

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>New Power PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Facebook inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2020</b>	
Mailing Address <b>1601 Willow Road</b>		Amount <b>4.90</b>	
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>	Transaction ID : <b>SE.6033</b>
Purpose of Expenditure social media ads	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2020</b>	
Name of Federal Candidate <b>MCCONNELL, MITCH, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1316.03</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Facebook inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2020</b>	
Mailing Address <b>1601 Willow Road</b>		Amount <b>90.19</b>	
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>	Transaction ID : <b>SE.6034</b>
Purpose of Expenditure social media ads	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2020</b>	
Name of Federal Candidate <b>MCCONNELL, MITCH, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1406.22</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>95.09</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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

*Mahoney, Heather, Roe, Ms,*

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 18 / 2020**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>New Power PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Facebook inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2020</b>	
Mailing Address <b>1601 Willow Road</b>		Amount <b>571.38</b>	
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>	Transaction ID : <b>SE.6035</b>
Purpose of Expenditure social media ads	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2020</b>	
Name of Federal Candidate <b>MCCONNELL, MITCH, ,</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1977.60</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Facebook inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2020</b>	
Mailing Address <b>1601 Willow Road</b>		Amount <b>89.54</b>	
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>	Transaction ID : <b>SE.6036</b>
Purpose of Expenditure social media ads	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 18 / 2020</b>	
Name of Federal Candidate <b>MCCONNELL, MITCH, ,</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2067.14</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>660.92</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Mahoney, Heather, Roe, Ms,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 18 / 2020**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>New Power PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Facebook inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2020</b>	
Mailing Address 1601 Willow Road		Amount <b>578.44</b>	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : <b>SE.6037</b>
Purpose of Expenditure social media ads	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 18 / 2020</b>	
Name of Federal Candidate MCCONNELL, MITCH, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>Facebook inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2020</b>	
Mailing Address 1601 Willow Road		Amount <b>60.13</b>	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : <b>SE.6038</b>
Purpose of Expenditure social media ads	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 18 / 2020</b>	
Name of Federal Candidate MCCONNELL, MITCH, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<b>638.57</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►	
(c) TOTAL Independent Expenditures..... ►	

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

Mahoney, Heather, Roe, Ms,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 18 / 2020**

Signature

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

 PAGE 4 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>New Power PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>Facebook inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>17</div><div>2020</div></div>	
Mailing Address 1601 Willow Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.79</div>	
City Menlo Park	State CA	Zip Code 94025	<b>Transaction ID : SE.6039</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>18</div><div>2020</div></div>
Purpose of Expenditure social media ads		Category/Type 004	
Name of Federal Candidate MCCONNELL, MITCH, , ,		<input type="checkbox"/> Support <input checked="" 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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2716.50</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div></div><div></div><div></div></div>
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10.79</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1405.37</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.

Mahoney, Heather, Roe, Ms,

[Electronically Filed]

Date

 MM / DD / YYYY  

10

18

2020

Signature