48823-9725

FEC ID number of contributing
federal political committee.

C

Name of Employer

MILLER CANFIELD

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : SA11.119865

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

3100.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MR. ANDREW FREEMAN

Mailing Address 10399 TAMPARY ST

City

DAHPNE

State

AL

Zip Code

36526-9543

FEC ID number of contributing
federal political committee.

C

Name of Employer

A&R

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

01 / 15 / 2016

Transaction ID : SA11.119864

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. THOMAS E. MCINERNEY

Mailing Address 2 MANITOU COURT

City

WESTPORT

State

CT

Zip Code

06880-6006

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLUFF POINT ASSOCIATES

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160000.00

Date of Receipt

01 / 15 / 2016

Transaction ID : SA11.119863

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. CHARLES D. NOTTINGHAM

Mailing Address 4921 ROCKWOOD PKWY NW

City

WASHINGTON

State

DC

Zip Code

20016-3210

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHARLES D. NOTTINGHAM PLLC

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

01 / 15 / 2016

Transaction ID : SA11.119800

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

11100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 210

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MARY M. RAETHER

Mailing Address 1781 CHAIN BRIDGE ROAD
304

City State Zip Code
MCLEAN VA 22102-2950

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
01 / 15 / 2016

Transaction ID : SA11.119802

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RUSSELL D. SCHUNDLER

Mailing Address 26 POINT BREEZE RD

City State Zip Code
WOLFEBORO NH 03894-4903

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : SA11.119804

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BARBARA C. SMITH

Mailing Address 366 TYNEBRIDGE LN

City State Zip Code
HOUSTON TX 77024-7425

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
01 / 15 / 2016

Transaction ID : SA11.119806

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

850.00

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 210

(check only one)

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

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MR. JONATHAN H. PARDEE

Mailing Address 540 BELLEVUE AVE

City
NEWPORTState Zip Code
RI 02840-4118FEC ID number of contributing
federal political committee.

C

Name of Employer
JONATHAN PARDEEOccupation
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2016

Transaction ID : SA11.119801

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DR. JONATHAN C. JAVITT

Mailing Address 8300 TWIN FORKS LANE

City
CHEVY CHASEState Zip Code
MD 20815-4847FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2016

Transaction ID : SA11.120036

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. SERGIO PINO

Mailing Address 142 ISLA DORADO
6TH FLOORCity
MIAMIState Zip Code
FL 33143-6549FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTURY HOMEBUILDERS GROUPOccupation
HOMEBUILDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2016

Transaction ID : SA11.119844

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

12100.00

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 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MR. RICHARD M. DEVOS SR.

Mailing Address 126 OTTAWA AVE NW
STE 500

City State Zip Code
GRAND RAPIDS MI 49503-2882

FEC ID number of contributing
federal political committee.

C

Name of Employer

ORLANDO MAGIC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : SA11.119720

Amount of Each Receipt this Period

250000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHN S. MADIGAN

Mailing Address 1717 TOOMEY ROAD
APARTMENT 544

City State Zip Code
AUSTIN TX 78704-1332

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : SA11.119797

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. SCOTT W. OPENSHAW

Mailing Address 925 N GARFIELD ST.
APT. 522

City State Zip Code
ARLINGTON VA 22201-6709

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN CHEMISTRY COUNCIL

Occupation

SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : SA11.119836

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

250200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 210
(check only one)

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

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RONALD RAINEYMailing Address 315 SOUTH BEVERLY DRIVE
SUITE 300

City	State	Zip Code
BEVERLY HILLS	CA	90212-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
RON RAINEY MANAGEMENT, INCOccupation
PERSONAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	19	/	2016

Transaction ID : SA11.119838

Amount of Each Receipt this Period

400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RUSSELL D. SCHUNDLER

Mailing Address 26 POINT BREEZE RD

City	State	Zip Code
WOLFEBORO	NH	03894-4903

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	19	/	2016

Transaction ID : SA11.119803

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. WALKER INVESTMENTS LLC

Mailing Address 21 VINEYARD LANE

City	State	Zip Code
GREENWICH	CT	06831-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	19	/	2016

Transaction ID : SA11.119721

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

10425.00

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 12 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MRS. MARY ANN BECKER

Mailing Address 582 BEACHLAND BOULEVARD
SUITE 300

City State Zip Code
VERO BEACH FL 32963-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEACE RIVER CITRUS PRODUCTS

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11.119723

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. R. WILLIAM BECKER

Mailing Address 582 BEACHLAND BOULEVARD
SUITE 300

City State Zip Code
VERO BEACH FL 32963-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEACE RIVER CITRUS PRODUCTS

Occupation
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380000.00

Date of Receipt

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

Transaction ID : SA11.119725

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MRS. TOMMY CLEM

Mailing Address 7702 STUYVESANT AVE

City State Zip Code
AMARILLO TX 79121-1914

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 ▼

270.00

Date of Receipt

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

Transaction ID : SA11.119722

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

10035.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 13 OF 210

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

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MR. JOE ELLIS

Mailing Address 1101 NEW YORK AVE NW

 City
 WASHINGTON

 State
 DC

 Zip Code
 20005-4269

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

BP AMERICA

Occupation

ENERGY INDUSTRY

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
01	/	20	/	2016

Transaction ID : SA11.119826

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MRS. DIANE TERPELUK

Mailing Address 4450 DEXTER ST NW

 City
 WASHINGTON

 State
 DC

 Zip Code
 20007-1113

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

Transaction ID : SA11.119825

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. MILTON J. WALLACE
 Mailing Address 1111 BRICKELL AVE.
 SUITE 2150

 City
 MIAMI

 State
 FL

 Zip Code
 33131-3139

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

Transaction ID : SA11.119811

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 210

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

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MS. MARLENE COLUCCI

Mailing Address 5211 POLK AVE

City

ALEXANDRIA

State

VA

Zip Code

22304-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE BUSINESS COUNCIL

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2525.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2		2	0	1	6		

Transaction ID : SA11.119818

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. FRANCIS B. BROGAN IIIMailing Address 2510 VIRGINIA AVE NW
APT 402-NORTH

City

WASHINGTON

State

DC

Zip Code

20037-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNSET POINT HOLDINGS LLLP

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5		2	0	1	6		

Transaction ID : SA11.119886

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. R. WILLIAM BECKERMailing Address 582 BEACHLAND BOULEVARD
SUITE 300

City

VERO BEACH

State

FL

Zip Code

32963-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEACE RIVER CITRUS PRODUCTS

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7		2	0	1	6		

Transaction ID : SA11.119780

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

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

25125.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MR. MICHAEL A. CARPENTER

Mailing Address 1900 PURDY AVE PH 4

City

MIAMI BEACH

State

FL

Zip Code

33139-1497

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2016

Transaction ID : SA11.119877

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MRS. TOMMY CLEM

Mailing Address 7702 STUYVESANT AVE

City

AMARILLO

State

TX

Zip Code

79121-1914

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 ▼

270.00

Date of Receipt

01 / 27 / 2016

Transaction ID : SA11.119891

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. EDWARD W. EASTON JR.

Mailing Address 10165 NORTHWEST 19TH STREET

City

MIAMI

State

FL

Zip Code

33172-2529

FEC ID number of contributing
federal political committee.

C

Name of Employer

EASTON & ASSOCIATES

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115000.00

Date of Receipt

01 / 27 / 2016

Transaction ID : SA11.119781

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

6025.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 210

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RUSSELL D. SCHUNDLER

Mailing Address 26 POINT BREEZE RD

City

WOLFEBORO

State

NH

Zip Code

03894-4903

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 ▼

400.00

Date of Receipt

01 / 27 / 2016

Transaction ID : SA11.119883

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. PATRICK JAMES BRADY

Mailing Address 1015 TULLAMORE PL

City

JOHNS CREEK

State

GA

Zip Code

30022-8077

FEC ID number of contributing
federal political committee.

C

Name of Employer

GRANT THORNTON

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2016

Transaction ID : SA11.119876

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ARMAG III, LLC

Mailing Address 135 SAN LORENZO AVE
 #750

City

CORAL GABLES

State

FL

Zip Code

33146-1877

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

01 / 29 / 2016

Transaction ID : SA11.119873

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

10600.00

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 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MS. BLANCHE ROBERTSON BACON

Mailing Address 2200 WHITE OAK RD

City

RALEIGH

State

NC

Zip Code

27608-1454

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 ▼

1100.00

Date of Receipt

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

Transaction ID : SA11.120032

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. JOHN N. ESTES III

Mailing Address 6357 WATERWAY DR.
SUITE 600

City

FALLS CHURCH

State

VA

Zip Code

22044-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer

SKADDEN

Occupation

LAWYER

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
01 / 31 / 2016

Transaction ID : SA11.120033

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. RICHARD GILDER

Mailing Address 3 COLUMBUS CIRCLE
FL 25

City

NEW YORK

State

NY

Zip Code

10019-8760

FEC ID number of contributing
federal political committee.

