Image# 14978097506 PAGE 1 / 20

### **FEC** FORM 3X

### REPORT OF RECEIPTS **AND DISBURSEMENTS**

	For Other Than An Auti	norizea Committee	Office Us	se Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
NEW AMERICA PAC	NV			
<u> </u>				
ADDRESS (number and street)	203 South Union Street			
Check if different	Suite 300			
than previously reported. (ACC)	Alexandria		VA 22314	
2. FEC IDENTIFICATION N	IUMBER ▼ CIT	-Y ▲	STATE ▲	ZIP CODE 🛦
C C00549006		S THIS NEW (N) OI	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report  Due On:	20 (M2) May 20 (M 20 (M3) Jun 20 (M		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:		20 (M4) Jul 20 (M7		(Non-Election Year Only)  Jan 31 (YE)
April 15 Quarterly Report (	Q1) .			
July 15 Quarterly Report (	BPE Floation	Primary (12P)  Convention (12C)	General (12G)  Special (12S)	Runoff (12R)
October 15 Quarterly Report (	·	Convention (120)		
January 31 Year-End Report (	YE) Election	on on	/	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Repor (TER)	t Electio	on on	/ Y = Y = Y	in the State of
5. Covering Period 0	01 2014	through 06	M / D D / Y Y 30 201	14
I certify that I have examined t	his Report and to the best of	my knowledge and belief it is	true, correct and complet	te.
Type or Print Name of Treasure	er Michael Gruccio			
Signature of Treasurer Mic	hael Gruccio	[Electronically Filed]	Date 10 08	
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signin	g this Report to the penaltic	es of 2 U.S.C. §437g.
Office Use				<b>FORM 3X</b> Rev. 12/2004

### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **NEW AMERICA PAC NV** 04 2014 06 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 24312.40 Beginning of Reporting Period..... 27700.00 2700.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 27012.40 27700.00 6(a) and 6(c) for Column B)..... 26182.63 26870.23 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 829.77 829.77 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 1350.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### NEW AMERICA PAC NV

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	l	
(a) Individuals/Persons Other		
Than Political Committees	1050.00	4050.00
(i) Itemized (use Schedule A)	1250.00	1250.00
	400.00	100.00
(ii) Unitemized(iii) TOTAL (add	100.00	100.00
Lines 11(a)(i) and (ii)	1350.00	1350.00
Lines Tr(a)(i) and (ii)	, , , , , , , , , , , , , , , , , , , ,	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	1250.00	1350.00
Totals to Line 33, page 5)	1350.00	1330.00
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
All Loans Received	1350.00	1350.00
	7	7
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	25000.00
Transfers from Non-Federal and Levin Funds	,	·
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add To(a) and To(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	2700.00	27700.00
	7	
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	2700.00	27700.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Ope (a)	erating Expenditures: – Allocated Federal/Non-Federal		Outonadi Todi to Bato
	Activity (from Schedule H4)  (i) Federal Share	0.00	0.00
	(i) I ederal Share		
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
	Expenditures	2077.63	2077.63
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	2077.63	2077.63
Tra	nsfers to Affiliated/Other Party	2011.00	2011.00
	mmittees	0.00	0.00
	ntributions to deral Candidates/Committees		
	Other Political Committees	0.00	0.00
	ependent Expenditures	24405.00	24105.00
Cod	e Schedule E) ordinated Party Expenditures	24105.00	24105.00
(2 (	U.S.C. §441a(d)) e Schedule F)	0.00	0.00
(usi	e Scriedule 1 )		5.00
Loa	an Repayments Made	0.00	0.00
	ans Madefunds of Contributions To:	0.00	0.00
(a)	Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees		
( )	(such as PACs)	0.00	0.00
(4)	Total Contribution Refunds		
(d)	(add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
Oth	ner Disbursements	0.00	687.60
	-		
	deral Election Activity (2 U.S.C. §431(20))		
(a)	Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i ederar Strate		
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Tota	al Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	26182.63	26870.23
-,		7	23070.20
Tota	al Federal Disbursements		
	btract Line 21(a)(ii) and Line 30(a)(ii)		
fron	m Line 31)	26182.63	26870.23

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1350.00	1350.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1350.00	1350.00
6. Total Federal Operating Expenditures  (add Line 21(a)(i) and Line 21(b))▶	2077.63	2077.63
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2077.63	2077.63

**1mage# 14978097511** PAGE 6 / 20

### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F3XA Transaction ID :

Resulting amendment that also corrects a \$0.03 rounding error.

