

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED
FEC MAIL CENTER

2016 JUL 15 AM 9:57

1. (a) Name of Individual, Organization or Corporation New Deal For America	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 43 Barr Farm Road	
(c) City, State and ZIP Code Bedford, NH, 03110	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number C00608596

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report
- 24-Hour Report
 48-Hour Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M M M / D D D / Y Y Y Y Y Y Y Y

5. COVERING PERIOD:

FROM M M M / D D D / Y Y Y Y Y Y Y Y
THROUGH M M M / D D D / Y Y Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS \$ 0 M M M / D D D / Y Y Y Y Y Y Y Y 0.00

7. TOTAL INDEPENDENT EXPENDITURES \$ 0 M M M / D D D / Y Y Y Y Y Y Y Y 0.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Stevan Tempesta

Stevan Tempesta

7/14/16

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

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

20160715 00004152

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)

A. Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
<input type="text"/>		<input type="text"/>	
Name of Employer		Occupation	

B. Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
<input type="text"/>		<input type="text"/>	
Name of Employer		Occupation	

C. Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
<input type="text"/>		<input type="text"/>	
Name of Employer		Occupation	

D. Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
<input type="text"/>		<input type="text"/>	
Name of Employer		Occupation	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
TOTAL This Period (last page carry total to Line 6)	<input type="text"/>

11-15-2008 10:51:00 AM

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Steven Thomas Tempesta, Jr.

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought:	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought:	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought:	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	\$ 0	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	\$ 0	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	\$ 0	0.00

2016071500008444

UNITED STATES POSTAL SERVICE

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



1007

20463

U.S. POSTAGE
PAID
NEW YORK, NY
10025
JUL 14 16
AMOUNT

\$22.95
R2304E104760-12

PRIORITY MAIL EXPRESS™

FASTEST SERVICE IN THE U.S.



EL246557277US

ATIONAL USE

PRIORITY MAIL EXPRESS™



WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE () 212 460 2

2000 IMPRESO
2000 IMPRESO
2000 IMPRESO

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE () 202 452 4

Federal Election Commission
494 E Street, NW
Washington DC, 20543

ZIP + 4® (U.S. ADDRESSES ONLY)

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
■ \$100.00 Insurance Included.

ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DFO
PO ZIP Code	Schedule Delivery Date (MM/DD/YYYY)	Postage	
1002571516	7/14/16	22.95	
Drop Accepted (MM/DD/YYYY)	Schedule Delivery Time	Insurance Fee	COD Fee
7/14/16	10:30 AM - 3:00 PM		
Time Accepted	12 NOON	Return Receipt Fee	Live Animal Transportation Fee
5:00 PM	10:30 AM Delivery Fee		
Weight lbs. ozs.	Flat Rate	Total Postage & Fees	
	Sunday/Holiday Premium Fee	22.95	
	Employee Initials		

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY) Time	Employee Signature
Delivery Attempt (MM/DD/YYYY) Time	Employee Signature

LABEL 11-B, SEPTEMBER 2015 PSN 7690-02-000-9998 3-ADDRESSEE COPY

INTERNATIONALLY,
A POSTAGE AND INSURANCE
DECLARATION MAY BE REQUIRED.

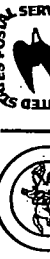


13 OD: 12.5 x 9.5



1000006

VISIT US AT USPS.COM®



UNITED STATES

This packaging is the property of the U.S. Postal Service® and is provided solely for use in sending Priority Mail Express™ shipments. Misuse may be a violation of federal law. This packaging is not for resale. EPT3F © U.S. Postal Service, July 2013. All rights reserved.

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 7/19/16
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER

7/15/16
DATE PREPARED

20160715 00001-110