C

Name of Employer

GILDER, GAGNON, HOWE & CO.

Occupation

STOCK BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

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

Transaction ID : SA11.120042

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

11100.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. MR. ALLAN E. KEEN

Mailing Address 121 GARFIELD AVE

City

WINTER PARK

State

FL

Zip Code

32789-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE KEEWIN REAL PROPERTY CO

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130500.00

Date of Receipt

01 / 31 / 2016

Transaction ID : SA11.120034

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ALEXANDRA PROPERTY HOLDINGS, LLC

Mailing Address P.O. BOX 261358

City

MIAMI

State

FL

Zip Code

33126-0024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

01 / 31 / 2016

Transaction ID : SA11.120040

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CENTURY AT GIRALDA AVENUE, LLC

Mailing Address P.O. BOX 261358

City

MIAMI

State

FL

Zip Code

33126-0024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

01 / 31 / 2016

Transaction ID : SA11.120041

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

10500.00

363160.00

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 210

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City State Zip Code
 ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30020.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 25 2016

Transaction ID : SA15.1978

Amount of Each Receipt this Period

4020.96

REFUND - MEDIA PRODUCTION

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

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

4020.96

4020.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 210
(check only one)

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

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City	State	Zip Code
MCLEAN	VA	22101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22534.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	08	/	2016

Transaction ID : SA17.1976

Amount of Each Receipt this Period

3807.17

INTEREST INCOME

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City	State	Zip Code
MCLEAN	VA	22101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22534.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2016

Transaction ID : SA17.1977

Amount of Each Receipt this Period

1821.72

INTEREST INCOME

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
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Amount of Each Receipt this Period

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

5628.89

5628.89

<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

Right to Rise USA

A. ANDREW TRIGGS

Category/
Type

212.62

State: District:

B. UBER

Candidate Name

Category/
Type

111.27

State: District:

[MEMO ITEM]

C. LIESL HICKEY

The three 3x3 grids are as follows:

M		M

01

D		D

04

Y		Y		Y		Y		Y

2016

Candidate Name

Category/
Type

603.07

State: District:

815.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 210

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2016
Transaction ID : SB21B.I2186

Amount of Each Disbursement this Period

470.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2016
Transaction ID : SB21B.I2187

Amount of Each Disbursement this Period

36.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2016
Transaction ID : SB21B.I2188

Amount of Each Disbursement this Period

20.26

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

<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

Right to Rise USA

A. UBER

Category/
Type

17.01

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. UBER

MM / DD / YYYY

Category/
Type

37.53

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:		

C. ACTUATE STRATEGIES

01 / 04 / 2016

Category/
Type

746.25

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify) ▼	
	<input type="checkbox"/> President			
State:	District:			

746.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 210

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2016

Transaction ID : SB21B.I2111

Amount of Each Disbursement this Period

63.89

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2016

Transaction ID : SB21B.I2123

Amount of Each Disbursement this Period

156.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL MGMTMailing Address 1101 KING ST
#190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2016

Transaction ID : SB21B.I2128

Amount of Each Disbursement this Period

350.00

[MEMO ITEM]

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

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

0.00

<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

Right to Rise USA

A. PFL.COM

Mailing Address 100 PFL WAY

City	State	Zip Code
LIVINGSTON	MT	59047

Purpose of Disbursement

SUBSCRIPTION

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I2125

Amount of Each Disbursement this Period

622.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SLACK

Mailing Address 155 5TH STREET, 6TH FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement	
SUBSCRIPTION	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I2126

Amount of Each Disbursement this Period

224.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DRIVE

City	State	Zip Code
FRAMINGHAM	MA	01702

Purpose of Disbursement	OFFICE SUPPLIES
-------------------------	-----------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.I2114

Amount of Each Disbursement this Period

231.12

[MEMO ITEM]

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

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

<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

Right to Rise USA

A. STAPLES

Mailing Address 500 STAPLES DRIVE

City	State	Zip Code
FRAMINGHAM	MA	01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

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) ▼		

Date of Disbursement

Transaction ID : SB21B.I2115

Amount of Each Disbursement this Period

288.58

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 1000 NICOLLET MALL

City	State	Zip Code
MINNEAPOLIS	MN	55403

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I2116

Amount of Each Disbursement this Period

206.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE BILTMORE

Mailing Address 1200 ANASTASIA AVE

City	State	Zip Code
CORAL GABLES	FL	33134

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I2129

Amount of Each Disbursement this Period

412.50

[MEMO ITEM]

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

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

0.00

<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

Right to Rise USA

A. TRADE CENTER MANAGEMENT ASSOCIATES

Date of Disbursement

Transaction ID : SB21B.I2132

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

3491.94

[MEMO ITEM]

B. UNITED AIRLINES

Date of Disbursement

Transaction ID : SB21B.I2130

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

240.10

[MEMO ITEM]

C. VONAGE

Date of Disbursement

Transaction ID : SB21B.I2119

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

512.73

[MEMO ITEM]

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 210

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. WILSHIRE HOTEL

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016**Transaction ID : SB21B.I2131**

Amount of Each Disbursement this Period

3684.91

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CGLW LLC

Mailing Address 1201 ORANGE STREET, #600

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016**Transaction ID : SB21B.I1984**

Amount of Each Disbursement this Period

165000.00

Full Name (Last, First, Middle Initial)

C. CLARK HILL PLC

Mailing Address P.O. BOX 3760

City PITTSBURGH State PA Zip Code 15230

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016**Transaction ID : SB21B.I1985**

Amount of Each Disbursement this Period

31580.82

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

196580.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ONYX TOWER, LLCMailing Address 6100 WILSHIRE BLVD
STE 330

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
RENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016**Transaction ID : SB21B.I1990**

Amount of Each Disbursement this Period

9724.96

Full Name (Last, First, Middle Initial)

B. R2R RESEARCH LLC

Mailing Address 801 RAPIDIAN CT

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016**Transaction ID : SB21B.I1991**

Amount of Each Disbursement this Period

37697.84

Full Name (Last, First, Middle Initial)

C. REVOLUTION MEDIA GROUP

Mailing Address 1020 PRINCESS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016**Transaction ID : SB21B.I1992**

Amount of Each Disbursement this Period

8639.00

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

56061.80

<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

Right to Rise USA

2500.00

Category/
Type

33947.29

Category/
Type

Diagram illustrating the segment patterns for the numbers 01, 04, and 2016:

- 01: Segments M (top), M (bottom), and 01.
- 04: Segments D (top), D (bottom), and 04.
- 2016: Segments Y (top), Y (bottom), and 2016.

434.50

Category/
Type

36881.79

<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

Right to Rise USA

A. ACTUATE STRATEGIES

M M / D D / Y Y Y Y

01 05 2016

Transaction ID : SB21B.I2000

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

4242.18

B. AMERICAN EXPRESS

MM / DD / YYYY

Transaction ID : SB21B.I2001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

C. BLUEPRINT COMMUNICATIONS

The three 3x3 grids are as follows:

M		M
0	1	

D		D
0	5	

Y		Y		Y		Y		Y
2	0	1	6					

Transaction ID : SB21B.I2002

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

17522.18

<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

Right to Rise USA

2500.00

State: District:

MM / DD / YYYY

7700.00

State: District:

30000.00

State: District:

40200.00

<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

Right to Rise USA

A. TARGOZ STRATEGIC MARKETING

Category/
Type

10000.00

State: District:

B. MAGELLAN STRATEGIES

MM / DD / YYYY

Category/
Type

34250.00

State: District:

C. VOTER CONSUMER RESEARCH

The image shows three 3x3 grids, each representing a number. The first grid shows the number 01, the second shows 06, and the third shows 2016. Each grid is composed of a 3x3 array of dots, with some dots filled in to represent the digits.

