

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

New Day for America

ADDRESS (number and street) 4679 Winterset Drive

Check if different than previously reported. (ACC) Columbus OH 43220

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00581868

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2017 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Yuskewich, J., Matthew, ,

Type or Print Name of Treasurer

Signature of Treasurer Yuskewich, J., Matthew, , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

New Day for America

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="2017"/>	<input type="text" value="250395.60"/>	<input type="text" value="250395.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="330232.03"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="197507.81"/>	<input type="text" value="477038.80"/>
(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="527739.84"/>	<input type="text" value="727434.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="181259.05"/>	<input type="text" value="380953.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="346480.79"/>	<input type="text" value="346480.79"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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. 05/2016)

Page 3

Write or Type Committee Name

New Day for America

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2017 To: M M / D D / Y Y Y Y Y 12 / 31 / 2017

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).....	191500.00	457542.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	191500.00	457542.00
(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)	191500.00	457542.00
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).....	1151.68	1355.68
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4856.13	18141.12
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)).....▶	197507.81	477038.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	197507.81	477038.80

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	181259.05	380953.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	181259.05	380953.61
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)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	181259.05	380953.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	181259.05	380953.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	191500.00	457542.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	191500.00	457542.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	181259.05	380953.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1151.68	1355.68
38. Net Operating Expenditures (subtract Line 37 from Line 36)	180107.37	379597.93

**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 6 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
New Day for America

A. ADKINS, LEWIS, W, , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1375 E NINTH STREET

City CLEVELAND	State OH	Zip Code 44114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ROETZEL & ANDRESS LPA	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2017

Transaction ID : SA11AI.8269

Amount of Each Receipt this Period
10000.00

Memo Item

B. DAVIDSON, JOANN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6639 FORRESTER WAY

City REYNOLDSBURG	State OH	Zip Code 43068
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JAD & ASSOCIATES	Occupation (for Individual) CONSULTANT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2017

Transaction ID : SA11AI.8271

Amount of Each Receipt this Period
1500.00

Memo Item

C. GALLAGHER, PATRICK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 OAK KNOLL

City SEWICKLEY HEIGHT	State PA	Zip Code 15143
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PGT TRUCKING	Occupation (for Individual) CEO
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2017

Transaction ID : SA11AI.8267

Amount of Each Receipt this Period
20000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	31500.00
TOTAL 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 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New Day for America

A. GILBANE, THOMAS, , , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 LEROY AVE

City NEWPORT	State RI	Zip Code 02840
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GILBANE BUILDING CO	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : SA11AI.8273

Amount of Each Receipt this Period
25000.00

Memo Item

B. Gund, Gordon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Nassau Street

City Princeton	State NJ	Zip Code 08542
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gund Investment Group	Occupation (for Individual) CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

Transaction ID : SA11AI.8272

Amount of Each Receipt this Period
100000.00

Memo Item

C. NATIONWIDE LIFE INSURANCE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address ONE NATIONWIDE PLAZA

City COLUMBUS	State OH	Zip Code 43215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : SA11AI.8278

Amount of Each Receipt this Period
10000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	135000.00
TOTAL 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: PAGE 8 OF 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
New Day for America

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. POLITICAL EDUCATION PATTERNS

Mailing Address 3515 PROSPECT AVE

City CLEVELAND	State OH	Zip Code 44115
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		25		2017

Transaction ID : SA11AI.8281

Amount of Each Receipt this Period
25000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	191500.00

**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 9 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New Day for America

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Schrimpf, Christopher, , ,

Mailing Address 113 Ardmore

City Bexley	State OH	Zip Code 43209
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Red Tack	Occupation (for Individual) Media Consultant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
894.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : SA15.8290

Amount of Each Receipt this Period
894.46

Memo Item
REIMBURSE TRAVEL EXPENSES TO COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. United Health Care

Mailing Address Dept CH 10151

City Palantine	State IL	Zip Code 60055
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2017

Transaction ID : SA15.8291

Amount of Each Receipt this Period
251.46

Memo Item
INSURANCE REFUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1145.92
TOTAL This Period (last page this line number only).....	1145.92

**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 10 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New Day for America

A. EDonation 5 Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 North Saint Asaph Street

City Alexandria	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11672.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2017

Transaction ID : SA17.8283

Amount of Each Receipt this Period
310.75

Memo Item
MAILING LIST SALE

B. EDonation 5 Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 North Saint Asaph Street

City Alexandria	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12837.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2017

Transaction ID : SA17.8285

Amount of Each Receipt this Period
1165.00

Memo Item
MAILING LIST SALE

C. EDonation 5 Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 North Saint Asaph Street

City Alexandria	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
13455.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : SA17.8286

Amount of Each Receipt this Period
618.00

Memo Item
MAILING LIST SALE

SUBTOTAL of Receipts This Page (optional).....▶	2093.75
TOTAL 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 11 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New Day for America

A. EDonation 5 Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 North Saint Asaph Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
14886.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2017

Transaction ID : SA17.8287

Amount of Each Receipt this Period
1431.23

Memo Item
MAILING LIST SALE

B. Right Country Lists

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 North Saint Asaph Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2929.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2017

