

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3008175.00"/>	<input type="text" value="3008175.00"/>
(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="3008175.00"/>	<input type="text" value="3008175.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2461905.83"/>	<input type="text" value="2461905.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="546269.17"/>	<input type="text" value="546269.17"/>
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="2800.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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).....	3007750.00	3007750.00
(ii) Unitemized	425.00	425.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3008175.00	3008175.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3008175.00	3008175.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	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))..... ▶	3008175.00	3008175.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3008175.00	3008175.00

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	51382.00	51382.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	51382.00	51382.00
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)	2410523.83	2410523.83
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)) ..	2461905.83	2461905.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2461905.83	2461905.83

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)	3008175.00	3008175.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3008175.00	3008175.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	51382.00	51382.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	51382.00	51382.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
	<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	

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. Timothy Griffy		Date of Receipt MM / DD / YYYY 01 / 29 / 2016 Transaction ID : SA11AI.4281
Mailing Address 209 Long Canyon Court		Amount of Each Receipt this Period 250.00
City Richardson	State TX	Zip Code 75080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer n/a	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Marlene Ricketts		Date of Receipt MM / DD / YYYY 01 / 14 / 2016 Transaction ID : SA11AI.4102
Mailing Address P. O. Box 31519		Amount of Each Receipt this Period 500000.00
City Omaha	State NE	Zip Code 68131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500000.00
Name of Employer n/a	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500000.00	

Full Name (Last, First, Middle Initial) C. Marlene Ricketts		Date of Receipt MM / DD / YYYY 01 / 20 / 2016 Transaction ID : SA11AI.4118
Mailing Address P. O. Box 31519		Amount of Each Receipt this Period 2000000.00
City Omaha	State NE	Zip Code 68131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000000.00
Name of Employer n/a	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2500250.00
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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Our Principles PAC

A. 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 ▼ 3000000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : SA11AI.4233
 Amount of Each Receipt this Period
 500000.00

B. Richard Uihlein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1396 N. Waukegan Road
 City Lake Forest State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Uline Occupation owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : SA11AI.4158
 Amount of Each Receipt this Period
 7500.00

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

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

SUBTOTAL of Receipts This Page (optional).....	507500.00
TOTAL This Period (last page this line number only).....	3007750.00

**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

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. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : SB21B.4195

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

B. DDC Advocacy

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

City Washington State DC Zip Code 20005

Purpose of Disbursement
Website/non-candidate

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2016

Transaction ID : SB21B.4130

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Howard W. Phillips & Co.

Mailing Address 2555 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20037

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB21B.4254

Amount of Each Disbursement this Period

8882.00

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

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

36382.00

**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

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

A. King & Spaulding, LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1700 Pennsylvania Avenue, NW
Suite 200

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 20 / 2016

Transaction ID : **SB21B.4116**

Amount of Each Disbursement this Period: 15000.00

Category/Type

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	51382.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 30
	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 <input type="text" value="0.00"/>	Transaction ID : SD10.4271	
Amount Incurred This Period <input type="text" value="2800.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2800.00"/>

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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2800.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="2800.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="2800.00"/>

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 Campaign Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 28 / 2016
Mailing Address 117 N. St. Asaph Street	Amount 3950.00
City Alexandria State VA Zip Code 22314	Transaction ID : SE.4229 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 27 / 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: IA
Calendar Year-To-Date Per Election for Office Sought 489841.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Campaign Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 29 / 2016
Mailing Address 117 N. St. Asaph Street	Amount 3937.50
City Alexandria State VA Zip Code 22314	Transaction ID : SE.4255 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 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: IA
Calendar Year-To-Date Per Election for Office Sought 739978.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7887.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Jamie Jodoin [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
02 / 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

Date of Public Distribution/Dissemination
01 / 22 / 2016
Amount
4816.44
Transaction ID : SE.4137
Date of Disbursement or Obligation
01 / 22 / 2016

Name of Federal Candidate
Donald J. Trump
Support
Oppose
Office Sought:
President
Senate
State: IA

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
271079.00
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

Date of Public Distribution/Dissemination
01 / 23 / 2016
Amount
4816.44
Transaction ID : SE.4138
Date of Disbursement or Obligation
01 / 22 / 2016

Name of Federal Candidate
Donald J. Trump
Support
Oppose
Office Sought:
President
Senate
State: IA

Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 9632.88. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (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: Jamie Jodoin [Electronically Filed] Date: 02 / 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
Date of Public Distribution/Dissemination
01 / 26 / 2016
Amount
28093.86
Transaction ID : SE.4148
Date of Disbursement or Obligation
01 / 22 / 2016
Purpose of Expenditure
Direct mail services
Category/Type
Name of Federal Candidate
Donald J. Trump
Support
Oppose
Office Sought:
President
Senate
State: IA
Calendar Year-To-Date
Per Election for Office Sought
350162.15
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
Date of Public Distribution/Dissemination
01 / 25 / 2016
Amount
77462.88
Transaction ID : SE.4151
Date of Disbursement or Obligation
01 / 22 / 2016
Purpose of Expenditure
Direct mail services
Category/Type
Name of Federal Candidate
Donald J. Trump
Support
Oppose
Office Sought:
President
Senate
State: NH
Calendar Year-To-Date
Per Election for Office Sought
77462.88
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 105556.74
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Jamie Jodoin [Electronically Filed] Date: 02 / 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 <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	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 36048.28
City State Zip Code Washington DC 20005	Transaction ID : SE.4156 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016
Purpose of Expenditure Digital 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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought [] 113511.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 14051.00
City State Zip Code Washington DC 20005	Transaction ID : SE.4169 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016
Purpose of Expenditure Digital 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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought [] 364213.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50099.28
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	[]

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

Jamie Jodoin [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 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 MM / DD / YYYY	

Full Name of Payee DDC Advocacy	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 4816.44
City Washington State DC Zip Code 20005	Transaction ID : SE.4219 Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 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: 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) ▶ _____
	573546.15

Full Name of Payee DDC Advocacy	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount 4816.44
City Washington State DC Zip Code 20005	Transaction ID : SE.4225 Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 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: 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) ▶ _____
	578362.59

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9632.88
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Jamie Jodoin [Electronically Filed] Date MM / DD / YYYY
02 / 20 / 2016

Signature

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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 / /

Full Name of Payee DDC Advocacy	Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 01 / 29 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <input type="text" value="99999999"/> 34545.53
City State Zip Code Washington DC 20005	Transaction ID : SE.4234 Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 01 / 29 / 2016
Purpose of Expenditure Direct mail services	Category/Type <input type="text" value=""/>
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="99999999"/> 510025.38	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy	Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 01 / 29 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <input type="text" value="99999999"/> 36129.60
City State Zip Code Washington DC 20005	Transaction ID : SE.4236 Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 01 / 29 / 2016
Purpose of Expenditure Voter contact-telephone calls	Category/Type <input type="text" value=""/>
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="99999999"/> 734107.19	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text" value="99999999"/> 70675.13
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text" value="99999999"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text" value="99999999"/>

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Jamie Jodoin
Signature

[Electronically Filed] Date / /
02 / 20 / 2016

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NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 GCW Media Services	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 01 / 21 / 2016 </div>
Mailing Address 1215 K Street Suite 2260	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 88388.00 </div>
City State Zip Code Sacramento CA 95814	Transaction ID : SE.4121 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 01 / 14 / 2016 </div>
Purpose of Expenditure Media placement	Category/Type
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 88388.00 </div>
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	<input type="checkbox"/> House District: _____ <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee GCW Media Services	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 01 / 26 / 2016 </div>
Mailing Address 1215 K Street Suite 2260	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11612.00 </div>
City State Zip Code Sacramento CA 95814	Transaction ID : SE.4167 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 01 / 14 / 2016 </div>
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 100000.00 </div>
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	<input type="checkbox"/> House District: _____ <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 100000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y _____ </div>

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Jamie Jodoin
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
 02 / 20 / 2016

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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 GCW Media Services	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2016
Mailing Address 1215 K Street Suite 2260	Amount 119615.00
City State Zip Code Sacramento CA 95814	Transaction ID : SE.4257 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 28 / 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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 475479.85	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Granite Lists, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Mailing Address 1283 Main Street	Amount 500.00
City State Zip Code Dublin NH 03444	Transaction ID : SE.4248 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure List rental	Category/Type
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 734607.19	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	120115.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Jamie Jodoin
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2016

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

Full Name of Payee Targeted Victory	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016
Mailing Address 1033 N. Fairfax Street Suite 400	Amount 1434.24
City State Zip Code Alexandria VA 22314	Transaction ID : SE.4251 Date of Disbursement or Obligation MM / DD / YYYY 01 / 29 / 2016
Purpose of Expenditure List rental	Category/Type
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 736041.43	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

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	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1434.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2410523.83

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Jamie Jodoin
Signature

[Electronically Filed] Date MM / DD / YYYY
02 / 20 / 2016