Category/
Type

6500.00

State: District:

50750.00

<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

Right to Rise USA

A. REVOLUTION MEDIA GROUP

Date of Disbursement

Transaction ID : SB21B.I2010

Amount of Each Disbursement this Period

40625.80

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. DIGITAL CORE CAMPAIGN LLC

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I2012

Amount of Each Disbursement this Period

85835.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. BLUEPRINT COMMUNICATIONS

Date of Disbursement



Transaction ID : SB21B.I2013

Amount of Each Disbursement this Period

3750.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

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

130210.80

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 PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	1		2	0	1	6		

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type**Transaction ID : SB21B.I2014**

Amount of Each Disbursement this Period

5005.83

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. MAGELLAN STRATEGIES

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	1		2	0	1	6		

Mailing Address 1685 BOXELDER ST., SUITE 300

City LOUISVILLE State CO Zip Code 80027

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Category/
Type**Transaction ID : SB21B.I2015**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. MCCARTHY HENNINGS WHALEN, INC.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	2		2	0	1	6		

Mailing Address 1850 M STREET NW
SUITE 235

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Candidate Name

Category/
Type**Transaction ID : SB21B.I2016**

Amount of Each Disbursement this Period

41527.74

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

51533.57

<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

Right to Rise USA

A. R2R RESEARCH LLC

Date of Disbursement

Transaction ID : SB21B.I2018

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

32000.00

Full Name (Last, First, Middle Initial)

B. HUSTLE, INC

Mailing Address 57 POST ST, #703

Date of Disbursement

City	State	Zip Code
SAN FRANCISCO	CA	94104

Transaction ID : SB21B.I2021

Purpose of Disbursement
SUBSCRIPTION

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Category/
Type

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) ▼		

Amount of Each Disbursement this Period

State: District:

Full Name (Last, First, Middle Initial)
C. JESSICA BROUCKAERT

Date of Disbursement

The three 3x3 grids are as follows:

M		M

01

D		D

15

Y		Y		Y		Y		Y

2016

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

Transaction ID : SB21B.I2031

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

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) ▼		

Amount of Each Disbursement this Period

1427.53

State: District:

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

33927.53

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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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<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

Right to Rise USA

A. ROBERT CHARETTE

Category/
Type

1993.57

State: District:

B. DEAN CLEARY

Category/
Type

1926.30

State: District:

C. WILLIAM CORKERY

The image shows three 3x3 grids, each representing a number using a 26-letter alphabet. The first grid shows '01' with 'M' in the top-left and top-right positions. The second grid shows '15' with 'D' in the top-left and top-right positions. The third grid shows '2016' with 'Y' in the top-left, top-middle, top-right, and middle-right positions.

Category/
Type

1389.29

State: District:

5309.16

<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

Right to Rise USA

A. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement	
PAYROLL	

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.I2034

Amount of Each Disbursement this Period

1949.53

B. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
PAYROLL

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Category/
Type

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:

Transaction ID : SB21B.I2027

Amount of Each Disbursement this Period

1902.67

C. DEREK LYONS

The three 3x3 grids are as follows:

M		M

01

D		D

15

Y		Y		Y		Y		Y

2016

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

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:

Transaction ID : SB21B.I2026

Amount of Each Disbursement this Period

2899.31

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

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

6751.51

<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

Right to Rise USA

A. DAVID MARTINEZ

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.I2024

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	1785.21
25-34	
35-44	
45-54	
55-64	
65-74	
75-84	
85+	

B. MATTHEW WALL

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

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:

Transaction ID : SB21B.I2036

Amount of Each Disbursement this Period

3222.81

Full Name (Last, First, Middle Initial)
C. KATHERINE JORTNER

The three 3x3 grids are as follows:

M		M

01

D		D

15

Y		Y		Y		Y		Y

2016

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.I2033

Amount of Each Disbursement this Period

3619.12

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

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

8627.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 210

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. LIESL HICKEYMailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

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
01 / 15 / 2016**Transaction ID : SB21B.I2035**

Amount of Each Disbursement this Period

7232.89

Full Name (Last, First, Middle Initial)

B. PAUL LINDSAYMailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
PAYROLL

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
01 / 15 / 2016**Transaction ID : SB21B.I2037**

Amount of Each Disbursement this Period

4422.19

Full Name (Last, First, Middle Initial)

C. AD ASTRA INSIGHTS

Mailing Address 333 W 9TH ST, SUITE C

City LAWRENCE State KS Zip Code 66044

Purpose of Disbursement
DATA CONSULTING

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
01 / 15 / 2016**Transaction ID : SB21B.I2023**

Amount of Each Disbursement this Period

12437.43

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

24092.51

<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

Right to Rise USA

A. INSPERITY

Category/
Type

12534.28

State: District:

B. INTERNAL REVENUE SERVICE

MM / DD / YYYY

Category/
Type

15824.16

State: District:

C. R2R RESEARCH LLC

The image shows three 3x3 grids, each representing a number using a 26-letter alphabet. The first grid shows '01' with 'M' in the top-left and top-right positions. The second grid shows '15' with 'D' in the top-left and top-right positions. The third grid shows '2016' with 'Y' in the top-left, top-middle, top-right, and middle-right positions.

Category/
Type

36000.00

State: District:

64358.44

<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

Right to Rise USA

A. REVOLUTION MEDIA GROUP

Date of Disbursement

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '01'. The second display is labeled 'D D' and shows the number '15'. The third display is labeled 'Y Y Y Y' and shows the year '2016'. The displays are arranged horizontally and separated by slashes.

Transaction ID : SB21B.I2039

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

81646.57

B. THE STONERIDGE GROUP, LLC

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.C006

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

186000.00

C. THE STONERIDGE GROUP, LLC

Date of Disbursement



Transaction ID : SB21B.C007

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

13372.55

281019.12

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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<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

Right to Rise USA

A. JESSICA BROUCKAERT

Three 7-segment displays are shown side-by-side. The first display shows '01', the second shows '19', and the third shows '2016'. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.Category/
Type

337.89

State: District:

B. MAILBOX DEPOT

MM / DD / YYYY

Candidate Name	Age	Gender	Marital Status	Religion	Ethnicity	Education Level	Occupation	Income	Health Insurance	Housing Status	Voting History	Political Affiliation	Community Involvement	Employment Stability	Financial Literacy	Digital Skills	Language Proficiency	Mental Health Status	Substance Use	Family Size	Home Ownership	Auto Insurance	Life Insurance	Disability Status	Chronic Conditions	Pain Management	Social Support Network	Stress Levels	Quality of Life	Overall Well-being
Jane Doe	45	F	Married	Catholic	White	Bachelor's Degree	Nurse	\$60,000	Yes	Rent	Consistent	Democrat	Active	Stable	High	Intermediate	Fluent English	Good	No	3 Children	Owns Home	Yes	Yes	No	No	Strong	Low	High	Excellent	
John Smith	38	M	Single	Protestant	Black	High School Graduate	Construction Worker	\$35,000	No	Rent	Inconsistent	Republican	Passive	Unstable	Low	Basic	Fluent English	Fair	No	1 Child	Rent	No	No	No	Moderate	Medium	Low	Fair		
Alice Johnson	52	F	Divorced	Buddhist	Asian	Master's Degree	Software Engineer	\$90,000	Yes	Owns Home	Regular	Democrat	Very Active	Very Stable	Very High	Advanced	Fluent English, Some Spanish	Excellent	No	2 Children	Owns Home	Yes	Yes	No	Very Strong	Low	Very High	Outstanding		
Michael Brown	67	M	Widowed	Methodist	White	PhD	Retired Professor	\$45,000	Yes	Owns Home	Regular	Democrat	Active	Stable	High	Expert	Fluent English	Good	No	None	Owns Home	Yes	Yes	No	Strong	Low	High	Good		
Sarah Lee	29	F	Single	Hindu	Latino	Associate Degree	Retail Associate	\$25,000	No	Rent	Irregular	Independent	Passive	Unstable	Low	Basic	Fluent Spanish, Basic English	Fair	No	None	Rent	No	No	No	Weak	High	Low	Fair		

Category/
Type

16.37

State: District:

C. ONYX TOWER, LLC

The image shows three 3x3 grids, each representing a number. The first grid shows the number 01, the second shows 05, and the third shows 2016. Each grid has a top row of three dots, a middle row of three dots, and a bottom row of three dots. The numbers are formed by the positions of the dots: 01 is formed by dots at (1,1), (1,2), (1,3), (2,1), (2,2), (2,3), (3,1), (3,2), (3,3); 05 is formed by dots at (1,1), (1,2), (1,3), (2,1), (2,2), (2,3), (3,1), (3,2), (3,3); 2016 is formed by dots at (1,1), (1,2), (1,3), (2,1), (2,2), (2,3), (3,1), (3,2), (3,3).

Candidate Name

Category/
Type

State: District:

337.89

<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

Right to Rise USA

A. STAPLES

Category/
Type

Response	Percentage
Yes	24.60

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. TARGET

Category/
Type

98.70

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:		

C. VERIZON

The image shows three 3x3 grids, each representing a number. The first grid shows '01' with dots at (1,1), (1,3), (2,1), (2,2), (2,3), (3,1), and (3,2). The second grid shows '05' with dots at (1,1), (1,3), (2,1), (2,2), (2,3), (3,1), and (3,3). The third grid shows '2016' with dots at (1,1), (1,3), (2,1), (2,2), (2,3), (3,1), (3,2), (3,3), and (3,4).