Transaction ID : SA17.8284

Amount of Each Receipt this Period
1006.71

Memo Item
MAILING LIST SALE

C. Right Country Lists

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 North Saint Asaph Street

City Alexandria	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3254.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2017

Transaction ID : SA17.8288

Amount of Each Receipt this Period
324.44

Memo Item
MAILING LIST SALE

SUBTOTAL of Receipts This Page (optional).....	2762.38
TOTAL This Period (last page this line number only).....	4856.13

**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"/> 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)
New Day for America

A. Phoenix Park Hotel

Full Name (Last, First, Middle Initial)

Mailing Address 520 N. Capital Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8301.4

Amount of Each Disbursement this Period: 85.24

Memo Item

B. Perry's Steakhouse and Grill

Full Name (Last, First, Middle Initial)

Mailing Address 114 W. 7th Street

City Austin State TX Zip Code 78701

Purpose of Disbursement Food and Beverages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8301.4

Amount of Each Disbursement this Period: 325.38

Memo Item

C. Angelo's of Mulberry Street

Full Name (Last, First, Middle Initial)

Mailing Address 146 Mulberry Street

City New York State NY Zip Code 10013

Purpose of Disbursement Food and Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8301.4

Amount of Each Disbursement this Period: 344.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Renato's of Palm Beach		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address 87 Via Mizner		FEC Identification Number C [] Transaction ID : SB21B.8301.; Amount of Each Disbursement this Period [] 234.74
City Palm Beach	State FL	Zip Code 33480
Purpose of Disbursement Food and Beverages		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement MM / DD / YYYY 08 / 03 / 2017
Mailing Address PO Box 299051		FEC Identification Number C [] Transaction ID : SB21B.8308 Amount of Each Disbursement this Period [] 2183.79
City Ft. Lauderdale	State FL	Zip Code 33329
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. National Press Club of Washington		Date of Disbursement MM / DD / YYYY 08 / 03 / 2017
Mailing Address 529 14th Street NW		FEC Identification Number C [] Transaction ID : SB21B.8308. Amount of Each Disbursement this Period [] 1802.79
City Washington	State DC	Zip Code 20045
Purpose of Disbursement Food and Beverages		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2183.79
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 08 / 03 / 2017
Mailing Address 1600 Amphitheater Parkway		FEC Identification Number C [] Transaction ID : SB21B.8308.1 Amount of Each Disbursement this Period [] 25.00
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Emails	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. iContact		Date of Disbursement MM / DD / YYYY 08 / 03 / 2017
Mailing Address 2450 Perimeter Park Dr.		FEC Identification Number C [] Transaction ID : SB21B.8308.2 Amount of Each Disbursement this Period [] 79.00
City Morrisville	State NC	Zip Code 27560
Purpose of Disbursement Emails	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address PO Box 299051		FEC Identification Number C [] Transaction ID : SB21B.8329 Amount of Each Disbursement this Period [] 4932.21
City Ft. Lauderdale	State FL	Zip Code 33329
Purpose of Disbursement CREDIT CARD PAYMENT	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 4932.21
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 1600 Amphitheater Parkway		FEC Identification Number C [] Transaction ID : SB21B.8329.1 Amount of Each Disbursement this Period [] 25.00
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Emails	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. iContact		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 2450 Perimeter Park Dr.		FEC Identification Number C [] Transaction ID : SB21B.8329.1 Amount of Each Disbursement this Period [] 79.00
City Morrisville	State NC	Zip Code 27560
Purpose of Disbursement Emails	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Cheryl's Cookies		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 410 W. 10th Avenue		FEC Identification Number C [] Transaction ID : SB21B.8329.1 Amount of Each Disbursement this Period [] 4368.10
City Columbus	State OH	Zip Code 43210
Purpose of Disbursement Gifts-Cookies	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Cheryl's Cookies		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 410 W. 10th Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8329.4 Amount of Each Disbursement this Period [REDACTED] 137.94
City Columbus	State OH	Zip Code 43210
Purpose of Disbursement Gifts-Cookies		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Pasqualone La Plaia		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 5576 Emporium Square		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8329.4 Amount of Each Disbursement this Period [REDACTED] 232.43
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement Food and Beverages		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address PO Box 299051		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8347 Amount of Each Disbursement this Period [REDACTED] 11461.49
City Ft. Lauderdale	State FL	Zip Code 33329
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 11461.49

