

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

 PAGE 1 OF 1  
 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>Allegra Print &amp; Imaging</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 23 / 2014</b>		
Mailing Address <b>198 Moore Drive</b>			Amount <b>953.36</b>		
City <b>Lexington</b>	State <b>KY</b>	Zip Code <b>40503</b>	Transaction ID : <b>SE.4727</b>		
Purpose of Expenditure postage: postcard		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 22 / 2014</b>		
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>3483.30</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Allegra Print &amp; Imaging</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 23 / 2014</b>		
Mailing Address <b>198 Moore Drive</b>			Amount <b>2529.94</b>		
City <b>Lexington</b>	State <b>KY</b>	Zip Code <b>40503</b>	Transaction ID : <b>SE.4728</b>		
Purpose of Expenditure printing: postcard		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 22 / 2014</b>		
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>2529.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>3483.30</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶			<b>3483.30</b>		
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.					
Signature <u>Ms Heather Roe Mahoney</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY <b>10 / 22 / 2014</b>		