Category/
Type

Age Group	Percentage
18-24	112.70
25-34	~100
35-44	~100
45-54	~100
55-64	~100
65-74	~100
75-84	~100
85+	~100

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:		

Age Group	Percentage
18-24	18%
25-34	15%
35-44	12%
45-54	10%
55-64	8%
65-74	6%
75-84	4%
85+	2%

Figure 1. Rivet layout for the 1000 ft. long, 10 ft. wide, 10 ft. high wall

<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

Right to Rise USA

A. AMERICAN AIRLINES

Date of Disbursement

Transaction ID : SB21B.I2136

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

291.70

[MEMO ITEM]

B. GRACE HUFFMAN

Date of Disbursement

M M / D D / Y Y Y Y
01 19 2016

Transaction ID : SB21B.I2046

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1112.34

C. MAILBOX DEPOT

Date of Disbursement

Transaction ID : SB21B.I2141

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

275.00

[MEMO ITEM]

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

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

1112.34

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RUNNING PASADENA

Mailing Address 37 W COLORADO BLVD

City PASADENA State CA Zip Code 91105

Purpose of Disbursement
COLLATERAL MATERIALS - T-SHIRTS

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016
Transaction ID : SB21B.I2137

Amount of Each Disbursement this Period

427.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016
Transaction ID : SB21B.I2138

Amount of Each Disbursement this Period

204.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016
Transaction ID : SB21B.I2140

Amount of Each Disbursement this Period

139.07

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. ACTUATE STRATEGIES

Mailing Address 806 LAZY BROOK LANE

City JEFFERSON CITY State MO Zip Code 65109

Purpose of Disbursement
PHONE CALLS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : SB21B.I2043

Amount of Each Disbursement this Period

1192.44

Full Name (Last, First, Middle Initial)

B. DRIVER EIGHT MEDIA LLCMailing Address 1875 CONNECTICUT AVE. NW
10TH FLR, ATTN: ALEX FINLAND

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : SB21B.I2045

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. LARGER THAN LIFE INFLATABLESMailing Address 1722 LAHOUD DRIVE
SUITE # 101

City CARDIFF State CA Zip Code 92007

Purpose of Disbursement
SIGNS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : SB21B.I2048

Amount of Each Disbursement this Period

4950.00

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

11142.44

<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

Right to Rise USA

A. LEXISNEXIS

Date of Disbursement

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '01'. The second display is labeled 'D D' and shows the number '19'. The third display is labeled 'Y Y Y Y' and shows the year '2016'.

Transaction ID : SB21B.I2049

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

855.00

B. REDWAVE COMMUNICATIONS LLC

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I2050

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

9007.01

C. REVOLUTION MEDIA GROUP

Date of Disbursement

Transaction ID : SB21B.I2051

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

27096.28

36958.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. STRATEGIC SOLUTIONS

Mailing Address 3724 DUNBARTON DR.

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : SB21B.I2053

Amount of Each Disbursement this Period

21225.00

Full Name (Last, First, Middle Initial)

B. TECHNOFIX

Mailing Address 1412 E WILSON

City GLENDALE State CA Zip Code 91206

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : SB21B.I2054

Amount of Each Disbursement this Period

327.35

Full Name (Last, First, Middle Initial)

C. UPPER HAND STRATEGIES

Mailing Address 2111 SW 25 STREET

City CAPE CORAL State FL Zip Code 33914

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : SB21B.I2055

Amount of Each Disbursement this Period

3500.00

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

25052.35

<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

Right to Rise USA

A. VOTER CONSUMER RESEARCH

Date of Disbursement

Transaction ID : SB21B.I2056

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

16864.91

Full Name (Last, First, Middle Initial)

B. R2R RESEARCH LLC

Date of Disbursement

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

Transaction ID : SB21B.I2057

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

32000.00

Full Name (Last, First, Middle Initial)

C. REDWAVE COMMUNICATIONS LLC

Date of Disbursement



Transaction ID : SB21B.I2062

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

344655.66

SUBTOTAL of Disbursements This Page (optional)

393520.57

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 PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 18 2016
Transaction ID : SB21B.I2183

Amount of Each Disbursement this Period

291.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JOANS ON THIRD

Mailing Address 8350 W 3RD ST

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 22 2016
Transaction ID : SB21B.I2184

Amount of Each Disbursement this Period

208.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LARCHMONT VILLAGE

Mailing Address 223 N LARCHMONT BLVD

City LOS ANGELES State CA Zip Code 90004

Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 04 2016
Transaction ID : SB21B.I2178

Amount of Each Disbursement this Period

215.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RALPHS

Mailing Address 5601 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90036

Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2016
Transaction ID : SB21B.I2179

Amount of Each Disbursement this Period

234.77

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2016
Transaction ID : SB21B.I2180

Amount of Each Disbursement this Period

49.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GRACE HUFFMANMailing Address 6230 WILSHIRE BLVD.
PMB 1790

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
TRAVEL / POSTAGE / PHONE / OFFICE SUPPLIES / FOOD

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 25 / 2016
Transaction ID : SB21B.I2066

Amount of Each Disbursement this Period

2392.49

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

2392.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 18 / 2016
Transaction ID : SB21B.I2150

Amount of Each Disbursement this Period

411.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 18 / 2016
Transaction ID : SB21B.I2151

Amount of Each Disbursement this Period

219.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 18 / 2016
Transaction ID : SB21B.I2152

Amount of Each Disbursement this Period

248.60

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

<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

Right to Rise USA

A. AMERICAN AIRLINES

Date of Disbursement

Transaction ID : SB21B.I2153

Amount of Each Disbursement this Period

138.10

[MEMO ITEM]

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. MAILBOX DEPOT

Mailing Address 6230 WILSHIRE BLVD

Date of Disbursement

M M / D D / Y Y Y Y
01 18 2016

City	State	Zip Code
LOS ANGELES	CA	90048

Transaction ID : SB21B.I2147

Purpose of Disbursement
OFFICE SUPPLIES

Amount of Each Disbursement this Period

6.68

[MEMO ITEM]

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. MAILBOX DEPOT

Date of Disbursement

City	State	Zip Code
LOS ANGELES	CA	90048

Transaction ID : SB21B.I2149

Purpose of Disbursement
POSTAGE

Amount of Each Disbursement this Period

165.00

[MEMO ITEM]

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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 PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. RICHARD QUINN & ASSOCIATES

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	6							2016

Mailing Address P.O. BOX 12526

City	State	Zip Code
COLUMBIA	SC	29211

Transaction ID : SB21B.I2079Purpose of Disbursement
SURVEY RESEARCH

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

12500.00

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. BLITZ CANVASSING

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	7							2016

Mailing Address 4950 SOUTH YOSEMITE ST F2 #195

City	State	Zip Code
GREENWOOD VILLAGE	CO	80111

Transaction ID : SB21B.I2080Purpose of Disbursement
GOTV SERVICES

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

261562.80

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. REVOLUTION AGENCY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	7							2016

Mailing Address 1020 PRINCESS STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : SB21B.C011Purpose of Disbursement
MEDIA PRODUCTION - DID NOT AIR

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

9588.51

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: District:

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

283651.31

<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

Right to Rise USA

A. REVOLUTION AGENCY

Category/
Type

443.33

State: District:

B. REVOLUTION MEDIA GROUP

MM / DD / YYYY

Category/
Type

10871.93

State: District:

C. WILSON GRAND COMMUNICATIONS

Three digital displays are shown, each with a row of small squares above the main number. The first display shows '01' with two squares above it. The second display shows '27' with two squares above it. The third display shows '2016' with four squares above it.

Category/
Type

15000.00

State: District:

26315.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. OATH STRATEGIES LLC

Mailing Address PO BOX 2484

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 28 2016
Transaction ID : SB21B.C010

Amount of Each Disbursement this Period

125287.50

Full Name (Last, First, Middle Initial)

B. OATH STRATEGIES LLC

Mailing Address PO BOX 2484

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 28 2016
Transaction ID : SB21B.C013

Amount of Each Disbursement this Period

791519.50

Full Name (Last, First, Middle Initial)

C. OATH STRATEGIES LLC

Mailing Address PO BOX 2484

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 28 2016
Transaction ID : SB21B.C014

Amount of Each Disbursement this Period

2462115.50

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

3378922.50

<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

Right to Rise USA

A. OATH STRATEGIES LLC

Transaction ID : SB21B.C016

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

1482702.00

B. OATH STRATEGIES LLC

MM / DD / YYYY

Transaction ID : SB21B.C017

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

C. OATH STRATEGIES LLC

Transaction ID : SB21B.C018

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

1676118.00

[illegible]

<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

Right to Rise USA

A. JESSICA BROUCKAERT

Category/
Type

1427.53

State: District:

B. ROBERT CHARETTE



Candidate Name

Category/
Type

1993.57

State: District:

C. DEAN CLEARY

Candidate Name

Category/
Type

1926.30

State: District:

5347.40

<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

Right to Rise USA

A. LAUREN HENSARLING

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.I2101

Amount of Each Disbursement this Period

1949.53

B. GRACE HUFFMAN

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

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:

Transaction ID : SB21B.I2096

Amount of Each Disbursement this Period

1902.67

C. DAVID MARTINEZ

The image shows three 3x3 grids, each representing a number using the letters M, D, and Y. The first grid shows '01' with 'M' in the top-left and top-right positions. The second grid shows '31' with 'D' in the top-left and top-right positions. The third grid shows '2016' with 'Y' in the top-left, top-middle, top-right, and middle-right positions.

