

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) BELIEVE AGAIN		FEC IDENTIFICATION NUMBER ▼ C C00571711	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report ☒ Amends report filed on	
		MM / DD / YYYY 07 / 01 / 2015	

Full Name of Payee ONMESSAGE, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015	
Mailing Address 705 MELVIN AVE # 105		Amount 2000.00	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : 1
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015	
Name of Federal Candidate BOBBY JINDAL		☒ Support ☐ Oppose	
		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2016 ☐ Other (specify) ▶	
		481487.32	

Full Name of Payee ONMESSAGE, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015	
Mailing Address 705 MELVIN AVE # 105		Amount 9560.38	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : 1_B
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015	
Name of Federal Candidate BOBBY JINDAL		☒ Support ☐ Oppose	
		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2016 ☐ Other (specify) ▶	
		481487.32	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	11560.38
(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.

ROBERT YARBOROUGH

[Electronically Filed]

Date

MM / DD / YYYY
07 / 09 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) BELIEVE AGAIN		FEC IDENTIFICATION NUMBER ▼ C C00571711	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		M M / D D / Y Y Y Y Y Y 07 / 01 / 2015	

Full Name of Payee ONMESSAGE, INC.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2015	
Mailing Address 705 MELVIN AVE # 105		Amount 8894.94	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : 1_B_B
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2015	
Name of Federal Candidate BOBBY JINDAL		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2016 ☐ Other (specify) ▶	
		481487.32	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8894.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	20455.32

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

M M / D D / Y Y Y Y Y Y
07 / 09 / 2015

Signature