Form/Schedule: Transaction ID:

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	7	OF		20			
	(check only one)										
		X	11a		11b		11c	12			
			13		14		15	16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) NEW AMERICA PAC NV		
Full Name (Last, First, Middle Initial) Mr. Leo Bletnitsky  Mailing Address 2251 North Rampart Blvd		Date of Receipt
#375		05 16 2014
City	State Zip Code NV 89128	Transaction ID : SA11AI.4175
Las Vegas	NV 89128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Executive Director	New America PAC NV	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  3. Stephanie Bletnitsky		Date of Receipt
Mailing Address 8132 Spring Summit Lane		05 28 2014
City	State Zip Code	Transaction ID : SA11AI.4176
Las Vegas	NV 89134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	
LBA Networking	Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial)	•	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	)	1250.00
TOTAL This Period (last page this line numb	per only)	1250.00

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 8 OF 20 Use separate schedule(s) (check only one) for each category of the 11b 12 11a 11c Detailed Summary Page

**X** 13 14 15 16 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 COMMITTEE (In Full) NEW AMERICA PAC NV Full Name (Last, First, Middle Initial) Dan Backer Date of Receipt Mailing Address 203 South Union Street Ste 300 2014 28 City Zip Code State Transaction ID: SA13.4172 VA Alexandria 22314 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. **Short Term Operations** Name of Employer Occupation Self Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dan Backer Date of Receipt Mailing Address 203 South Union Street Ste 300 06 05 2014 City State Zip Code Transaction ID: SA13.4174 VA Alexandria 22314 Amount of Each Receipt this Period FEC ID number of contributing 600.00 federal political committee. **Short Term Operations** Name of Employer Occupation Self Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

1350.00 SUBTOTAL of Receipts This Page (optional)..... 1350.00 TOTAL This Period (last page this line number only).....

### S ľ

SCF	HEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF					20				
ITEI	MIZED DISBURSEMENTS	DISBURSEMENTS Use separate schedule(s) (check		(check only one)								
		Detailed Summary Page	<u>×</u>	21b 27	22 28a	20	L		24 28c	25 29		26 30b
Δην	information copied from such Reports and Staten	nents may not be sold or us	ed by any								tions	500
	r commercial purposes, other than using the name											
I \	AME OF COMMITTEE (In Full)											
/ N	IEW AMERICA PAC NV											
Fı	ıll Name (Last, First, Middle Initial)											
Α. [	OB Capitol Strategies				Date of	f Disbu	rsen	nent				
M	ailing Address 203 S. Union St				04	/	21			2014	Y	
_	Ste 300							_				
Ci Al	ty exandria	State Zip Code VA 22314			Trans	action	ID :	SB	21B.41	70		
Pı	urpose of Disbursement	22014	_	_								
	egal and Compliance Consulting		001		Amoun	t of Ea	ch [	Disbu	ursemei	nt this	Perio	b
Ci	andidate Name		Categor Type	ry/			Ţ			2000	0.00	7
O	ffice Sought: House Disbursen	nent For:	Турс			,						
		Primary General										
St	President District:	Other (specify) ▼										
	ull Name (Last, First, Middle Initial)											
B.					Date of	f Disbu	rsen	nent				
	ailing Address				M = M	/	D   [	D /	′ Y	Y	Υ	
	aming Address											
Ci	ity	State Zip Code										
Pι	urpose of Disbursement			_								
_					Amoun	t of Ea	ch [	Disbu	ursemei	nt this	Perio	d
Ca	andidate Name		Categor Type	y/								7
Ō	ffice Sought: House Disbursen	nent For:	туре			,			,			
		Primary General										
St	President ate: District:	Other (specify) ▼										
	ull Name (Last, First, Middle Initial)											
C.					Date of	f Disbu	rsen	nent				
<u></u>	ailing Address				M M	/	D   [	D /	' Y	Y	Υ	
IVI	alling Address				-			-				
Ci	ity	State Zip Code										
Pı	urpose of Disbursement			=								
_					Amoun	t of Ea	ch [	Disbu	urseme	nt this	Perio	d
C	andidate Name		Categor Type	ry/								٦
Ō	ffice Sought: House Disbursen	nent For:	Туре			7	_		7			-
		Primary General										
St	President District:	Other (specify) ▼										
	District.					-	-	_	-		_	_
SUE	BTOTAL of Disbursements This Page (optional)			•		-			7	2000	0.00	
	TAL This David (last years this the grant of the					-		_	-	2000	0.00	٦
LIOI	AL This Period (last page this line number only)					- 1			7	_500		_

