24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BELIEVE AGAIN	C C00571711
Check if 24-hour report 48-hour report New report Amends report filed	i on Man / Dab / Yayay
Full Name of Payee OnMessage, Inc.	Date of Public Distribution/Dissemination
	11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 705 Melvin Ave # 105	Amount
City State Zip Code	642.00
Annapolis MD 21401	Transaction ID: 1 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Bobby Jindal Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbrace 2634873.26	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	, and an
City State Zip Code	
Description of Ferrance (Inc.)	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For:
-	
(a) SUBTOTAL of Itemized Independent Expenditures	642.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 7
(c) TOTAL Independent Expenditures	642.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
ROBERT YARBOROUGH [Electronically Filed] Date	11 17 2015
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