

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Our Principles PAC			FEC IDENTIFICATION NUMBER ▼ C C00603621		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" 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 DDC Advocacy			Date of Public Distribution/Dissemination 01 / 26 / 2016		
Mailing Address 805 15th Street, N.W. Suite 300			Amount 28093.86		
City Washington State DC Zip Code 20005		Transaction ID : SE.4149 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Direct mail services		Category/Type 			
Name of Federal Candidate Donald J. Trump			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <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 338550.15			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee GCW Media Services			Date of Public Distribution/Dissemination 01 / 26 / 2016		
Mailing Address 1215 K Street Suite 2260			Amount 1062335.00		
City Sacramento State CA Zip Code 95814		Transaction ID : SE.4164 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Media placement		Category/Type 			
Name of Federal Candidate Donald J. Trump			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <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 1444710.15			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1090428.86		
(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 <u>Jamie Jodoin</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 27 / 2016		

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GCW Media Services		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 1215 K Street Suite 2260		Amount 11612.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : SE.4168
Purpose of Expenditure Media placement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		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 SPL Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 107 S. West Street, #461		Amount 43825.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4165
Purpose of Expenditure Media production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		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..... ▶	55437.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1145865.86

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Jamie Jodoin

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 27 / 2016