# SCHEDULE C (FEC Form 3X)

**LOANS** 

Use separate schedule(s) for each category of the Detailed Summary Page

OF 20 PAGE 10 FOR LINE 13 OF FORM 3X

		Botanoa Gammary 1	
AME OF COMMITTEE (In Full)		Tı	ransaction ID : SC/10.4172
IEW AMERICA PAC NV			
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		Election:
Dan Backer	adio ililiary		Primary
			General
Mailing Address 203 South Union Street			Other (specify)
Ste 300			
City Alexandria	State VA ZIP Co	ode 22314	
Original Amount of Loan	Cumulative Payment To	Date B	Balance Outstanding at Close of This Period
750.00		0.00	750.00
750.00		0.00	750.00
TERMS			
Date Incurred	Date Due		
05 28 2014	M M / D D / Y	12/01/2017	% (apr) Yes X No
List All Endorsers or Guarantors (if any) t	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
-			
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
	7.7	Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
•		Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	7
JBTOTALS This Period This Page (optional)		<b>&gt;</b>	750.00
OTALS This Period (last page in this line only	y)	▶	
arry outstanding balance only to LINE 3, Sch	nedule D, for this line. If	i no Schedule D, carry f	orward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF 20 FOR LINE 13 OF FORM 3X

		Detailed Summary	Page TON LINE 13 OF TONIN 3X
AME OF COMMITTEE (In Full)		-	Fransaction ID : SC/10.4174
NEW AMERICA PAC NV			
LOAN SOURCE Full Name (Last, First	t, Middle Initial)		Election:
Dan Backer	,		Primary
			General
Mailing Address 203 South Union Street			Other (specify) ▼
Ste 300			
City Alexandria		ode 22314	
Original Amount of Loan	Cumulative Payment To	Date	Balance Outstanding at Close of This Period
600.00		0.00	600.00
TERMS			
Date Incurred	Date Due	V V V	
06 / 05 / Y Y Y Y Y Y Y		2/31/2014	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial	)	Name of Employer	
Mailing Address		Occupation	
	715.0	Amount	
City Star	te ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Stat	te ZIP Code	Guaranteed	
		Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Na ilia a Adda a		O a serve at l'ann	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed	
		Outstanding:	7 7 7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed	
		Outstanding:	
•		1	
SUBTOTALS This Period This Page (option	onal)	<b>&gt;</b>	600.00
OTALS This Period (last page in this line	only)	<b>&gt;</b>	1350.00
	Outside Bit 191 19 19	O-b	
Carry outstanding balance only to LINE 3	, Schedule D, for this line. If	no Schedule D, carry	torward to appropriate line of Summary.

