24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BELIEVE AGAIN	
	C C00571711
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
OnMessage, Inc.	M M / D D / Y Y Y
Mailing Address 705 Melvin Ave # 105	11 09 2015 Amount
City State Zip Code	37945.00
Annapolis MD 21401	Transaction ID: 1 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	11 06 / 2015
Name of Federal Candidate Support Office	e Sought: House District:
Bobby Jindal Oppose	President Senate State: IA
Calendar Year-To-Date Disbu	ursement For: X Primary General
Per Election for Office Sought 2634231.26 2016	
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Data of Dishuranment or Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
. e. ziesten io. e.iist setg.ii	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	37945.00
(h) CURTOTAL of Unitersity of Independent Funerality	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	07045.00
(b) TOTAL maspondoni Expondituros	37945.00
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.	
ROBERT YARBOROUGH [Electronically Filed] Date	1 10 2015
Signature	