

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, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 01 / 01 / 2016 through 01 / 31 / 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 / 13 / 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.

**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="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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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)

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

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:	PAGE 6 OF 30
	(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

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. Timothy Griffy**  
Full Name (Last, First, Middle Initial)

Mailing Address 209 Long Canyon Court

City Richardson State TX Zip Code 75080

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 ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016

**Transaction ID : SA11AI.4281**

Amount of Each Receipt this Period  
 250.00

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 ▼  
500000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2016

**Transaction ID : SA11AI.4102**

Amount of Each Receipt this Period  
 500000.00

Memo Item

**C. 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 ▼  
2500000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 20 / 2016

**Transaction ID : SA11AI.4118**

Amount of Each Receipt this Period  
 2000000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500250.00
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial)  
**A. Marlene Ricketts**

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

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Richard Uihlein**

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

Memo Item

Full Name (Last, First, Middle Initial)  
**C.**

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	507500.00
<b>TOTAL</b> 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

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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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	6

Transaction ID : **SB21B.4195**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item

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

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	6

Transaction ID : **SB21B.4130**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item

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

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

Transaction ID : **SB21B.4254**

Amount of Each Disbursement this Period

8	8	8	2	0	0
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Memo Item

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

3	6	3	8	2	0
---	---	---	---	---	---

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

3	6	3	8	2	0
---	---	---	---	---	---



**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. King & Spaulding, LLP**

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) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2016

**Transaction ID : SB21B.4116**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

15000.00

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 <b>Campaign Solutions</b>	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 0.00	<b>Transaction ID : SD10.4271</b>	
Amount Incurred This Period 2800.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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		
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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2800.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	2800.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	2800.00



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 19 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <span style="border: 1px solid black; padding: 2px;">44944.64</span>
City State Zip Code Washington DC 20005	<b>Transaction ID : SE.4111</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 15 / 2016
Purpose of Expenditure Direct mail services	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">144944.64</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <span style="border: 1px solid black; padding: 2px;">44944.64</span>
City State Zip Code Washington DC 20005	<b>Transaction ID : SE.4128</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 15 / 2016
Purpose of Expenditure Direct mail services	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">189889.28</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">89889.28</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 / 13 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <span style="border: 1px solid black; padding: 2px;">12500.00</span>
City State Zip Code Washington DC 20005	<b>Transaction ID : SE.4132</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 22 / 2016
Purpose of Expenditure Website Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	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 <span style="border: 1px solid black; padding: 2px;">230214.28</span>	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 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <span style="border: 1px solid black; padding: 2px;">36048.28</span>
City State Zip Code Washington DC 20005	<b>Transaction ID : SE.4134</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 22 / 2016
Purpose of Expenditure Digital advertising Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	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 <span style="border: 1px solid black; padding: 2px;">266262.56</span>	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 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">48548.28</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 / 13 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 22 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <span style="border: 1px solid black; padding: 2px;">4816.44</span>
City State Zip Code Washington DC 20005	<b>Transaction ID : SE.4137</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 22 / 2016
Purpose of Expenditure Voter contact-telephone calls	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">271079.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 23 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <span style="border: 1px solid black; padding: 2px;">4816.44</span>
City State Zip Code Washington DC 20005	<b>Transaction ID : SE.4138</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 22 / 2016
Purpose of Expenditure Voter contact-telephone calls	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">275895.44</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">9632.88</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 / 13 / 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: Direct mail services
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 18078.99
Transaction ID: SE.4141
Date of Disbursement or Obligation: 01/22/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 293974.43

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 mail services
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 28093.86
Transaction ID: SE.4145
Date of Disbursement or Obligation: 01/22/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 322068.29

(a) SUBTOTAL of Itemized Independent Expenditures: 46172.85
(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: 03/13/2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <span style="border: 1px solid black; padding: 2px;">28093.86</span>
City State Zip Code Washington DC 20005	<b>Transaction ID : SE.4148</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 22 / 2016
Purpose of Expenditure Direct mail services	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">350162.15</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 25 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <span style="border: 1px solid black; padding: 2px;">77462.88</span>
City State Zip Code Washington DC 20005	<b>Transaction ID : SE.4151</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 22 / 2016
Purpose of Expenditure Direct mail services	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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: NH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">77462.88</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">105556.74</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 / 13 / 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: Digital advertising
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 36048.28
Transaction ID: SE.4156
Date of Disbursement or Obligation: 01/22/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 113511.16

