

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Our Principles PAC			FEC IDENTIFICATION NUMBER ▼ C C00603621		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on					
Full Name of Payee DDC Advocacy			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2016		
Mailing Address 805 15th Street, N.W. Suite 300			Amount 44944.64		
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4129 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Direct mail services		Category/ Type	MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		206102.28	Disbursement For: ☒ Primary ☐ General 2016 ☐ Other (specify) ▶		
Full Name of Payee DDC Advocacy			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2016		
Mailing Address 805 15th Street, N.W. Suite 300			Amount 36048.28		
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4135 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Digital advertising-National distribution		Category/ Type	MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		48548.28	Disbursement For: ☒ Primary ☐ General 2016 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80992.92		
(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>Jamie Jodoin</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 22 / 2016	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Full Name of Payee DDC Advocacy			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2016		
Mailing Address 805 15th Street, N.W. Suite 300			Amount 12500.00		
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4143		
Purpose of Expenditure Website-National distribution		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		12500.00	Disbursement For: ☒ Primary ☐ General 2016 ☐ Other (specify) ▶		

Full Name of Payee GCW Media Services			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2016		
Mailing Address 1215 K Street Suite 2260			Amount 88388.00		
City Sacramento	State CA	Zip Code 95814	Transaction ID : SE.4125		
Purpose of Expenditure Media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		133332.64	Disbursement For: ☒ Primary ☐ General 2016 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100888.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Jamie Jodoin

[Electronically Filed]

Date

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01 / 22 / 2016

Signature

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Full Name of Payee SPL Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2016	
Mailing Address 107 S. West Street, #461		Amount 27825.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4126
Purpose of Expenditure Media production	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2016 ☐ Other (specify) ▶	
		161157.64	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27825.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	209705.92

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Jamie Jodoin

[Electronically Filed]

Date

MM / DD / YYYY
01 / 22 / 2016

Signature