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

Schedule E)		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)  New Power PAC		FEC IDENTIFICATION NUMBER ▼		
TWOW I GWOI I AC		C C00489252		
Check if X 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee Allegra Print & Imaging	1	Date of Public Distribution/Dissemination  10 29 2014		
Mailing Address 198 Moore Drive		10 29 2014 Amount		
City State Zip	Code	1255.92		
1 ·	503	Transaction ID : SE.4743 Date of Disbursement or Obligation		
Purpose of Expenditure printing/postage: postcard	ategory/ Type 004	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support Office S	Sought: House District:		
ALISON LUNDERGAN GRIMES		President Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought 473	Disburs 2014	sement For: Primary X General  Other (specify) ▶		
Full Name of Payee Allegra Print & Imaging		Date of Public Distribution/Dissemination		
Mailing Address 198 Moore Drive		10 29 2014 Amount		
City State Zip	Code	6955.39		
Lexington KY 40	0503 T	ransaction ID : SE.4744 Date of Disbursement or Obligation		
Purpose of Expenditure printing/postage: postcard	ategory/ Type 004	10 / 29 / 2014		
Name of Federal Candidate	Support Office S	Sought: House District:		
ALISON LUNDERGAN GRIMES		President State: KY		
Calendar Year-To-Date Per Election for Office Sought	11694.61 Disburs 2014	sement For:  Primary		
(a) SUBTOTAL of Itemized Independent Expenditures		8211.31		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •	7 7 7		
Under penalty of perjury I certify that the independent expenditures reposition, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		· · · · · · · · · · · · · · · · · · ·		
Ms Heather Roe Mahoney [Electronically	y Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

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

Schedule E)				PAGE 2 OF FOR SE OF FORM 2	3 4/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	
New Power PAC				C C00489252	
				M = M / D = D / Y = Y =	Y
	X New rep	ort Amends r	report filed	on	
Full Name of Payee Allegra Print & Imaging				Date of Public Distribution/Dissemin  10 29 201	YY
Mailing Address 198 Moore Drive				Amount	
City	state	Zip Code		222	20.23
- T	KY	40503		Transaction ID : SE.4745 Date of Disbursement or Obligation	.0.23
Purpose of Expenditure printing/postage: postcard		Category/ Type	004	10 29 201	
Name of Federal Candidate		Suppor	t Offic	Sought: House District: _	
ALISON LUNDERGAN GRIMES		Oppose		President Senate State:	KY
Calendar Year-To-Date Per Election for Office Sought		13914.84	Disb 2014	rsement For: Primary X 0  Other (specify) ▶	General
Full Name of Payee Allegra Print & Imaging				Date of Public Distribution/Dissemin	Y
Mailing Address 198 Moore Drive				Amount	
City	State	Zip Code		6955	5.39
	KY	40503		Transaction ID : SE.4746  Date of Disbursement or Obligation	
Purpose of Expenditure printing/postage: postcard		Category/ Type 0	04	10 / 29 / Y Y Y 201	
Name of Federal Candidate		X Suppor	rt Offic	e Sought: X House District: _	06
ELISABETH JENSEN		Oppose		President Senate State:	KY
Calendar Year-To-Date Per Election for Office Sought		6955.39	Disb 2014	rrsement For: Primary X C  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures				9175.6	32
(4) 002.0				7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures	s		·····		
(c) TOTAL Independent Expenditures			······ <b>&gt;</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	[Electron	ically Filed]	Date	0 29 2014	
Signature					

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

oblicatio E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
New Power PAC	C C00489252			
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Allegra Print & Imaging	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 198 Moore Drive	Amount			
City State Zip Code	2220.23			
Lexington KY 40503	Transaction ID : SE.4747 Date of Disbursement or Obligation			
Purpose of Expenditure printing/postage: postcard Category/ Type 004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	e Sought: X House District: 02			
RONALD ALLEN LEACH Oppose	President Senate State: KY			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M = M / D = D / Y = Y = Y			
Mailing Address	Amount			
City State Zip Code				
	Date of Disbursement or Obligation			
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office	e Sought: House District:			
Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General			
Tel Ziocien ioi Cinco Cougni	Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	2220.23			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	19607.16			
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 1				
Signature				

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