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

[REDACTED]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 4600 International Gateway		FEC Identification Number C [] Transaction ID : SB21B.8347.1 Amount of Each Disbursement this Period [] 748.40
City Columbus	State OH	Zip Code 43219
Purpose of Disbursement Plane Ticket		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 4600 International Gateway		FEC Identification Number C [] Transaction ID : SB21B.8347.1 Amount of Each Disbursement this Period [] 896.40
City Columbus	State OH	Zip Code 43219
Purpose of Disbursement Plane Ticket		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 4600 International Gateway		FEC Identification Number C [] Transaction ID : SB21B.8347.1 Amount of Each Disbursement this Period [] 748.40
City Columbus	State OH	Zip Code 43219
Purpose of Disbursement Plane Ticket		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Ritz Carlton Battery Park		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address Two West Street		FEC Identification Number C [] Transaction ID : SB21B.8347.: Amount of Each Disbursement this Period [] 915.77
City New York	State NY	Zip Code 10004
Purpose of Disbursement Lodging		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 4600 International Gateway		FEC Identification Number C [] Transaction ID : SB21B.8347.4 Amount of Each Disbursement this Period [] 636.40
City Columbus	State OH	Zip Code 43219
Purpose of Disbursement Plane Ticket		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 4600 International Gateway		FEC Identification Number C [] Transaction ID : SB21B.8347. Amount of Each Disbursement this Period [] 636.40
City Columbus	State OH	Zip Code 43219
Purpose of Disbursement Plane Ticket		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 1600 Amphitheater Parkway		FEC Identification Number C [] Transaction ID : SB21B.8347.4 Amount of Each Disbursement this Period [] 25.00
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Emails	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. iContact		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 2450 Perimeter Park Dr.		FEC Identification Number C [] Transaction ID : SB21B.8347.7 Amount of Each Disbursement this Period [] 79.00
City Morrisville	State NC	Zip Code 27560
Purpose of Disbursement Emails	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ink48		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 653 11th Avenue		FEC Identification Number C [] Transaction ID : SB21B.8347. Amount of Each Disbursement this Period [] 499.87
City New York	State NY	Zip Code 10036
Purpose of Disbursement Lodging	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Ink48		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 653 11th Avenue		FEC Identification Number C Transaction ID : SB21B.8347.1 Amount of Each Disbursement this Period 449.87
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Ink48		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 653 11th Avenue		FEC Identification Number C Transaction ID : SB21B.8347.1 Amount of Each Disbursement this Period 449.87
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Homewood Suites-Beachwood		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 25725 Central Parkway		FEC Identification Number C Transaction ID : SB21B.8347.1 Amount of Each Disbursement this Period 215.76
City Beachwood	State OH	
Zip Code 44122	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. J. Gilbert's		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017	
Mailing Address 1 E. Campus View Blvd		FEC Identification Number C [] Transaction ID : SB21B.8347. Amount of Each Disbursement this Period [] 628.90	
City Columbus	State OH	Zip Code 43235	Category/ Type []
Purpose of Disbursement Food and Beverages		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. iContact		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017	
Mailing Address 2450 Perimeter Park Dr.		FEC Identification Number C [] Transaction ID : SB21B.8347.1 Amount of Each Disbursement this Period [] 79.00	
City Morrisville	State NC	Zip Code 27560	Category/ Type []
Purpose of Disbursement Emails		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Google		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017	
Mailing Address 1600 Amphitheater Parkway		FEC Identification Number C [] Transaction ID : SB21B.8347. Amount of Each Disbursement this Period [] 25.00	
City Mountain View	State CA	Zip Code 94043	Category/ Type []
Purpose of Disbursement Emails		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial)

A. Cheryl's Cookies

Mailing Address 410 W. 10th Avenue

City Columbus State OH Zip Code 43210

Purpose of Disbursement
Gifts-Cookies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.8347.
Amount of Each Disbursement this Period
71.97

Memo Item

Full Name (Last, First, Middle Initial)

B. The Top Steakhouse

Mailing Address 2891 East Main Street

City Columbus State OH Zip Code 43209

Purpose of Disbursement
Food and Beverages

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.8347.1
Amount of Each Disbursement this Period
608.80

Memo Item

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address 3875 Airways Blvd

City Memphis State TN Zip Code 38116

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.8347.
Amount of Each Disbursement this Period
2945.64

Memo Item

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

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

0.00

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017
Mailing Address PO Box 299051		FEC Identification Number C [] Transaction ID : SB21B.8367 Amount of Each Disbursement this Period [] 4913.49
City Ft. Lauderdale	State FL	Zip Code 33329
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. iContact		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017
Mailing Address 2450 Perimeter Park Dr.		FEC Identification Number C [] Transaction ID : SB21B.8367.C Amount of Each Disbursement this Period [] 79.00
City Morrisville	State NC	Zip Code 27560
Purpose of Disbursement Emails		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Google		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017
Mailing Address 1600 Amphitheater Parkway		FEC Identification Number C [] Transaction ID : SB21B.8367. Amount of Each Disbursement this Period [] 25.00
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Emails		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 4913.49
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Hilton Fort Wayne		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017	
Mailing Address 102 S. Calhoun St		FEC Identification Number C [REDACTED]	
City Fort Wayne	State IN	Zip Code 46802	Transaction ID : SB21B.8367.3
Purpose of Disbursement Lodging		Category/ Type	Amount of Each Disbursement this Period 299.06
Candidate Name			<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Hilton		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017	
Mailing Address Advance Purchase		FEC Identification Number C [REDACTED]	
City Memphis	State TN	Zip Code 38117	Transaction ID : SB21B.8367.3
Purpose of Disbursement Lodging		Category/ Type	Amount of Each Disbursement this Period 379.61
Candidate Name			<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Omni Montelucia		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017	
Mailing Address 4646 E. Lincoln Drive		FEC Identification Number C [REDACTED]	
City Scottsdale	State AZ	Zip Code 85253	Transaction ID : SB21B.8367.3
Purpose of Disbursement Lodging		Category/ Type	Amount of Each Disbursement this Period 1265.09
Candidate Name			<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Columbus Transportation and Tours		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017
Mailing Address 2999 Switzer Avenue		FEC Identification Number C [] Transaction ID : SB21B.8367.! Amount of Each Disbursement this Period [] 1375.00
City Columbus	State OH	Zip Code 43219
Purpose of Disbursement Private Car/Bus Service		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Ohio State University		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017
Mailing Address 281 W. Lane Avenue		FEC Identification Number C [] Transaction ID : SB21B.8367.€ Amount of Each Disbursement this Period [] 914.59
City Columbus	State OH	Zip Code 43210
Purpose of Disbursement Food and Beverages		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Pasqualone La Plaia		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017
Mailing Address 5576 Emporium Square		FEC Identification Number C [] Transaction ID : SB21B.8367. Amount of Each Disbursement this Period [] 427.44
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement Food and Beverages		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 299051

