

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

Our Principles PAC

ADDRESS (number and street) P. O. Box 25046

Check if different than previously reported. (ACC) Alexandria VA 22313

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

C C00603621

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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

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

Election on [MM] / [DD] / [YYYY] in the State of []

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

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 02 / 01 / 2016 through [MM] / [DD] / [YYYY] 02 / 29 / 2016

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

Type or Print Name of Treasurer Jamie Jodoin

Signature of Treasurer Jamie Jodoin [Electronically Filed] Date 03 / 20 / 2016

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Our Principles PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="546269.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4775768.99"/>	<input type="text" value="7783943.99"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5322038.16"/>	<input type="text" value="7783943.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2032175.65"/>	<input type="text" value="4494081.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3289862.51"/>	<input type="text" value="3289862.51"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

Our Principles PAC

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

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).....	4768800.00	7776550.00
(ii) Unitemized	6968.99	7393.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4775768.99	7783943.99
(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)	4775768.99	7783943.99
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4775768.99	7783943.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4775768.99	7783943.99

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	61707.04	113089.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	61707.04	113089.04
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)	1970468.61	4380992.44
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)) ..	2032175.65	4494081.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2032175.65	4494081.48

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)	4775768.99	7783943.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4775768.99	7783943.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	61707.04	113089.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	61707.04	113089.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
Our Principles PAC

Full Name (Last, First, Middle Initial)
A. Mark Cary

Mailing Address 1211 Montgomery Avenue

City Wynnewood State PA Zip Code 19096

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

Name of Employer n/a Occupation consultant

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
 02 / 24 / 2016

Transaction ID : SA11AI.4546

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Armeane Choksi

Mailing Address 2340 Kalorama Road, N.W.

City Washington State DC Zip Code 20008

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

Name of Employer n/a Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Darlene Coong

Mailing Address 365 Cedar Swamp Road

City Monson State MA Zip Code 01057

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

Name of Employer Pfizer Occupation manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Our Principles PAC

A. Harlan Crow
Full Name (Last, First, Middle Initial)
Mailing Address 3819 Maple Avenue
City Dallas State TX Zip Code 75219
FEC ID number of contributing federal political committee. **C**
Name of Employer Crow Holdings Occupation investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 100000.00

Date of Receipt 02 / 22 / 2016
Transaction ID : SA11AI.4479
Amount of Each Receipt this Period 100000.00
 Memo Item

B. Paul Delaney
Full Name (Last, First, Middle Initial)
Mailing Address 2899 N. Garrett Lane
City Flagstaff State AZ Zip Code 86001
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation retired
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 02 / 23 / 2016
Transaction ID : SA11AI.4536
Amount of Each Receipt this Period 5000.00
 Memo Item

C. Bruce Gulliver
Full Name (Last, First, Middle Initial)
Mailing Address 10260 S.W. Greenburg Road, #400
City Portland State OR Zip Code 97223
FEC ID number of contributing federal political committee. **C**
Name of Employer Jefferson Research Occupation investments
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 25 / 2016
Transaction ID : SA11AI.4580
Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **105250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Our Principles PAC

Full Name (Last, First, Middle Initial)
A. John Hersker

Mailing Address 69 Public Square, #1204

City State Zip Code
Wilkes Barre PA 18701

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

Name of Employer Occupation
self-employed movie executive

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
02 / 27 / 2016

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Stanley Hubbard

Mailing Address 3415 University Avenue, W.

City State Zip Code
Saint Paul MN 55114

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

Name of Employer Occupation
Hubbard Broadcasting, Inc. chairman

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
02 / 26 / 2016

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period
10000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Michael Luby

Mailing Address 801 Antietam Drive

City State Zip Code
Davidsonville MD 21035

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

Name of Employer Occupation
Ellumen, Inc. Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : SA11AI.4528

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	11500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Our Principles PAC

A. Michael Ludden
Full Name (Last, First, Middle Initial)

Mailing Address 1886 Woodland Hills Avenue, N.W.