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: Digital advertising
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 14051.00
Transaction ID: SE.4169
Date of Disbursement or Obligation: 01/25/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 1426548.15

(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: 03/13/2016
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: Direct mail services
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 77462.88
Transaction ID: SE.4173
Date of Disbursement or Obligation: 01/25/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 190974.04

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 mail services
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 18078.99
Transaction ID: SE.4176
Date of Disbursement or Obligation: 01/25/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 1444627.14

(a) SUBTOTAL of Itemized Independent Expenditures..... 95541.87
(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: 03/13/2016

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 mail services
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 5121.93
Transaction ID: SE.4182
Date of Disbursement or Obligation: 01/25/2016
Calendar Year-To-Date Per Election for Office Sought: 196095.97
Disbursement For: Primary

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: 82306.00
Transaction ID: SE.4214
Date of Disbursement or Obligation: 01/25/2016
Calendar Year-To-Date Per Election for Office Sought: 278401.97
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 87427.93
(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.

Signature: Jamie Jodoin [Electronically Filed] Date: 03/13/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 28 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <span style="border: 1px solid black; padding: 2px;">99999999</span> 59774.72
City State Zip Code Washington DC 20005	<b>Transaction ID : SE.4187</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Purpose of Expenditure Direct mail services	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">99999999</span> 1548226.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <span style="border: 1px solid black; padding: 2px;">99999999</span> 11745.86
City State Zip Code Washington DC 20005	<b>Transaction ID : SE.4211</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 28 / 2016
Purpose of Expenditure Voter contact-telephone calls	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">99999999</span> 1563922.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">99999999</span> 71520.58
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">99999999</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">99999999</span>

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 / 13 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>DDC Advocacy</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300			Amount 67141.99
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.4212</b>
Purpose of Expenditure Direct mail services	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2016
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>IA</u>
Calendar Year-To-Date Per Election for Office Sought		1631064.71	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>DDC Advocacy</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016
Mailing Address 805 15th Street, N.W. Suite 300			Amount 77462.88
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.4213</b>
Purpose of Expenditure Direct mail services	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2016
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		355864.85	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	144604.87
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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*  
Signature

[Electronically Filed]

Date MM / DD / YYYY  
03 / 13 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 28 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <span style="border: 1px solid black; padding: 2px;">4816.44</span>
City State Zip Code Washington DC 20005	
Purpose of Expenditure Voter contact-telephone calls	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">1635881.15</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : SE.4219**

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

Full Name of Payee <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 29 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <span style="border: 1px solid black; padding: 2px;">4816.44</span>
City State Zip Code Washington DC 20005	
Purpose of Expenditure Voter contact-telephone calls	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">1640697.59</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : SE.4225**

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">9632.88</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 / 13 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00603621
----------------------------------------------------------	----------------------------------------------------------

Check if  24-hour report  48-hour report  New report  Amends report filed on

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

Full Name of Payee <b>DDC Advocacy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 01 / 29 / 2016
Mailing Address 805 15th Street, N.W. Suite 300	Amount <input type="text" value="Amount"/> 36129.60
City State Zip Code Washington DC 20005	<b>Transaction ID : SE.4236</b> Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 01 / 29 / 2016
Purpose of Expenditure Voter contact-telephone calls	Category/Type <input type="text" value="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 State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Year-To-Date"/> 1796442.19	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

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

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 / 13 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>GCW Media Services</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Mailing Address 1215 K Street Suite 2260	Amount <span style="border: 1px solid black; padding: 2px;">88388.00</span>
City State Zip Code Sacramento CA 95814	
Purpose of Expenditure Media placement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Donald J. Trump	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 14 / 2016
Name of Federal Candidate Donald J. Trump	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<span style="border: 1px solid black; padding: 2px;">88388.00</span>	