City Ft. Lauderdale State FL Zip Code 33329

Purpose of Disbursement
CREDIT CARD PAYMENT

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
12 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB21B.8373
Amount of Each Disbursement this Period
2434.57

Memo Item

Full Name (Last, First, Middle Initial)

B. 21C Museum Hotels

Mailing Address 200 NE A Street

City Bentonville State AR Zip Code 72712

Purpose of Disbursement
Lodging

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
12 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB21B.8373.C
Amount of Each Disbursement this Period
992.56

Memo Item

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheater Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Emails

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
12 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB21B.8373.
Amount of Each Disbursement this Period
26.88

Memo Item

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

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

2434.57

**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"/> 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)
New Day for America

A. iContact

Full Name (Last, First, Middle Initial)

Mailing Address 2450 Perimeter Park Dr.

City Morrisville State NC Zip Code 27560

Purpose of Disbursement Emails

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8373.3

Amount of Each Disbursement this Period: 79.00

Memo Item

B. American Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 4330 Amon Carter Blvd

City Forth Worth State TX Zip Code 76155

Purpose of Disbursement Plane Ticket

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8373.3

Amount of Each Disbursement this Period: 872.60

Memo Item

C. American Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 4330 Amon Carter Blvd

City Forth Worth State TX Zip Code 76155

Purpose of Disbursement Plane Ticket

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8373.3

Amount of Each Disbursement this Period: 35.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Lindey's Restaurant		Date of Disbursement MM / DD / YYYY 12 / 30 / 2017	
Mailing Address 169 E. Beck Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8373.! Amount of Each Disbursement this Period [REDACTED] 222.41	
City Columbus	State OH	Zip Code 43206	Category/ Type [REDACTED]
Purpose of Disbursement Food and Beverages		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. CORNUCOPIA		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017	
Mailing Address 2474 E MAIN STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8345 Amount of Each Disbursement this Period [REDACTED] 1913.69	
City COLUMBUS	State OH	Zip Code 43209	Category/ Type [REDACTED]
Purpose of Disbursement FOOD AND BEVERAGES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. CORNUCOPIA		Date of Disbursement MM / DD / YYYY 12 / 30 / 2017	
Mailing Address 2474 E MAIN STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8371 Amount of Each Disbursement this Period [REDACTED] 1695.00	
City COLUMBUS	State OH	Zip Code 43209	Category/ Type [REDACTED]
Purpose of Disbursement FOOD AND BEVERAGES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 3608.69
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. E-BEE PRINTING INC		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017	
Mailing Address 70 SOUTH FRONT STREET			
City COLUMBUS	State OH	Zip Code 43215	
Purpose of Disbursement PRINTING		FEC Identification Number C [REDACTED]	
Candidate Name		Transaction ID : SB21B.8331 Amount of Each Disbursement this Period [REDACTED] 14.08	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. GARCEA, JORDAN, , Mr.,		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017	
Mailing Address 41 S HIGH STREET			
City COLUMBUS	State OH	Zip Code 43215	
Purpose of Disbursement CONSULTING FEE		FEC Identification Number C [REDACTED]	
Candidate Name		Transaction ID : SB21B.8300 Amount of Each Disbursement this Period [REDACTED] 1200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. GARCEA, JORDAN, , Mr.,		Date of Disbursement MM / DD / YYYY 08 / 08 / 2017	
Mailing Address 41 S HIGH STREET			
City COLUMBUS	State OH	Zip Code 43215	
Purpose of Disbursement CONSULTING FEE		FEC Identification Number C [REDACTED]	
Candidate Name		Transaction ID : SB21B.8309 Amount of Each Disbursement this Period [REDACTED] 600.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1814.08
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. GARCEA, JORDAN, , Mr.,		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017	
Mailing Address 41 S HIGH STREET		FEC Identification Number C [] Transaction ID : SB21B.8334	
City COLUMBUS	State OH	Zip Code 43215	Amount of Each Disbursement this Period [] 600.00
Purpose of Disbursement CONSULTING FEE		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. GARCEA, JORDAN, , Mr.,		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017	
Mailing Address 41 S HIGH STREET		FEC Identification Number C [] Transaction ID : SB21B.8342	
City COLUMBUS	State OH	Zip Code 43215	Amount of Each Disbursement this Period [] 600.00
Purpose of Disbursement CONSULTING FEE		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. GARCEA, JORDAN, , Mr.,		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017	
Mailing Address 41 S HIGH STREET		FEC Identification Number C [] Transaction ID : SB21B.8343	
City COLUMBUS	State OH	Zip Code 43215	Amount of Each Disbursement this Period [] 234.33
Purpose of Disbursement REIMBURSE EXPENSES		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1434.33
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. GARCEA, JORDAN, , Mr.,		Date of Disbursement MM / DD / YYYY 12 / 30 / 2017	
Mailing Address 41 S HIGH STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8370 Amount of Each Disbursement this Period [REDACTED] 1050.00	
City COLUMBUS	State OH	Zip Code 43215	Category/ Type [REDACTED]
Purpose of Disbursement CONSULTING FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Huntington National Bank		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address PO Box 1558		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8303 Amount of Each Disbursement this Period [REDACTED] 53.00	
City Columbus	State OH	Zip Code 43216	Category/ Type [REDACTED]
Purpose of Disbursement WIRE FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Huntington National Bank		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address PO Box 1558		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8304 Amount of Each Disbursement this Period [REDACTED] 59.90	
City Columbus	State OH	Zip Code 43216	Category/ Type [REDACTED]
Purpose of Disbursement BANK FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