City Atlanta	State GA	Zip Code 30318
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FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation writer
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period
250.00

Memo Item

B. Bill Oberndorf
Full Name (Last, First, Middle Initial)

Mailing Address 101 Walnut Street

City San Francisco	State CA	Zip Code 94118
-----------------------	-------------	-------------------

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

Name of Employer Oberndorf Enterprises, LLC	Occupation owner
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500000.00

Date of Receipt

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

Transaction ID : SA11AI.4599

Amount of Each Receipt this Period
500000.00

Memo Item

C. Thomas Rastin
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 243

City Mount Vernon	State OH	Zip Code 43050
----------------------	-------------	-------------------

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

Name of Employer Ariel Corporation	Occupation vice president
---------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

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

Transaction ID : SA11AI.4601

Amount of Each Receipt this Period
50000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Our Principles PAC

A. J. Joe Ricketts
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 Upper Hoback Road
 City Little Jackson Hole State WY Zip Code 82922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation entrepreneur
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000000.00**

Date of Receipt **02 / 29 / 2016**
Transaction ID : SA11AI.4724
 Amount of Each Receipt this Period **1000000.00**
 Memo Item

B. Marlene Ricketts
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 31519
 City Omaha State NE Zip Code 68131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4000000.00**

Date of Receipt **02 / 12 / 2016**
Transaction ID : SA11AI.4369
 Amount of Each Receipt this Period **1000000.00**
 Memo Item

C. Paul Singer
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 W. 57th Street, FL 30
 City New York State NY Zip Code 10019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elliott Management Corp. Occupation c.e.o.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000000.00**

Date of Receipt **02 / 29 / 2016**
Transaction ID : SA11AI.4643
 Amount of Each Receipt this Period **1000000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000000.00
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 11 OF 40
(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)
Our Principles PAC

A. Warren A. Stephens
Full Name (Last, First, Middle Initial)
Mailing Address 111 Center Street
City Little Rock State AR Zip Code 72201
FEC ID number of contributing federal political committee. **C**
Name of Employer Stephens, Inc. Occupation chairman, president and ceo
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000000.00

Date of Receipt 02 / 25 / 2016
Transaction ID : SA11AI.4511
Amount of Each Receipt this Period 1000000.00
 Memo Item

B. James E. Stephenson
Full Name (Last, First, Middle Initial)
Mailing Address 330 Lee Industrial Blvd.
City Austell State GA Zip Code 30168
FEC ID number of contributing federal political committee. **C**
Name of Employer Yancey Bros. Co., Inc. Occupation chairman and c.e.o.
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 100000.00

Date of Receipt 02 / 25 / 2016
Transaction ID : SA11AI.4509
Amount of Each Receipt this Period 100000.00
 Memo Item

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

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100000.00
TOTAL This Period (last page this line number only).....	4768800.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Principles PAC

Full Name (Last, First, Middle Initial)

A. CRC Public Relations

Mailing Address 2760 Eisenhower Avenue
4th Floor

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Public relations consulting/non-candidate

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2016

Transaction ID : **SB21B.4607**

Amount of Each Disbursement this Period

12500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dashboard Light Communications

Mailing Address 300 Madison Street
Unit 223

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Political strategy consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : **SB21B.4508**

Amount of Each Disbursement this Period

40000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DDC Advocacy

Mailing Address 805 15th Street, N.W.
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : **SB21B.4447**

Amount of Each Disbursement this Period

916.00

Memo Item

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

53416.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Principles PAC

Full Name (Last, First, Middle Initial)

A. eDonations.com

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Online fundraising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : SB21B.4324

Amount of Each Disbursement this Period

1033.41

Memo Item

Full Name (Last, First, Middle Initial)

B. Kathryn Gage

Mailing Address 312 Third Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : SB21B.4484

Amount of Each Disbursement this Period

6157.63

Memo Item

Full Name (Last, First, Middle Initial)

C. National Car Rental

Mailing Address 5800 Fleur Drive

City Des Moines State IA Zip Code 50321

Purpose of Disbursement
transportation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : SB21B.4484.0