## SCHEDULE E (FEC Form 3X)

SOURCE C (I LO I OIIII OX)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 12 OF 20 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
NEW AMERICA PAC NV		C C00549006
		0 000349000
Check if 24-hour report 48-hour report New	report Amends report	filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Mr. Leo Bletnitsky		05 27 / Y Y Y Y Y Y
Mailing Address 2251 North Rampart Blvd		Amount
#375		
City State	Zip Code	523.87
Las Vegas NV	89128	Transaction ID : SE.4136  Date of Disbursement or Obligation
Purpose of Expenditure Video Production	Category/ Type 003	05 19 / 2014
Name of Federal Candidate	Support C	Office Sought: House District:04
NIGER INNIS	Oppose	President Senate State: NV
Calendar Year-To-Date		Disbursement For: X Primary General
Per Election for Office Sought	19883.37	Other (specify)
Full Name of Payee	<u>'</u>	Date of Public Distribution/Dissemination
Mr. Leo Bletnitsky		05 27 2014
Mailing Address 2251 North Rampart Blvd		
#375		Amount
City State	Zip Code	523.88
Las Vegas NV	89128	Transaction ID: SE.4137  Date of Disbursement or Obligation
Purpose of Expenditure Video Production	Category/ 003	M = M / D = D / Y = Y = Y
video Fioduction	Type 003	05 19 2014
Name of Federal Candidate	Support C	Office Sought:
CRESENT HARDY	Oppose	President Senate State: NV
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	20407.25	Other (specify)  Other
(a) SUBTOTAL of Itemized Independent Expenditures	)	1047.75
(b) CURTOTAL of Unitersized Independent Funerality		
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures		
	'	7 7 7
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.		
Michael Gruccio	otnonically Etted1	M M / D D / Y Y Y Y
Signature	ctronically Filed] Date	10 08 2014

Signature

	CHEDULE E (FEC FORM 3X)		
TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 13 OF 20 FOR LINE 24 OF FORM 3X
NΑ	AME OF COMMITTEE (In Full)		<u> </u>
	IEW AMERICA PAC NV		FEC IDENTIFICATION NUMBER ▼
			C C00549006
Эh	neck if 24-hour report 48-hour report New rep	port Amends repor	rt filed on
٦	Full Name of Payee		Date of Public Distribution/Dissemination
	Cox Media		05 / 27 / 2014
	Mailing Address 1700 Vegas Dr		Amount
	City State	Zip Code	3678.37
Ì	Las Vegas NV	89106	Transaction ID : SE.4131  Date of Disbursement or Obligation
	Purpose of Expenditure Advertising Buy	Category/ Type 003	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: X House District: 04
	NIGER INNIS	Oppose	President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	14633.37	Disbursement For:
	Full Name of Payee		Date of Public Distribution/Dissemination
	Cox Media		05 27 2014
	Mailing Address 1700 Vegas Dr		Amount
	City State	Zip Code	3678.38
	Las Vegas NV	89106	Transaction ID : SE.4133  Date of Disbursement or Obligation
	Purpose of Expenditure Advertising Buy	Category/ Type 003	05 19 2014
	Name of Federal Candidate	Support	Office Sought: X House District: 04
	CRESENT HARDY	Oppose	President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	18311.75	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		7356.75
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
_	(c) TOTAL Independent Expenditures		·
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Michael Gruccio [Electron	nically Filed]	10 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

2014

้ 08

#### SC ITE

SCHEDULE E (FEC Form 3)			
TEMIZED INDEPENDENT EXPEND			PAGE 14 OF 20 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
NEW AMERICA PAC NV			C C00549006
Check if 24-hour report 48-hour	report New rep	port Amends repo	port filed on M M / D D / Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
KLAS TV 8			05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3228 Channel 8 Drive			Amount
City	State	Zip Code	3081.25
Las Vegas	NV	89109	Transaction ID : SE.4122  Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
Advertising Buy		Type 003	3 05 19 2014
Name of Federal Candidate		X Support	Office Sought: X House District: 04
NIGER INNIS		Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		5727.50	Disbursement For:
Full Name of Payee KLAS TV 8			Date of Public Distribution/Dissemination  05  27  2014
Mailing Address 3228 Channel 8 Drive			Amount
City	State	Zip Code	3081.25
Las Vegas	NV	89109	Transaction ID : SE.4123  Date of Disbursement or Obligation
Purpose of Expenditure Advertising Buy		Category/ Type 003	M M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: X House District: 04
CRESENT HARDY		Support Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		8808.75	Disbursement For:
(a) SUBTOTAL of Itemized Independent	Expenditures		6162.50
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		··· <b>&gt;</b>
(c) TOTAL Independent Expenditures			-
	any candidate or authorized		e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