Mailing Address 6230 WILSHIRE BLVD.
PMB 1790

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

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:

Transaction ID : SB21B.I2094

Amount of Each Disbursement this Period

1785.21

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

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

5637.41

<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

Right to Rise USA

A. PAUL LINDSAY

Diagram showing three 16-bit registers. The first register has two 'M' labels above the top two bits and the value '01' below. The second register has two 'D' labels above the top two bits and the value '31' below. The third register has four 'Y' labels above the top four bits and the value '2016' below.

Category/
Type

4422.19

State: District:

B. INSPERITY

Category/
Type

10059.76

State: District:

C. INTERNAL REVENUE SERVICE

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '01'. The second display is labeled 'D D' and shows the number '31'. The third display is labeled 'Y Y Y Y' and shows the year '2016'.

Category/
Type

14476.51

State: District:

28958.46

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. TILT

Mailing Address 370 TOWNSEND ST

City State Zip Code
SAN FRANCISCO CA 94107
Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 31 2016
Transaction ID : SB21B.I2108

Amount of Each Disbursement this Period

1878.53

Full Name (Last, First, Middle Initial)

B. REVOLUTION AGENCY

Mailing Address 1020 PRINCESS STREET

City State Zip Code
ALEXANDRIA VA 22314
Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 29 2015
Transaction ID : SB21B.C002

Amount of Each Disbursement this Period

-31063.00

Full Name (Last, First, Middle Initial)

C. REVOLUTION AGENCY

Mailing Address 1020 PRINCESS STREET

City State Zip Code
ALEXANDRIA VA 22314
Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 29 2015
Transaction ID : SB21B.C003

Amount of Each Disbursement this Period

-18354.00

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

-47538.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. REVOLUTION AGENCY

Mailing Address 1020 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015
Transaction ID : SB21B.C004

Amount of Each Disbursement this Period

-56063.00

Full Name (Last, First, Middle Initial)

B. REVOLUTION AGENCY

Mailing Address 1020 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015
Transaction ID : SB21B.C005

Amount of Each Disbursement this Period

-141843.10

Full Name (Last, First, Middle Initial)

C. REDWAVE COMMUNICATIONS LLC

Mailing Address 4019 INGERSOLL AVE

City DES MOINES State IA Zip Code 50312

Purpose of Disbursement
DIRECT MAIL PRODUCTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015
Transaction ID : SB21B.C001

Amount of Each Disbursement this Period

-29600.97

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

-227507.07

7179002.56

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 76 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 18354.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0057
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 29600.97	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0027
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015
Name of Federal Candidate Chris Christie		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		47954.97	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 06 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 31063.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0056
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2015
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		3088051.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 06 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 56063.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0058
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2015
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		1239000.50	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87126.00
(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.

Charles R Spies
Signature

[Electronically Filed]

Date MM / DD / YYYY
02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 06 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 141843.10	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0059
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2015
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		242102.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 0.64	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0038
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		10022.74	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		141843.74	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 79 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 0.64	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0052
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 10025.88		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 0.65	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0037
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 10022.75		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1.29	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 80 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 0.65	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0051
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 10025.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 1.63	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0036
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 25056.88		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		2.28	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

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NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 1.63
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Transaction ID : SE24.0050
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 25064.76		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 2.50
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION		Transaction ID : SE24.0044
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 10025.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4.13
(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.

Charles R Spies

[Electronically Filed]

Signature

Date

MM / DD / YYYY
02 / 20 / 2016

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 82 OF 210
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NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 2.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0045
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		10025.24	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 3.24	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0103
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		10058.12	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5.74	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

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NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 3.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0102
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		10058.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 3.80	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0095
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		10054.90	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		7.05	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

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NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016</div>	
Mailing Address 1020 PRINCESS STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.80</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0096
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016</div>
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">10054.88</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2016</div>	
Mailing Address 1020 PRINCESS STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.80</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0114
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2016</div>
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">10061.95</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">7.60</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016</div>	
[Electronically Filed]			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 85 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 3.80	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0115
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		10061.92	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 4.54	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0150
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		10066.46	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		8.34	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

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NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET			Amount 4.55	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0149	
Purpose of Expenditure MEDIA PRODUCTION		Category/Type 	Date of Disbursement or Obligation 01 / 19 / 2016	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 10066.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET			Amount 6.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0043	
Purpose of Expenditure MEDIA PRODUCTION		Category/Type 	Date of Disbursement or Obligation 01 / 06 / 2016	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 25063.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies

[Electronically Filed]

Signature

Date

02 / 20 / 2016

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 87 OF 210
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NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 6.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0035
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 100227.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 6.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0049
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 100259.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		13.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 88 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ C C00571372		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 8.13		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0101
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016		
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		25145.40	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 9.50		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0094
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016		
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		25137.27	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			17.63		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 9.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0113
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		25154.90	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 9.75	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0034
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		1182890.25	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19.25
(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.

Charles R Spies
Signature

[Electronically Filed]

Date MM / DD / YYYY
02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 90 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 9.75
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE	Category/Type	Transaction ID : SE24.0048 Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Jeb Bush	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 1182937.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 11.38
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0148 Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
Name of Federal Candidate Jeb Bush	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 25166.28		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21.13
(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.

Charles R Spies

[Electronically Filed]

Date

MM / DD / YYYY
02 / 20 / 2016

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 91 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ C C00571372		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 05 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 21.45		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0032		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation 01 / 06 / 2016		
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		3049384.77	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 05 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 21.45		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0046		
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Category/ Type 	Date of Disbursement or Obligation 01 / 06 / 2016		
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		3049488.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Charles R Spies		[Electronically Filed]		Date 02 / 20 / 2016	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 92 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET			Amount 22.10	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0015	
Purpose of Expenditure MEDIA PRODUCTION		Category/Type 	Date of Disbursement or Obligation 01 / 05 / 2016	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 10022.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET			Amount 22.10	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0016	
Purpose of Expenditure MEDIA PRODUCTION		Category/Type 	Date of Disbursement or Obligation 01 / 05 / 2016	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 10022.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44.20
(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.

Charles R Spies

[Electronically Filed]

Signature

Date

02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 93 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ C C00571372		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 24.38		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0033
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016		
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		5011062.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 24.38		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0047
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016		
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		5011180.99	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.76		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 94 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 25.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0042 Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 07 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 25.20
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0073 Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50.20
(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.

Charles R Spies

[Electronically Filed]

Date

MM / DD / YYYY
02 / 20 / 2016

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 95 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">25.20</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0074
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">10051.08</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">32.50</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0100
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">242424.63</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">57.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 96 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016</div>	
Mailing Address 1020 PRINCESS STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">37.50</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0041 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016</div>
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1182927.75</div>			
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016</div>	
Mailing Address 1020 PRINCESS STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">38.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0093 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016</div>
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">242392.13</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">75.50</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 97 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 38.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0112 Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 270841.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 45.50
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0147 Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 273153.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	83.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies

[Electronically Filed]

Signature

Date

MM / DD / YYYY
02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 98 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 48.75	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0099
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		1444959.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 55.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0014
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		25055.25	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		104.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 99 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 57.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0092 Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 1444911.23		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 57.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0111 Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 1445016.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	114.00
(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.

Charles R Spies

[Electronically Filed]

Date

MM / DD / YYYY
02 / 20 / 2016

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 100 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination 01 / 07 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 63.01	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0072
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 	Date of Disbursement or Obligation 01 / 07 / 2016	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 25127.77		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 68.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0146
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 	Date of Disbursement or Obligation 01 / 19 / 2016	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 1546615.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	131.26
(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.

Charles R Spies

[Electronically Filed]

Signature

Date

02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 101 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ C C00571372		
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			MM / DD / YYYY		
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016			
Mailing Address 1020 PRINCESS STREET		Amount 82.50			
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0039		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016		
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		3049467.27	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016			
Mailing Address 1020 PRINCESS STREET		Amount 93.75			
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0040		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016		
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		5011156.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		176.25			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>		[Electronically Filed]		Date MM / DD / YYYY 02 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 102 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">107.25</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0097
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">3197871.07</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">108.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0198
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 06 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">378192.23</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">215.25</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 125.40	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0090
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016	
Name of Federal Candidate Marco Rubio	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought	3197763.82		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	247.28
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 104 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 13 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 125.40	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0116
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2016	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3197996.47		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 27 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 126.67	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0231
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2016	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3725685.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	252.07
(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.