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

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">100000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 / 13 / 2016

Signature \_\_\_\_\_



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603621
----------------------------------------------------------	---------------------------------------------------

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>GCW Media Services</b>	Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1215 K Street Suite 2260		Amount <input type="text"/>
City State Zip Code Sacramento CA 95814	Category/Type <input type="text"/>	<b>Transaction ID : SE.4163</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Media placement		
Name of Federal Candidate Donald J. Trump	Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	Office Sought: House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
	1412497.15	2016

Full Name of Payee <b>GCW Media Services</b>	Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1215 K Street Suite 2260		Amount <input type="text"/>
City State Zip Code Sacramento CA 95814	Category/Type <input type="text"/>	<b>Transaction ID : SE.4231</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Media placement		
Name of Federal Candidate Donald J. Trump	Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	Office Sought: House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
	1760312.59	2016

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

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  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>GCW Media Services</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 28 / 2016
Mailing Address 1215 K Street Suite 2260	Amount <span style="border: 1px solid black; padding: 2px;">119615.00</span>
City State Zip Code Sacramento CA 95814	<b>Transaction ID : SE.4257</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 28 / 2016
Purpose of Expenditure Media placement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">475479.85</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Granite Lists, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 29 / 2016
Mailing Address 1283 Main Street	Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>
City State Zip Code Dublin NH 03444	<b>Transaction ID : SE.4248</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 29 / 2016
Purpose of Expenditure List rental	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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>IA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1796942.19</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">120115.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 / 13 / 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: SPL Strategies, LLC
Mailing Address: 107 S. West Street, #461
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Media production
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 27825.00
Transaction ID: SE.4123
Date of Disbursement or Obligation: 01/22/2016
Calendar Year-To-Date Per Election for Office Sought: 217714.28
Disbursement For: Primary

Full Name of Payee: SPL Strategies, LLC
Mailing Address: 107 S. West Street, #461
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Media production
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Amount: 43825.00
Transaction ID: SE.4162
Date of Disbursement or Obligation: 01/26/2016
Calendar Year-To-Date Per Election for Office Sought: 1488452.14
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 71650.00
(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: 03/13/2016
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
SPL Strategies, LLC
Mailing Address
107 S. West Street, #461
City
Alexandria State
VA Zip Code
22314
Purpose of Expenditure
Media production
Category/Type
Name of Federal Candidate
Donald J. Trump
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
1831287.25
Date of Public Distribution/Dissemination
01 / 28 / 2016
Amount
28973.32
Transaction ID : SE.4259
Date of Disbursement or Obligation
01 / 29 / 2016

Full Name of Payee
SPL Strategies, LLC
Mailing Address
107 S. West Street, #461
City
Alexandria State
VA Zip Code
22314
Purpose of Expenditure
Media production
Category/Type
Name of Federal Candidate
Donald J. Trump
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
538998.70
Date of Public Distribution/Dissemination
01 / 28 / 2016
Amount
28973.32
Transaction ID : SE.4261
Date of Disbursement or Obligation
01 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 57946.64
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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Jamie Jodoin
[Electronically Filed]
Date
03 / 13 / 2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>SPL Strategies, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2016"/>
Mailing Address 107 S. West Street, #461	Amount <input type="text" value="20118.94"/>
City Alexandria State VA Zip Code 22314	<b>Transaction ID : SE.4263</b>
Purpose of Expenditure Media placement Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
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 <input type="text" value="1851406.19"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>SPL Strategies, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2016"/>
Mailing Address 107 S. West Street, #461	Amount <input type="text" value="20118.94"/>
City Alexandria State VA Zip Code 22314	<b>Transaction ID : SE.4265</b>
Purpose of Expenditure Media placement Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
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: NH
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="559117.64"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text" value="40237.88"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<input type="text"/>

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  /  /

Signature \_\_\_\_\_

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Targeted Victory</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016
Mailing Address 1033 N. Fairfax Street Suite 400		Amount 1434.24
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure List rental	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 29 / 2016
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought	1798376.43	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	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

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

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 MM / DD / YYYY  
03 / 13 / 2016