Amount of Each Disbursement this Period

654.65

Memo Item

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

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

7191.04

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

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

FOR LINE NUMBER:
(check only one)

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

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)
Our Principles PAC

Full Name (Last, First, Middle Initial)

A. Hampton Inn & Suites

Mailing Address 120 S.W. Water Street

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : **SB21B.4484.1**

Amount of Each Disbursement this Period

4080.78

Memo Item

Full Name (Last, First, Middle Initial)

B. Delta Air Lines

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
transportation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : **SB21B.4484.2**

Amount of Each Disbursement this Period

1422.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Portik Illustration & Design

Mailing Address 2165 Chain Bridge Road

City Vienna State VA Zip Code 22182

Purpose of Disbursement
Graphic design/non-candidate

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2016

Transaction ID : **SB21B.4403**

Amount of Each Disbursement this Period

1100.00

Memo Item

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

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

1100.00

61707.04

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Our Principles PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions	Nature of Debt (Purpose): Voter contact-email
Mailing Address 117 N. St. Asaph Street	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 2800.00	Transaction ID : SD10.4271	
Amount Incurred This Period 0.00	Payment This Period 2800.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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: Campaign Solutions
Mailing Address: 117 N. St. Asaph Street
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Voter contact-email
Category/Type:
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Disbursement For: Primary
Amount: 2800.00
Transaction ID: SE.4272
Date of Disbursement or Obligation: 02/01/2016
Calendar Year-To-Date Per Election for Office Sought: 1854206.19

Full Name of Payee: Campaign Solutions
Mailing Address: 117 N. St. Asaph Street
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Voter contact-email
Category/Type:
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Disbursement For: Primary
Amount: 5136.00
Transaction ID: SE.4329
Date of Disbursement or Obligation: 02/08/2016
Calendar Year-To-Date Per Election for Office Sought: 913187.76

(a) SUBTOTAL of Itemized Independent Expenditures: 7936.00
(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.

Jamie Jodoin
[Electronically Filed]
Date: 03/20/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Campaign Solutions <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 15 / 2016
Mailing Address 117 N. St. Asaph Street	Amount 7531.20
City State Zip Code Alexandria VA 22314	Transaction ID : SE.4418 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 16 / 2016
Purpose of Expenditure Voter contact-email Category/Type 	Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 898021.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Campaign Solutions <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 19 / 2016
Mailing Address 117 N. St. Asaph Street	Amount 7531.20
City State Zip Code Alexandria VA 22314	Transaction ID : SE.4441 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 16 / 2016
Purpose of Expenditure Voter contact-email Category/Type 	Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 906020.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15062.40
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 03 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00603621 </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	

Full Name of Payee <input type="checkbox"/> Memo Item Campaign Solutions	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 02 / 19 / 2016 </div>
Mailing Address 117 N. St. Asaph Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 7531.20 </div>
City State Zip Code Alexandria VA 22314	Transaction ID : SE.4443 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 02 / 19 / 2016 </div>
Purpose of Expenditure Voter contact-email Category/Type	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Donald J. Trump
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1027205.95 </div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item DDC Advocacy	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 02 / 03 / 2016 </div>
Mailing Address 805 15th Street, N.W. Suite 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 19720.00 </div>
City State Zip Code Washington DC 20005	Transaction ID : SE.4313 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 02 / 03 / 2016 </div>
Purpose of Expenditure Direct mail services Category/Type	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Donald J. Trump
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 586337.64 </div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 27251.20 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 27251.20 </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.

Jamie Jodoin
 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
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
Mailing Address: 805 15th Street, N.W. Suite 300
City: Washington State: DC Zip Code: 20005
Purpose of Expenditure: Direct voter contact
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 7000.00
Transaction ID: SE.4316
Date of Disbursement or Obligation: 02/03/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 593337.64

Full Name of Payee: DDC Advocacy
Mailing Address: 805 15th Street, N.W. Suite 300
City: Washington State: DC Zip Code: 20005
Purpose of Expenditure: Voter contact-telephone calls
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 44714.12
Transaction ID: SE.4320
Date of Disbursement or Obligation: 02/03/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 638051.76

(a) SUBTOTAL of Itemized Independent Expenditures: 51714.12
(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.