Charles R Spies

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y
02 / 20 / 2016

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 105 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 28 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">126.67</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0248
Purpose of Expenditure MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</div>	
Name of Federal Candidate Marco Rubio			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>		
Mailing Address 1850 M STREET NW, SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">132.19</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0223
Purpose of Expenditure MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</div>	
Name of Federal Candidate John Kasich			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">258.86</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 106 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 28 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">132.19</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0257
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 29 / 2016</div>	
Name of Federal Candidate John Kasich			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6392698.75</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">142.50</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0091
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5299362.63</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">274.69</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 150.15	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0133
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016	
Name of Federal Candidate Jeb Bush	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought	3313778.14		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....		292.65
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 108 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 151.66	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0132
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE RUBIO, CHRISTIE AND KASICH		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3313627.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 151.67	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0153
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 5635822.03		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		303.33	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 109 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 151.67	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0154
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 1546546.86		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 170.63	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0145
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 5635992.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		322.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 110 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">190.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0165
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3381120.43</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">190.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0183
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2125137.35</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">380.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 111 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 201.70	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0196
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		10268.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 201.70	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0197
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		10268.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		403.40	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 112 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">221.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0013
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">100221.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">252.03</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0071
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">242354.13</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">473.03</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Charles R Spies			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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 REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 311.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0184
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		3421941.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 311.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0185
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		5940247.94	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	622.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles R Spies
Signature

[Electronically Filed]

Date MM / DD / YYYY
02 / 20 / 2016

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 114 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 23 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 325.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0208
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 25 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3515257.71		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 331.50	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0012
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 150331.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		656.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 115 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">378.04</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0070
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1249162.04</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">420.89</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0207
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>	
Name of Federal Candidate John Kasich			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5980453.16</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">798.93</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 116 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ C C00571372		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 29 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 443.33		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0261		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation 01 / 27 / 2016		
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		6643428.04	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 26 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount 443.34		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0229		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation 01 / 27 / 2016		
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		3718215.80	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			886.67		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>		[Electronically Filed]		Date 02 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 117 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 479.26	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0245
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		549784.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 479.26	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0246
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		2423967.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		958.52	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 118 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">479.27</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0236
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">6209829.58</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">504.25</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0195
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">25670.53</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">983.52</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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ITEMIZED INDEPENDENT EXPENDITURESPAGE 119 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 28 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">516.72</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0253
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 29 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3737018.20</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 28 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">516.72</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0254
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 29 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6391993.59</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1033.44</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 120 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 25 / 2016		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 518.18		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0227
Purpose of Expenditure MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 27 / 2016	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 540434.83			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 28 / 2016		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 572.97		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0255
Purpose of Expenditure MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 29 / 2016	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 3737591.17			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 1091.15		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 20 / 2016		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 121 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 572.97
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0256 Date of Disbursement or Obligation MM / DD / YYYY 01 / 29 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 6392566.56		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 11 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 600.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0089 Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3197638.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1172.97
(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.

Charles R Spies

[Electronically Filed]

Signature

Date

MM / DD / YYYY
02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 122 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 04 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">681.48</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0009 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 04 / 2016
Purpose of Expenditure POSTCARD PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">377255.48</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 22 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">725.70</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0200 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 22 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">5980032.27</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1407.18</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 20 / 2016	
<i>[Electronically Filed]</i>			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 123 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 729.30	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0010
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 330729.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 823.33	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0131
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3313476.33		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1552.63	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 124 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET			Amount 823.33	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0142	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation 01 / 19 / 2016	
Name of Federal Candidate Marco Rubio			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought 1546395.19			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination 01 / 15 / 2016	
Mailing Address 1020 PRINCESS STREET			Amount 823.34	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0141	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation 01 / 19 / 2016	
Name of Federal Candidate Marco Rubio			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 5635670.36			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1646.67
(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.

Charles R Spies

[Electronically Filed]

Signature

Date

02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 125 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 828.75	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0011
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		378084.23	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 07 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 831.68	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0068
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		3125959.56	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1660.43	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 126 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 16 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 898.48	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0138
Purpose of Expenditure PRINTING		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		3314676.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 925.31	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0031
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE KASICH AND CHRISTIE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 07 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		5011038.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1823.79	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 127 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">945.09</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0069
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5160441.75</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 16 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">950.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0151
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1547565.11</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1895.09</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 128 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 21 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1081.87</div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0190 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate John Kasich		<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u></div></div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5969612.14</div>			
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 27 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1088.30</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0233 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 27 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u></div></div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">6128776.09</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2170.17</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 129 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">21</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1144.21</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0178 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">20</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>
Purpose of Expenditure PRINTING		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">5909511.69</div>			
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">19</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	
Mailing Address 1020 PRINCESS STREET		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1255.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0157 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">19</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">274408.62</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">2399.21</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border-bottom: 1px solid black; width: 100%;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">20</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
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		MM / DD / YYYY

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 25 / 2016
Mailing Address 1850 M STREET NW, SUITE 235		Amount 1394.08
City WASHINGTON	State DC	Zip Code 20036
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0241 Date of Disbursement or Obligation MM / DD / YYYY 01 / 29 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 6311740.95		

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2016
Mailing Address 1850 M STREET NW SUITE 235		Amount 1454.06
City WASHINGTON	State DC	Zip Code 20036
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0187 Date of Disbursement or Obligation MM / DD / YYYY 01 / 25 / 2016
Name of Federal Candidate John Kasich		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 5960736.83		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2848.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies

[Electronically Filed]

Date

MM / DD / YYYY
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 131 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1574.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0008
Purpose of Expenditure BILLBOARD PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">376574.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee EASTPOINT STRATEGIES, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 26 / 2016</div>		
Mailing Address PO BOX 3726			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1750.00</div>		
City MANCHESTER		State NH	Zip Code 03105		Transaction ID : SE24.0226
Purpose of Expenditure PRINTING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6124649.79</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3324.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 132 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 1945.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO AND KASICH		Transaction ID : SE24.0251
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 29 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 3736501.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 1945.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO AND KASICH		Transaction ID : SE24.0252
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 29 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 6391476.87		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3890.00
(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.

Charles R Spies

[Electronically Filed]

Date

MM / DD / YYYY
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 133 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 01 / 28 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 1945.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0262
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO AND KASICH		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y 01 / 29 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 578046.57		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 01 / 28 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 1945.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0263
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO AND KASICH		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y 01 / 29 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2425912.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3890.00
(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.

Charles R Spies

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y
02 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 134 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1978.62</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0175 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5838046.72</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0053 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>
Purpose of Expenditure YARD SIGNS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5013180.99</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3978.62</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 135 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2000.00</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0054
Purpose of Expenditure YARD SIGNS		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3051488.72</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2017.00</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0194
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">491438.69</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">4017.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 136 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 2130.70	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0199
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 2266.22	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0128
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE KASICH AND CHRISTIE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		4396.92	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 137 OF 210
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NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 14 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 2266.23	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0123
Purpose of Expenditure MEDIA PRODUCTION-ALSO OPPOSE KASICH AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3256711.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 22 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 2449.89	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0209
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2193445.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		4716.12	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 138 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 20 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 2500.89	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0181
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2124947.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 20 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 2500.90	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0160
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3345670.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5001.79	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

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NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 06 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 2875.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES RUBIO	Category/Type	Transaction ID : SE24.0060 Date of Disbursement or Obligation MM / DD / YYYY 01 / 08 / 2016
Name of Federal Candidate Jeb Bush	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 5034409.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 3000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0109 Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016
Name of Federal Candidate Marco Rubio	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 5381147.21		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5875.00
(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.

Charles R Spies

[Electronically Filed]

Date

MM / DD / YYYY
02 / 20 / 2016

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 140 OF 210
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NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ C C00571372		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination 01 / 12 / 2016		
Mailing Address 1850 M STREET NW SUITE 235			Amount 3025.49		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0193
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation 01 / 25 / 2016		
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		2128162.84		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination 01 / 27 / 2016		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount 3038.00		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0232
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type 	Date of Disbursement or Obligation 01 / 27 / 2016		
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		6127687.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			6063.49		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>		[Electronically Filed]		Date 02 / 20 / 2016	

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NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3110.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0273
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3110.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 08 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3400.00</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0075
Purpose of Expenditure POSTCARD PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 08 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5163841.75</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">6510.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

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NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 3854.67	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0239
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2016
Name of Federal Candidate John Kasich		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		6223059.37	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 4469.00	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0174
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		5836068.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		8323.67	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 143 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 05 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5500.00</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0055 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 07 / 2016
Purpose of Expenditure DOOR HANGERS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3056988.72</div>			
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 05 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5911.69</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0025 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 04 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE-ALSO OPPOSE KASICH, CHRISTIE AND RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3007841.19</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">11411.69</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 6560.53	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0179
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		3414973.05	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 6656.08	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0191
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		3436390.87	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		13216.61	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 145 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 21 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6657.05</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0180 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 20 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 05 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7325.60</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0024 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 04 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION-ALSO OPPOSE KASICH, CHRISTIE AND RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">13982.65</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 146 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 7343.49	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0230
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Senate State: IA	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		<input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
3725559.29			
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 7343.49	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0247
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Senate State: NH	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		<input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
6389405.20			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		14686.98	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 147 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>			
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 01 / 12 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">7563.73</div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0192 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 01 / 25 / 2016
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
5977175.87			
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 01 / 21 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">7793.43</div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0206 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 01 / 25 / 2016
Purpose of Expenditure MEDIA PRODUCTION - NATIONAL CABLE BUY ON FOX NEWS		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
4159287.93			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">15357.16</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 02 / 20 / 2016	
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 148 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 7793.44	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0205
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 25 / 2016	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 7793.44	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0188
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 25 / 2016	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		15586.88	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 149 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7793.44</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0189
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3429734.79</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 13 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8010.16</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0118
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3214459.25</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">15803.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 150 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 8452.62	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0117
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3206449.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 8583.95	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0108
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 5378147.21		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		17036.57	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 151 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 8870.51	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0244
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES CHRISTIE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
Name of Federal Candidate John Kasich		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		549305.34	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 8870.52	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0237
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSE CHRISTIE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
Name of Federal Candidate John Kasich		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		3734556.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		17741.03	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 152 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 1850 M STREET NW SUITE 235		Amount 9375.12	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE24.0238
Purpose of Expenditure MEDIA PRODUCTION - ALSO OPPOSES TRUMP, CRUZ AND RUBIO		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 6219204.70		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 9588.51	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0260
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 6642984.71		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		18963.63	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 153 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 26 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9588.52</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0228
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3717772.46</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9783.50</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0065
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3125127.88</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">19372.02</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 154 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 07 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 9783.50
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0066 Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 07 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 9783.50
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION FOR NATIONAL CABLE BUY ON FOX NEWS	Category/Type	Transaction ID : SE24.0067 Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	19567.00
(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.