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

[REDACTED] 1162.90
[REDACTED]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Huntington National Bank		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address PO Box 1558		FEC Identification Number C [] Transaction ID : SB21B.8322	
City Columbus	State OH	Zip Code 43216	Amount of Each Disbursement this Period [] 80.00
Purpose of Disbursement OUTGOING WIRE FEES		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Huntington National Bank		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address PO Box 1558		FEC Identification Number C [] Transaction ID : SB21B.8323	
City Columbus	State OH	Zip Code 43216	Amount of Each Disbursement this Period [] 700.15
Purpose of Disbursement MERCHANT FEES		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Huntington National Bank		Date of Disbursement MM / DD / YYYY 09 / 05 / 2017	
Mailing Address PO Box 1558		FEC Identification Number C [] Transaction ID : SB21B.8325	
City Columbus	State OH	Zip Code 43216	Amount of Each Disbursement this Period [] 44.95
Purpose of Disbursement MERCHANT FEES		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 825.10
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Huntington National Bank		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017
Mailing Address PO Box 1558		FEC Identification Number C [] Transaction ID : SB21B.8336 Amount of Each Disbursement this Period [] 44.95
City Columbus	State OH	Zip Code 43216
Purpose of Disbursement MERCHANT FEES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Huntington National Bank		Date of Disbursement MM / DD / YYYY 10 / 16 / 2017
Mailing Address PO Box 1558		FEC Identification Number C [] Transaction ID : SB21B.8341 Amount of Each Disbursement this Period [] 70.00
City Columbus	State OH	Zip Code 43216
Purpose of Disbursement OUTGOING WIRE FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Huntington National Bank		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017
Mailing Address PO Box 1558		FEC Identification Number C [] Transaction ID : SB21B.8356 Amount of Each Disbursement this Period [] 44.95
City Columbus	State OH	Zip Code 43216
Purpose of Disbursement MERCHANT FEES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 159.90
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Huntington National Bank		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017
Mailing Address PO Box 1558		FEC Identification Number C [] Transaction ID : SB21B.8360 Amount of Each Disbursement this Period [] 44.95
City Columbus	State OH	Zip Code 43216
Purpose of Disbursement MERCHANT FEES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Huntington National Bank		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017
Mailing Address PO Box 1558		FEC Identification Number C [] Transaction ID : SB21B.8368 Amount of Each Disbursement this Period [] 88.00
City Columbus	State OH	Zip Code 43216
Purpose of Disbursement WIRE FEES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. KERSCHNER CONSULTING LTC		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address PO BOX 507		FEC Identification Number C [] Transaction ID : SB21B.8299 Amount of Each Disbursement this Period [] 1500.00
City TIFFIN	State OH	Zip Code 44883
Purpose of Disbursement FUNDRAISING FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1632.95
TOTAL This Period (last page this line number only).....▶	[]

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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial)
A. KERSCHNER CONSULTING LTC

Mailing Address **PO BOX 507**

City **TIFFIN** State **OH** Zip Code **44883**

Purpose of Disbursement
FUNDRAISING CONSULTING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **08 / 15 / 2017**

FEC Identification Number: **C**
Transaction ID : SB21B.8310
Amount of Each Disbursement this Period: **1500.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. KERSCHNER CONSULTING LTC

Mailing Address **PO BOX 507**

City **TIFFIN** State **OH** Zip Code **44883**

Purpose of Disbursement
FUNDRAISING CONSULTING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **09 / 13 / 2017**

FEC Identification Number: **C**
Transaction ID : SB21B.8330
Amount of Each Disbursement this Period: **1500.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. KERSCHNER CONSULTING LTC

Mailing Address **PO BOX 507**

City **TIFFIN** State **OH** Zip Code **44883**

Purpose of Disbursement
FUNDRAISING CONSULTING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 03 / 2017**

FEC Identification Number: **C**
Transaction ID : SB21B.8339
Amount of Each Disbursement this Period: **1500.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **4500.00**

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

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial)
A. KERSCHNER CONSULTING LTC

Date of Disbursement: / /

Mailing Address: PO BOX 507

City: TIFFIN State: OH Zip Code: 44883

Purpose of Disbursement: FUNDRAISING CONSULTING FEE

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number:
Transaction ID : SB21B.8348