Jamie Jodoin
[Electronically Filed]
Date: 03/20/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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 DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 07 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 7700.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4335 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 08 / 2016
Purpose of Expenditure Media production	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 919069.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 07 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 22276.80
City State Zip Code Washington DC 20005	Transaction ID : SE.4337 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 08 / 2016
Purpose of Expenditure Voter contact-telephone calls	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 941346.63	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27976.80
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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 DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 13 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 116114.80
City State Zip Code Washington DC 20005	Transaction ID : SE.4371 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 11 / 2016
Purpose of Expenditure Direct mail services	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 116114.80	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 13 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 76515.60
City State Zip Code Washington DC 20005	Transaction ID : SE.4373 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 12 / 2016
Purpose of Expenditure Direct mail services	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 192630.40	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	192630.40
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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 DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 15 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 12235.92
City State Zip Code Washington DC 20005	Transaction ID : SE.4405 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 16 / 2016
Purpose of Expenditure Voter contact-telephone calls	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 734686.76	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 17 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 155804.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4411 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 16 / 2016
Purpose of Expenditure Direct mail services	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 890490.76	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	168039.92
(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.

Jamie Jodoin [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
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
Mailing Address: 805 15th Street, N.W. Suite 300
City: Washington State: DC Zip Code: 20005
Purpose of Expenditure: Online advertising
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 2000.00
Transaction ID: SE.4430
Date of Disbursement or Obligation: 02/18/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 976476.29

Full Name of Payee: DDC Advocacy
Mailing Address: 805 15th Street, N.W. Suite 300
City: Washington State: DC Zip Code: 20005
Purpose of Expenditure: Voter contact-telephone calls
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 27465.36
Transaction ID: SE.4432
Date of Disbursement or Obligation: 02/18/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 1003941.65

(a) SUBTOTAL of Itemized Independent Expenditures: 47465.36
(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.

Jamie Jodoin
[Electronically Filed]
Date: 03/20/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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
Mailing Address
805 15th Street, N.W.
Suite 300
City
Washington State
DC Zip Code
20005
Purpose of Expenditure
Voter contact-telephone calls
Category/Type
Name of Federal Candidate
Donald J. Trump
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1016174.75

Date of Public Distribution/Dissemination
02 / 19 / 2016
Amount
12233.10
Transaction ID : SE.4435
Date of Disbursement or Obligation
02 / 19 / 2016
Office Sought:
House District:
Senate State: SC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
DDC Advocacy
Mailing Address
805 15th Street, N.W.
Suite 300
City
Washington State
DC Zip Code
20005
Purpose of Expenditure
Online advertising
Category/Type
Name of Federal Candidate
Donald J. Trump
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
32000.00

Date of Public Distribution/Dissemination
02 / 19 / 2016
Amount
32000.00
Transaction ID : SE.4448
Date of Disbursement or Obligation
02 / 19 / 2016
Office Sought:
House District:
Senate State: NV
Disbursement For:
Primary General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 44233.10
(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.

