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

Schedule E)				PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	^			FEC IDENTIFICATION NUMBER ▼
OUR VOICE MATTERS SUPER PA	C			C C00607697
				M / D D / Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee Evans Public Affairs				of Public Distribution/Dissemination
Mailing Address 108 Fox Hill Dr			— L	
100 100 11111 21			Amou	nt
City	State	Zip Code		11300.00
Blythewood	SC 29016			action ID: WFT20161171414-1 of Disbursement or Obligation
Purpose of Expenditure Data Cost, Analytic Modeling, Accounting, Copy Co	reation	Category/ Type		02 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sough	t: House District:
Trump Donald		Oppose	X Preside	ent Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	7 1 7		Disbursemer 2016	t For:
Full Name of Payee				of Public Distribution/Dissemination
			Г	/ M / D D / Y Y Y Y
Mailing Address			Ama	
			Amou	
City	State	Zip Code		7
			Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		/ B D / Y B Y B Y B Y
Name of Federal Candidate		Support	Office Sough	nt: House District:
		Oppose	Presid	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	77		Disbursemer	nt For:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	11300.00
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			•	11300.00
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.				
Evans Justin	[Electron	ically Filed] Date	M = M /	17 2016
Signature				