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)
B. KERSCHNER CONSULTING LTC

Date of Disbursement: / /

Mailing Address: PO BOX 507

City: TIFFIN State: OH Zip Code: 44883

Purpose of Disbursement: FUNDRAISING CONSULTING FEE

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number:
Transaction ID : SB21B.8362

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)
C. Red Tack Strategies LLC

Date of Disbursement: / /

Mailing Address: 113 S Ardmore

City: Bexley State: OH Zip Code: 43209

Purpose of Disbursement: CONSULTING FEE

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number:
Transaction ID : SB21B.8305

Amount of Each Disbursement this Period:

Memo Item

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

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

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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Red Tack Strategies LLC		Date of Disbursement MM / DD / YYYY 09 / 08 / 2017
Mailing Address 113 S Ardmore		FEC Identification Number C Transaction ID : SB21B.8327 Amount of Each Disbursement this Period 1500.00
City Bexley	State OH	
Zip Code 43209	Purpose of Disbursement CONSULTING FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Red Tack Strategies LLC		Date of Disbursement MM / DD / YYYY 10 / 03 / 2017
Mailing Address 113 S Ardmore		FEC Identification Number C Transaction ID : SB21B.8337 Amount of Each Disbursement this Period 1500.00
City Bexley	State OH	
Zip Code 43209	Purpose of Disbursement CONSULTING FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Red Tack Strategies LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017
Mailing Address 113 S Ardmore		FEC Identification Number C Transaction ID : SB21B.8355 Amount of Each Disbursement this Period 5000.00
City Bexley	State OH	
Zip Code 43209	Purpose of Disbursement CONSULTING FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

8000.00

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

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Red Tack Strategies LLC		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017	
Mailing Address 113 S Ardmore		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8365 Amount of Each Disbursement this Period 9500.00	
City Bexley	State OH	Zip Code 43209	Category/ Type
Purpose of Disbursement CONSULTING FEE			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Right Digital LLC		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017	
Mailing Address 408 E. Scheyer Place		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8298 Amount of Each Disbursement this Period 2250.00	
City Columbus	State OH	Zip Code 43214	Category/ Type
Purpose of Disbursement CONSULTING FEE			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Right Digital LLC		Date of Disbursement MM / DD / YYYY 08 / 17 / 2017	
Mailing Address 408 E. Scheyer Place		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8316 Amount of Each Disbursement this Period 2250.00	
City Columbus	State OH	Zip Code 43214	Category/ Type
Purpose of Disbursement CONSULTING FEE			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	9500.00
TOTAL This Period (last page this line number only).....▶	

**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"/> 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)
New Day for America

A. Right Digital LLC

Full Name (Last, First, Middle Initial)

Mailing Address 408 E. Scheyer Place

City Columbus State OH Zip Code 43214

Purpose of Disbursement CONSULTING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8328

Amount of Each Disbursement this Period: 2250.00

Memo Item

B. Right Digital LLC

Full Name (Last, First, Middle Initial)

Mailing Address 408 E. Scheyer Place

City Columbus State OH Zip Code 43214

Purpose of Disbursement CONSULTING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8338

Amount of Each Disbursement this Period: 2250.00

Memo Item

C. Right Digital LLC

Full Name (Last, First, Middle Initial)

Mailing Address 408 E. Scheyer Place

City Columbus State OH Zip Code 43214

Purpose of Disbursement CONSULTING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8354

Amount of Each Disbursement this Period: 2250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6750.00

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

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Right Digital LLC		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017
Mailing Address 408 E. Scheyer Place		FEC Identification Number C [] Transaction ID : SB21B.8366 Amount of Each Disbursement this Period [] 2250.00
City Columbus	State OH	Zip Code 43214
Purpose of Disbursement CONSULTING FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ST. MARTIN'S PRESS		Date of Disbursement MM / DD / YYYY 08 / 17 / 2017
Mailing Address 175 5TH AVENUE		FEC Identification Number C [] Transaction ID : SB21B.8314 Amount of Each Disbursement this Period [] 13166.71
City NEW YORK	State NY	Zip Code 10010
Purpose of Disbursement BOOK PURCHASE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. The Network Companies LLC		Date of Disbursement MM / DD / YYYY 07 / 03 / 2017
Mailing Address 7062 Comanche Trail		FEC Identification Number C [] Transaction ID : SB21B.8295 Amount of Each Disbursement this Period [] 10000.00
City Austin	State TX	Zip Code 78732
Purpose of Disbursement CONSULTING FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 25416.71
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

A. The Network Companies LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 7062 Comanche Trail

M M M	/	D D D	/	Y Y Y Y Y
07		31		2017

City Austin State TX Zip Code 78732

FEC Identification Number

Purpose of Disbursement
CONSULTING FEE

C

Candidate Name

Transaction ID : SB21B.8302

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

10000.00

Memo Item

B. The Network Companies LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 7062 Comanche Trail

M M M	/	D D D	/	Y Y Y Y Y
09		01		2017

City Austin State TX Zip Code 78732

FEC Identification Number

Purpose of Disbursement
CONSULTING FEE

C

Candidate Name

Transaction ID : SB21B.8324

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

10000.00

Memo Item

C. The Network Companies LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 7062 Comanche Trail

M M M	/	D D D	/	Y Y Y Y Y
09		29		2017

City Austin State TX Zip Code 78732

FEC Identification Number

Purpose of Disbursement
CONSULTING FEE

C

Candidate Name

Transaction ID : SB21B.8335

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

10000.00

Memo Item

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

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

30000.00

--

**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"/> 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)
New Day for America