Jamie Jodoin
[Electronically Filed]
Date 03 / 20 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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 DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 19 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 1770.74
City State Zip Code Washington DC 20005	Transaction ID : SE.4451 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 19 / 2016
Purpose of Expenditure Voter contact-telephone calls	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 49770.74	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 5529.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4612 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought 5529.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23299.74
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 835.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4614 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought 835.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 3384.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4616 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 3384.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4219.00
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 03 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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 DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 6204.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4618 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought 6204.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 11506.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4620 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought 11506.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17710.00
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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 DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 4412.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4626 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought 4412.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 7445.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4628 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought 7445.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11857.00
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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 DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 10987.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4630 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 10987.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 706.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4636 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 706.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11693.00
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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 DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 9456.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4638 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 9456.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 661.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4640 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 661.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10117.00
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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 DDC Advocacy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 20000.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4634 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 29 / 2016
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 20000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee GCW Media Services <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 05 / 2016
Mailing Address 1215 K Street Suite 2260	Amount 270000.00
City State Zip Code Sacramento CA 95814	Transaction ID : SE.4322 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 03 / 2016
Purpose of Expenditure Media placement	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 908051.76	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	290000.00
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee GCW Media Services <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 13 / 2016
Mailing Address 1215 K Street Suite 2260	Amount 30000.00
City State Zip Code Sacramento CA 95814	Transaction ID : SE.4378 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 12 / 2016
Purpose of Expenditure Media placement	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 542630.40	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee GCW Media Services <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 17 / 2016
Mailing Address 1215 K Street Suite 2260	Amount 50000.00
City State Zip Code Sacramento CA 95814	Transaction ID : SE.4426 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 18 / 2016
Purpose of Expenditure Media placement	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 956020.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	350000.00
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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 GCW Media Services <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Mailing Address 1215 K Street Suite 2260	Amount 100000.00
City State Zip Code Sacramento CA 95814	Transaction ID : SE.4558 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 25 / 2016
Purpose of Expenditure Media placement-nationally disseminated	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 100000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee GCW Media Services <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2016
Mailing Address 1215 K Street Suite 2260	Amount 300000.00
City State Zip Code Sacramento CA 95814	Transaction ID : SE.4605 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2016
Purpose of Expenditure Media placement-nationally disseminated	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 400000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	400000.00
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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 SPL Strategies, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 13 / 2016
Mailing Address 107 S. West Street, #461	Amount 11655.00
City State Zip Code Alexandria VA 22314	Transaction ID : SE.4385 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 16 / 2016
Purpose of Expenditure Media production	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 722450.84	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SPL Strategies, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 26 / 2016
Mailing Address 107 S. West Street, #461	Amount 10445.94
City State Zip Code Alexandria VA 22314	Transaction ID : SE.4608 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 29 / 2016
Purpose of Expenditure Media production-nationally disseminated	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 410445.94	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22100.94
(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.

Jamie Jodoin [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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 Targeted Victory <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 06 / 2016
Mailing Address 1033 N. Fairfax Street Suite 400	Amount 182.07
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure Voter contact-email	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 913369.83	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 08 / 2016
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Targeted Victory <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 15 / 2016
Mailing Address 1033 N. Fairfax Street Suite 400	Amount 467.19
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure Voter contact-email	Category/Type
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 898489.15	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 16 / 2016
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	649.26
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Targeted Victory <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 17 / 2016
Mailing Address 1033 N. Fairfax Street Suite 400	Amount 956476.29
City State Zip Code Alexandria VA 22314	Transaction ID : SE.4428 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 18 / 2016
Purpose of Expenditure Voter contact-email Category/Type 	Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 956476.29	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Targeted Victory <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 20 / 2016
Mailing Address 1033 N. Fairfax Street Suite 400	Amount 516.99
City State Zip Code Alexandria VA 22314	Transaction ID : SE.4453 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 22 / 2016
Purpose of Expenditure Voter contact-emails Category/Type 	Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 1027722.94	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	972.93
(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.

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
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: The Tarrance Group, Inc.
Mailing Address: 201 N. Union Street, Suite 410
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Research
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 21008.00
Transaction ID: SE.4382
Date of Disbursement or Obligation: 02/12/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 563638.40

Full Name of Payee: Wenzel Strategies
Mailing Address: P. O. Box 207
City: Dublin, State: OH, Zip Code: 43017
Purpose of Expenditure: Research
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 3500.00
Transaction ID: SE.4438
Date of Disbursement or Obligation: 02/19/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 1019674.75

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures: 24508.00
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures: 1970468.61

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: Jamie Jodoin [Electronically Filed] Date: 03/20/2016