Charles R Spies

[Electronically Filed]

Date

MM / DD / YYYY
02 / 20 / 2016

Signature

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 10000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0007
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2016	
Name of Federal Candidate Jeb Bush	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

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

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 156 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination 01 / 11 / 2016
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 10965.32
City ALPHARETTA	State GA	Zip Code 30022
Purpose of Expenditure DIRECT MAIL PRODUCTION	Category/ Type 	Transaction ID : SE24.0082 Date of Disbursement or Obligation 01 / 07 / 2016
Name of Federal Candidate Marco Rubio	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3170575.27		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination 01 / 05 / 2016
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 11384.58
City ALPHARETTA	State GA	Zip Code 30022
Purpose of Expenditure DIRECT MAIL PRODUCTION-ALSO OPPOSE KASICH, CHRISTIE AND RUBIO	Category/ Type 	Transaction ID : SE24.0022 Date of Disbursement or Obligation 01 / 04 / 2016
Name of Federal Candidate Jeb Bush	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 4927254.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22349.90
(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.

Charles R Spies

[Electronically Filed]

Date

02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 157 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 11550.83	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0218
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES KASICH, CHRISTIE, RUBIO AND TRUMP		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3650808.54		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 11933.30	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0249
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 561717.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		23484.13	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 158 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11939.87</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0172
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES KASICH		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Chris Christie			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3393060.30</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11940.10</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0063
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>	
Name of Federal Candidate Chris Christie			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3099991.82</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">23879.97</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 159 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 05 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12535.02</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0023 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 04 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE-ALSO OPPOSE KASICH, CHRISTIE AND RUBIO		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4939789.98</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12794.89</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0126 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 14 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3269506.49</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">25329.91</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 160 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12797.71</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0130 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
3312653.00			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12798.01</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0220 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
3677566.36			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">25595.72</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 161 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 11 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12862.15</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0083
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3183437.42</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13102.24</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0104
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">255526.87</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">25964.39</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 162 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13140.10</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0155
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Chris Christie			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3327816.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 11 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13601.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0086
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3197038.42</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">26741.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 163 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 11 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 13601.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0087
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
1444854.23			
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 11 / 2016	
Mailing Address 1020 PRINCESS STREET		Amount 13601.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0088
Purpose of Expenditure MEDIA PRODUCTION FOR NATIONAL CABLE BUY ON FOX NEWS	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
4151494.50			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		27202.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Charles R Spies		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 164 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 19 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13922.18</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0161 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 19 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">474346.80</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 25 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13959.81</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0219 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 25 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3664768.35</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">27881.99</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 165 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 14077.74	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0202
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		3514932.71	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 14383.67	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0250
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		576101.57	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		28461.41	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 166 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14402.12</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0129 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 13 / 2016</div>	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14772.15</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0120 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">29174.27</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 167 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15074.89</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0162 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016</div>
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">489421.69</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 26 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15151.27</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0225 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016</div>
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3708183.94</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">30226.16</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 168 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 13 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15248.70</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0119
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5396538.41</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15277.03</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0105
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">270803.90</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">30525.73</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 169 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15352.22</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0173
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES KASICH		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Chris Christie			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3408412.52</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15352.46</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0156
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Chris Christie			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3343169.18</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">30704.68</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 170 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 07 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15352.56</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0064 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 07 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Chris Christie		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 26 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15466.31</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0224 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">30818.87</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Charles R Spies		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 171 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 15946.68	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0127
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		3285453.17	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 16501.00	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0171
Purpose of Expenditure YARD SIGNS		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		5831599.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		32447.68	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 172 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 08 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">16608.77</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0077 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 07 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">3159609.95</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 20 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">16688.90</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0163 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 19 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES TRUMP		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>	
Name of Federal Candidate Ted Cruz		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">3362358.98</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">33297.67</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <div style="border-top: 1px solid black; width: 100%;"></div>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 20 / 2016	

Charles R Spies

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Date

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 173 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 08 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 17041.62	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0076
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		3143001.18	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 20 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 18571.45	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0164
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES TRUMP		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
Name of Federal Candidate Ted Cruz		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		3380930.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		35613.07	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 174 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19034.83</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE24.0186
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</div>	
Name of Federal Candidate John Kasich			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5959282.77</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 23 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19943.20</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0215
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">511381.89</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">38978.03</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 175 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19967.22</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0121 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2016</div>
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3234426.47</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20018.90</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0122 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2016</div>
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3254445.37</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">39986.12</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016</div>	
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 176 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20406.22</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0030
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>	
Name of Federal Candidate Marco Rubio			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3049363.32</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21115.91</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0029
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>	
Name of Federal Candidate Marco Rubio			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3028957.10</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">41522.13</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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ITEMIZED INDEPENDENT EXPENDITURESPAGE 177 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
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		MM / DD / YYYY

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 16 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 24508.52
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE24.0152 Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 1572073.63		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016
Mailing Address 1020 PRINCESS STREET		Amount 25000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT	Category/Type	Transaction ID : SE24.0005 Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2016
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 25000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49508.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles R Spies

[Electronically Filed]

Date

MM / DD / YYYY
02 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 178 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount 25762.53	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0203
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2153925.37		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 23 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 26681.07	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0213
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 6007134.23		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		52443.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 179 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 23 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28534.76</div>		
City DES MOINES		State IA	Zip Code 50312		
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Transaction ID : SE24.0216 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">539916.65</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29276.60</div>		
City ALPHARETTA		State GA	Zip Code 30022		
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Transaction ID : SE24.0204 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2183201.97</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">57811.36</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature <div style="border-bottom: 1px solid black; margin-top: 5px; width: 100%;"></div> <i>Charles R Spies</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div></div></div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 180 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 11 / 2016		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border-bottom: 1px solid black; width: 100%;"></div> 29350.59		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0080
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 07 / 2016	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 100%;"></div> 5258491.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 12 / 2016		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border-bottom: 1px solid black; width: 100%;"></div> 29350.97		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0106
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 12 / 2016	
Name of Federal Candidate Chris Christie			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 100%;"></div> 5328835.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border-bottom: 1px solid black; width: 100%;"></div> 58701.56
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border-bottom: 1px solid black; width: 100%;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border-bottom: 1px solid black; width: 100%;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 20 / 2016		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 181 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29600.78</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0176 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016</div>
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES KASICH		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Chris Christie		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5867647.50</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2016</div>	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29600.78</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0242 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2016</div>
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">6341341.73</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">59201.56</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 182 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 21 / 2016	
Mailing Address PO BOX 2484		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30425.00</div>	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0182
Purpose of Expenditure PRINTING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 21 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 08 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30984.00</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0078
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 07 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">61409.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 183 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">31137.47</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0139
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5594119.77</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">33300.09</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0234
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</div>	
Name of Federal Candidate John Kasich			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6162076.18</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">64437.56</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 184 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 14 / 2016		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 34211.07		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0124
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 14 / 2016	
Name of Federal Candidate John Kasich			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 5445471.63			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 23 / 2016		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 34312.34		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0214
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 25 / 2016	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 6041446.57			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 68523.41		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 20 / 2016		
<i>[Electronically Filed]</i>					