A. The Network Companies LLC

Full Name (Last, First, Middle Initial)
Mailing Address 7062 Comanche Trail

City Austin State TX Zip Code 78732

Purpose of Disbursement
CONSULTING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C
Transaction ID : SB21B.8353
Amount of Each Disbursement this Period: 10000.00

Memo Item

B. The Network Companies LLC

Full Name (Last, First, Middle Initial)
Mailing Address 7062 Comanche Trail

City Austin State TX Zip Code 78732

Purpose of Disbursement
CONSULTING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 21 / 2017

FEC Identification Number: C
Transaction ID : SB21B.8358
Amount of Each Disbursement this Period: 10000.00

Memo Item

C. The Network Companies LLC

Full Name (Last, First, Middle Initial)
Mailing Address 7062 Comanche Trail

City Austin State TX Zip Code 78732

Purpose of Disbursement
CONSULTING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 29 / 2017

FEC Identification Number: C
Transaction ID : SB21B.8369
Amount of Each Disbursement this Period: 10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 30000.00

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

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Winterset CPA Group		Date of Disbursement MM / DD / YYYY 08 / 03 / 2017	
Mailing Address 4679 Winterset Drive		FEC Identification Number C [] Transaction ID : SB21B.8307 Amount of Each Disbursement this Period [] 502.50	
City Columbus	State OH	Zip Code 43220	Category/ Type []
Purpose of Disbursement ACCOUNTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Winterset CPA Group		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017	
Mailing Address 4679 Winterset Drive		FEC Identification Number C [] Transaction ID : SB21B.8311 Amount of Each Disbursement this Period [] 1807.50	
City Columbus	State OH	Zip Code 43220	Category/ Type []
Purpose of Disbursement ACCOUNTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Winterset CPA Group		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017	
Mailing Address 4679 Winterset Drive		FEC Identification Number C [] Transaction ID : SB21B.8332 Amount of Each Disbursement this Period [] 337.50	
City Columbus	State OH	Zip Code 43220	Category/ Type []
Purpose of Disbursement ACCOUNTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2647.50
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Winterset CPA Group		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address 4679 Winterset Drive		FEC Identification Number C [] Transaction ID : SB21B.8344 Amount of Each Disbursement this Period [] 518.75
City Columbus	State OH	Zip Code 43220
Purpose of Disbursement ACCOUNTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Winterset CPA Group		Date of Disbursement MM / DD / YYYY 11 / 29 / 2017
Mailing Address 4679 Winterset Drive		FEC Identification Number C [] Transaction ID : SB21B.8359 Amount of Each Disbursement this Period [] 300.00
City Columbus	State OH	Zip Code 43220
Purpose of Disbursement ACCOUNTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Winterset CPA Group		Date of Disbursement MM / DD / YYYY 12 / 30 / 2017
Mailing Address 4679 Winterset Drive		FEC Identification Number C [] Transaction ID : SB21B.8372 Amount of Each Disbursement this Period [] 1453.75
City Columbus	State OH	Zip Code 43220
Purpose of Disbursement ACCOUNTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[] 2272.50

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

[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Zhdan, Nazar, , ,		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address 41 South High Street Ste 3710		FEC Identification Number C [] Transaction ID : SB21B.8296
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement CONSULTING FEE		Amount of Each Disbursement this Period [] 600.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Zhdan, Nazar, , ,		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address 41 South High Street Ste 3710		FEC Identification Number C [] Transaction ID : SB21B.8297
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement REIMBURSE TRAVEL EXPENSES		Amount of Each Disbursement this Period [] 3223.87
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address 4600 International Gateway		FEC Identification Number C [] Transaction ID : SB21B.8297.
City Columbus	State OH	Zip Code 43219
Purpose of Disbursement PLANE TICKET		Amount of Each Disbursement this Period [] 748.40
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3823.87
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. AVIS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address Central Terminal Dr.		FEC Identification Number C [] Transaction ID : SB21B.8297. Amount of Each Disbursement this Period [] 236.71
City East Elmhurst	State NY	Zip Code 11371
Purpose of Disbursement CAR RENTAL	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. AVIS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address Central Terminal Dr.		FEC Identification Number C [] Transaction ID : SB21B.8297.2 Amount of Each Disbursement this Period [] 257.57
City East Elmhurst	State NY	Zip Code 11371
Purpose of Disbursement CAR RENTAL	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address 4600 International Gateway		FEC Identification Number C [] Transaction ID : SB21B.8297. Amount of Each Disbursement this Period [] 478.40
City Columbus	State OH	Zip Code 43219
Purpose of Disbursement PLANE TICKET	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial)
A. ATTON BRICKELL MIAMI HOTEL

Mailing Address 1500 SW 1ST AVE

City MIAMI State FL Zip Code 33129

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.8297.4
Amount of Each Disbursement this Period
240.89

