

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

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 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 / 29 / 2014</b>		
Mailing Address <b>198 Moore Drive</b>			Amount <b>1255.92</b>		
City <b>Lexington</b>	State <b>KY</b>	Zip Code <b>40503</b>	Transaction ID : <b>SE.4743</b>		
Purpose of Expenditure printing/postage: postcard		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 29 / 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>		
Calendar Year-To-Date Per Election for Office Sought <b>4739.22</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 / 29 / 2014</b>		
Mailing Address <b>198 Moore Drive</b>			Amount <b>6955.39</b>		
City <b>Lexington</b>	State <b>KY</b>	Zip Code <b>40503</b>	Transaction ID : <b>SE.4744</b>		
Purpose of Expenditure printing/postage: postcard		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 29 / 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>		
Calendar Year-To-Date Per Election for Office Sought <b>11694.61</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>8211.31</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.					
Signature <u>Ms Heather Roe Mahoney</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY <b>10 / 29 / 2014</b>		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
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 / 29 / 2014</b>	
Mailing Address <b>198 Moore Drive</b>		Amount <b>2220.23</b>	
City <b>Lexington</b>	State <b>KY</b>	Zip Code <b>40503</b>	Transaction ID : <b>SE.4745</b>
Purpose of Expenditure printing/postage: postcard	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 29 / 2014</b>	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input 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>13914.84</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 / 29 / 2014</b>	
Mailing Address <b>198 Moore Drive</b>		Amount <b>6955.39</b>	
City <b>Lexington</b>	State <b>KY</b>	Zip Code <b>40503</b>	Transaction ID : <b>SE.4746</b>
Purpose of Expenditure printing/postage: postcard	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 29 / 2014</b>	
Name of Federal Candidate <b>ELISABETH JENSEN</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>6955.39</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>9175.62</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.

Ms Heather Roe Mahoney

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

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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 / 29 / 2014</b>	
Mailing Address <b>198 Moore Drive</b>		Amount <b>2220.23</b>	
City <b>Lexington</b>	State <b>KY</b>	Zip Code <b>40503</b>	Transaction ID : <b>SE.4747</b>
Purpose of Expenditure printing/postage: postcard	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 29 / 2014</b>	
Name of Federal Candidate <b>RONALD ALLEN LEACH</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>02</b> <input type="checkbox"/> President State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2220.23</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
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..... ▶	<b>2220.23</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>19607.16</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.

Ms Heather Roe Mahoney

[Electronically Filed]

Date

MM	DD	YYYY
10	29	2014

Signature