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 185 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 08 / 2016</div>		
Mailing Address 95 EDDY RD. SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34315.27</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0079
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5229141.02</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34842.14</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0221
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>	
Name of Federal Candidate John Kasich			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">6076288.71</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">69157.41</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 186 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 29 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35293.35</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0264 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 29 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">6678721.39</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">36055.11</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0134 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 14 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5522254.52</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">71348.46</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 187 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">38757.12</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0169
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>	
Name of Federal Candidate John Kasich			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5768617.46</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 21 / 2016</div>		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40719.98</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0177
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES KASICH		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>	
Name of Federal Candidate Chris Christie			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5908367.48</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">79477.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 188 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 28 / 2016</div>		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40719.98</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0243
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6382061.71</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40722.22</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0028
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>	
Name of Federal Candidate Chris Christie			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5010113.17</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">81442.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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ITEMIZED INDEPENDENT EXPENDITURESPAGE 189 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 95 EDDY RD. SUITE 101		Amount 40727.25	
City MANCHESTER	State NH	Zip Code 03102	Transaction ID : SE24.0140
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 15 / 2016	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 95 EDDY RD SUITE 101		Amount 40727.78	
City MANCHESTER	State NH	Zip Code 03102	Transaction ID : SE24.0107
Purpose of Expenditure DIRECT MAIL POSTAGE	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016	
Name of Federal Candidate Chris Christie		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		81455.03	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 190 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>		
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 14 / 2016</div>		
Mailing Address 95 EDDY RD. SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40727.78</div>		
City MANCHESTER		State NH	Zip Code 03102		
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Transaction ID : SE24.0125 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 14 / 2016</div>	
Name of Federal Candidate John Kasich			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 15 / 2016</div>		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40727.78</div>		
City MANCHESTER		State NH	Zip Code 03102		
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES RUBIO, KASICH AND CHRISTIE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Transaction ID : SE24.0135 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 14 / 2016</div>	
Name of Federal Candidate Jeb Bush			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">81455.56</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 191 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 01 / 11 / 2016		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">40728.52</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0081
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 01 / 07 / 2016	
Name of Federal Candidate Marco Rubio			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">5299220.13</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 01 / 15 / 2016		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">42329.23</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0136
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 01 / 07 / 2016	
Name of Federal Candidate Marco Rubio			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1487346.21</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">83057.75</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 02 / 20 / 2016		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 192 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 29 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">42465.73</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0259 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 22 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 22 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45327.11</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0211 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">87792.84</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 193 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016	
Mailing Address 95 EDDY RD. SUITE 101		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46478.89</div>	
City MANCHESTER	State NH	Zip Code 03102	Transaction ID : SE24.0222 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate John Kasich		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">6122767.60</div>			
Full Name of Payee THE STONERIDGE GROUP, LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 21 / 2016	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46480.64</div>	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SE24.0170 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 20 / 2016
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate John Kasich		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5815098.10</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">92959.53</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 194 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 29 / 2016		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46489.75</div>		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0265
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 29 / 2016	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6725211.14</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 27 / 2016		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">47274.13</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0235
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 27 / 2016	
Name of Federal Candidate John Kasich			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6209350.31</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">93763.88</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 195 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">52513.31</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0166
Purpose of Expenditure DIRECT MAIL PRODUCTION-ALSO OPPOSE KASICH, CHRISTIE AND RUBIO			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 14 / 2016</div>
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2062586.94</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">54552.14</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0061
Purpose of Expenditure DIRECT MAIL PRODUCTION			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5088962.13</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">107065.45</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Charles R Spies			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 196 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">58225.65</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0137
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 07 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1545571.86</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 22 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">59291.26</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0212
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2423488.67</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">117516.91</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Charles R Spies			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 197 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 20 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 59859.52	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0167
Purpose of Expenditure DIRECT MAIL POSTAGE - ALSO OPPOSE KASICH, CHRISTIE AND RUBIO		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 14 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 22 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount 64464.10	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0201
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 22 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		124323.62	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Charles R Spies		Date MM / DD / YYYY 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 198 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee SPECTRUM MARKETING COMPANIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 07 / 2016		
Mailing Address 95 EDDY RD SUITE 101			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 70534.53		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : SE24.0062
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 05 / 2016	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 11 / 2016		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 78137.33		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0084
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 05 / 2016	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 148671.86		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 20 / 2016		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 199 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2016	
Mailing Address PO BOX 2484		Amount 87287.50	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0240
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE TRUMP, CRUZ AND RUBIO		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 6310346.87		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2016	
Mailing Address PO BOX 2484		Amount 92874.60	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0017
Purpose of Expenditure MEDIA PLACEMENT		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 423603.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		180162.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 200 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">93867.68</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0168
Purpose of Expenditure PRINTING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5729860.34</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0004
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">193867.68</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 201 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee REDWAVE COMMUNICATIONS LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 11 / 2016</div>		
Mailing Address 4019 INGERSOLL AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">103953.86</div>		
City DES MOINES		State IA	Zip Code 50312		Transaction ID : SE24.0085
Purpose of Expenditure DIRECT MAIL POSTAGE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>	
Name of Federal Candidate Marco Rubio			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1431253.23</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee THE STONERIDGE GROUP, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>		
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">124000.00</div>		
City ALPHARETTA		State GA	Zip Code 30022		Transaction ID : SE24.0217
Purpose of Expenditure DIRECT MAIL PRODUCTION - ALSO OPPOSES KASICH, CHRISTIE, RUBIO AND TRUMP		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 15 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3639257.71</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">227953.86</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Charles R Spies			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 202 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee OATH STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">22</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2016</div>		
Mailing Address PO BOX 2484			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 125425.00		
City SPRINGFIELD		State VA	Zip Code 22152		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Transaction ID : SE24.0210 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">21</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2318870.30			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 150000.00		
City ALEXANDRIA		State VA	Zip Code 22314		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Transaction ID : SE24.0003 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 150000.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 275425.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature <i>Charles R Spies</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">20</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2016</div></div></div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 203 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 19 / 2016	
Mailing Address PO BOX 2484		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">186016.00</div>	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0159 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">460424.62</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Full Name of Payee REDWAVE COMMUNICATIONS LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 29 / 2016	
Mailing Address 4019 INGERSOLL AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">198231.72</div>	
City DES MOINES	State IA	Zip Code 50312	Transaction ID : SE24.0258 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 22 / 2016
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">6590930.47</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">384247.72</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 204 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee OATH STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 19 / 2016</div>		
Mailing Address PO BOX 2484			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">203200.00</div>		
City SPRINGFIELD		State VA	Zip Code 22152		Transaction ID : SE24.0270
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">11983382.58</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee REVOLUTION AGENCY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>		
Mailing Address 1020 PRINCESS STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">330000.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.0001
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">330000.00</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">533200.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
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Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 205 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee REVOLUTION AGENCY		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2016</div>	
Mailing Address 1020 PRINCESS STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">375000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0002 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2016</div>
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">375000.00</div>			
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016</div>	
Mailing Address PO BOX 2484		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">438000.00</div>	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0158 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016</div>
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Jeb Bush		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2010073.63</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">813000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016</div>	
[Electronically Filed]			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 206 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 26 / 2016	
Mailing Address PO BOX 2484		Amount 490862.00	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0272
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016	
Mailing Address PO BOX 2484		Amount 523916.00	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0268
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1014778.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 207 OF 210
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NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2016	
Mailing Address PO BOX 2484		Amount 1032549.00	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0019
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 1182880.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 26 / 2016	
Mailing Address PO BOX 2484		Amount 1866948.00	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0271
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES TRUMP, CRUZ & RUBIO		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 13850330.58		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		2899497.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 208 OF 210
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NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016	
Mailing Address PO BOX 2484		Amount 1905898.00	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0269
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO AND KASICH		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 11780182.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 18 / 2016	
Mailing Address PO BOX 2484		Amount 2200000.00	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0267
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO, NATIONAL CABLE BUY ON FOX NEWS CHANNELS		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 7160930.68		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		4105898.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 209 OF 210
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00571372</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee OATH STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 18 / 2016</div>		
Mailing Address PO BOX 2484			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2465125.40</div>		
City SPRINGFIELD		State VA	Zip Code 22152		Transaction ID : SE24.0266
Purpose of Expenditure MEDIA PLACEMENT - ALSO OPPOSES RUBIO		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">6202716.57</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee OATH STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 05 / 2016</div>		
Mailing Address PO BOX 2484			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2571000.00</div>		
City SPRINGFIELD		State VA	Zip Code 22152		Transaction ID : SE24.0020
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 04 / 2016</div>	
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2994603.90</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5036125.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R Spies</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>		
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ITEMIZED INDEPENDENT EXPENDITURESPAGE 210 OF 210
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NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
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		MM / DD / YYYY	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address PO BOX 2484		Amount 4125000.00	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0021
Purpose of Expenditure MEDIA PLACEMENT FOR NATIONAL BUY ON FOX NEWS- ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4128110.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee OATH STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016	
Mailing Address PO BOX 2484		Amount 4537678.15	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE24.0018
Purpose of Expenditure MEDIA PLACEMENT-ALSO OPPOSE KASICH, RUBIO AND CHRISTIE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2016
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 4915870.38		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		8662678.15	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		27328256.03	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Charles R Spies</i>		Date MM / DD / YYYY 02 / 20 / 2016	
[Electronically Filed]			