Memo Item

Full Name (Last, First, Middle Initial)
B. Southwest Air

Mailing Address PO Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement
PLANE TICKET

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.8297.5
Amount of Each Disbursement this Period
655.96

Memo Item

Full Name (Last, First, Middle Initial)
C. Zhdan, Nazar, , ,

Mailing Address 41 South High Street
Ste 3710

City Columbus State OH Zip Code 43215

Purpose of Disbursement
CONSULTING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2017

FEC Identification Number

C
Transaction ID : SB21B.8317
Amount of Each Disbursement this Period
1200.00

Memo Item

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

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

1200.00

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Zhdan, Nazar, , ,		Date of Disbursement MM / DD / YYYY 08 / 25 / 2017
Mailing Address 41 South High Street Ste 3710		FEC Identification Number C Transaction ID : SB21B.8318 Amount of Each Disbursement this Period 841.96
City Columbus	State OH	
Zip Code 43215	Purpose of Disbursement REIMBURSE EXPENSES	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Southwest Air		Date of Disbursement MM / DD / YYYY 08 / 25 / 2017
Mailing Address PO Box 36647-1CR		FEC Identification Number C Transaction ID : SB21B.8318.c Amount of Each Disbursement this Period 841.96
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement PLANE TICKET-WEAVER	Memo Item <input checked="" type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Zhdan, Nazar, , ,		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 41 South High Street Ste 3710		FEC Identification Number C Transaction ID : SB21B.8349 Amount of Each Disbursement this Period 1200.00
City Columbus	State OH	
Zip Code 43215	Purpose of Disbursement CONSULTING FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

2041.96

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

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. Zhdan, Nazar, , ,		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 41 South High Street Ste 3710		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8350 Amount of Each Disbursement this Period 7592.95
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement REIMBURSE EXPENSES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8350.c Amount of Each Disbursement this Period 467.40
City Forth Worth	State TX	Zip Code 76155
Purpose of Disbursement PLANE TICKET		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8350. Amount of Each Disbursement this Period 700.40
City Forth Worth	State TX	Zip Code 76155
Purpose of Disbursement PLANE TICKET		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	7592.95
TOTAL This Period (last page this line number only).....▶	

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C Transaction ID : SB21B.8350.3 Amount of Each Disbursement this Period 700.40
City Forth Worth	State TX	
Zip Code 76155	Purpose of Disbursement PLANE TICKET	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Southwest Air		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address PO Box 36647-1CR		FEC Identification Number C Transaction ID : SB21B.8350.3 Amount of Each Disbursement this Period 266.95
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement PLANE TICKET	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C Transaction ID : SB21B.8350.3 Amount of Each Disbursement this Period 177.20
City Forth Worth	State TX	
Zip Code 76155	Purpose of Disbursement PLANE TICKET	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**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"/> 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)
New Day for America

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C Transaction ID : SB21B.8350.! Amount of Each Disbursement this Period 500.39
City Forth Worth	State TX	
Zip Code 76155	Purpose of Disbursement PLANE TICKET	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 2 N. LaSalle Street		FEC Identification Number C Transaction ID : SB21B.8350.€ Amount of Each Disbursement this Period 1249.60
City Chicago	State IL	
Zip Code 60602	Purpose of Disbursement PLANE TICKET	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. HYATT REGENCY WASHINGTON		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 400 NEW JERSEY NW		FEC Identification Number C Transaction ID : SB21B.8350. Amount of Each Disbursement this Period 308.01
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement LODGING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**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"/> 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

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)
New Day for America

A. COURTYARD MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 133 GREENWICH ST

City NEW YORK State NY Zip Code 10006

Purpose of Disbursement LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8350.1

Amount of Each Disbursement this Period: 312.00

Memo Item

B. Southwest Air

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement PLANE TICKET

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8350.1

Amount of Each Disbursement this Period: 204.98

Memo Item

C. Delta Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 4600 International Gateway

City Columbus State OH Zip Code 43219

Purpose of Disbursement PLANE TICKET

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8350.1

Amount of Each Disbursement this Period: 853.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

**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"/> 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)
New Day for America

A. HILTON COLUMBUS EASTON

Full Name (Last, First, Middle Initial)

Mailing Address 3900 CHAGRIN BLVD

City COLUMBUS State OH Zip Code 43219

Purpose of Disbursement LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8350.

Amount of Each Disbursement this Period: 509.79

Memo Item

B. Southwest Air

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement PLANE TICKET

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8350.1

Amount of Each Disbursement this Period: 595.96

Memo Item

C. Southwest Air

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement PLANE TICKET

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8350.

Amount of Each Disbursement this Period: 470.58

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

**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"/> 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)
New Day for America

A. Full Name (Last, First, Middle Initial)
Zhdan, Nazar, , ,

Date of Disbursement: / /

Mailing Address: 41 South High Street Ste 3710

City: Columbus State: OH Zip Code: 43215

Purpose of Disbursement: CONSULTING FEE

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type:

FEC Identification Number: Transaction ID : **SB21B.8374**

Amount of Each Disbursement this Period:

Memo Item

B. Full Name (Last, First, Middle Initial)

Date of Disbursement: / /

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:

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

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

Date of Disbursement: / /

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:

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="180988.02"/>