

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New Power PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489252 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Allegra Print & Imaging			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 12 / 2016</div> </div>		
Mailing Address 198 Moore Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12464.68</div>		
City Lexington	State KY	Zip Code 40503	Transaction ID : SE.4906 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 12 / 2016</div> </div>		
Purpose of Expenditure postcard mailing (printing, postage)		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>			
Name of Federal Candidate SELLUS WILDER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; text-align: right;">26799.46</div>					

Full Name of Payee Kentuckians For The Commonwealth			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 12 / 2016</div> </div>		
Mailing Address PO Box 1450			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>		
City London	State KY	Zip Code 40743	Transaction ID : SE.4900 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 12 / 2016</div> </div>		
Purpose of Expenditure in kind in house printing of postcards		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">005</div>			
Name of Federal Candidate SELLUS WILDER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; text-align: right;">10278.08</div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">12514.68</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Heather Roe Mahoney

[Electronically Filed]

Date

MM / DD / YYYY
05 / 12 / 2016

Signature

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

NAME OF COMMITTEE (In Full) New Power PAC		FEC IDENTIFICATION NUMBER ▼ C C00489252	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kentuckians For The Commonwealth			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 12 / 2016		
Mailing Address PO Box 1450			Amount 3448.75		
City London	State KY	Zip Code 40743	Transaction ID : SE.4902		
Purpose of Expenditure In Kind: contacts for mailings		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2016		
Name of Federal Candidate SELLUS WILDER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought		13726.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Ms Heather Roe Mahoney			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 15 / 2016		
Mailing Address 250 Plaza Drive Suite 4			Amount 607.95		
City Lexington	State KY	Zip Code 40503	Transaction ID : SE.4904		
Purpose of Expenditure reimbursement for covering news ad in Appalachian News Express		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2016		
Name of Federal Candidate SELLUS WILDER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought		14334.78	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4056.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	16571.38

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Heather Roe Mahoney

[Electronically Filed]

Date

MM / DD / YYYY
05 / 12 / 2016

Signature