Michael Gruccio	[Electronically Filed]	Date	10	08	2014
Signature					

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES			PAGE 15 OF 20 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
Ν	IEW AMERICA PAC NV		C	C00549006
Ch	neck if 24-hour report 48-hour report New re	eport Amends repo	ort filed on	D = D / Y = Y = Y
	Full Name of Payee		Date of Public	: Distribution/Dissemination
	KSNV TV		05 /	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1500 Foremaster Lane		Amount	
	City State	Zip Code		2146.25
	Las Vegas NV	89101	Transaction ID  Date of Disbur	: SE.4120 rsement or Obligation
	Purpose of Expenditure Advertising Buy	Category/ Type 003	05 /	19 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 04
	CRESENT HARDY	X Oppose	President	Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	2646.25	Disbursement For: 2014 Other (spe	Primary General
	Full Name of Payee KSNV TV		M = M /	Distribution/Dissemination
	Mailing Address 1500 Foremaster Lane		05 Amount	27 2014
	City State	Zip Code		2146.25
	Las Vegas NV	89101	Transaction ID  Date of Disbu	
	Purpose of Expenditure Advertising Buy	Category/ Type 003	05	19 / 2014
	Name of Federal Candidate	X Support	Office Sought:	House District:04
	NIGER INNIS	Oppose	President	Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	10955.00	Disbursement For: 2014 Other (spe	Primary General
	(a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	4292.50
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures		<b>&gt;</b>	1 42 1 47
	Under penalty of perjury I certify that the independent expenditure			
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.				
	Michael Gruccio [Electro	onically Filed] Date	M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y Y Y 2014
	Signature			

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE		OF	20	
	FOR L	INE 24	OF F	FORM 3X	
DENTIFICATION NUMBER ▼					

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NEW AMERICA PAC NV	C C00549006
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Laguna Productions  Mailing Address 2709 S Highland Dr	05 / 27 / 2014
2708 S Highland Dr	Amount
City State Zip Code	1250.00
Las Vegas NV 89109	Transaction ID : SE.4141  Date of Disbursement or Obligation
Purpose of Expenditure Video Production  Category/ Type  003	05 19 2014
Name of Federal Candidate Support Offi	ice Sought: X House District: 04
NIGER INNIS Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought  Disl 22705.00	bursement For:
Full Name of Payee  Laguna Productions	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2708 S Highland Dr	Amount
City State Zip Code	1250.00
Las Vegas NV 89109	Transaction ID : SE.4143  Date of Disbursement or Obligation
Purpose of Expenditure Video Production  Category/ Type  003	05 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: X House District: 04
CRESENT HARDY Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought  Dis 23955.00	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2500.00
(b) CURTOTAL of Heiteriand Index and at Formation	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Michael Gruccio [Electronically Filed] Date	10 08 2014
Signature	

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Michael Gruccio

Signature

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES	PAGE 17 OF 20 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
NEW AMERICA PAC NV	C C00549006			
Check if 24-hour report 48-hour report New report Amends rep	port filed on			
Check if 24-hour report 48-hour report New report Amends rep	port filed on			
Full Name of Payee Laguna Productions	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2708 S Highland Dr	Amount			
City State Zip Code	75.00			
Las Vegas NV 89109	Transaction ID : SE.4145  Date of Disbursement or Obligation			
Purpose of Expenditure Video Production  Category/ Type  003	3 05 19 / Y Y Y Y Y Y Y			
Name of Federal Candidate Support	Office Sought: X House District:04			
NIGER INNIS Oppose	President Senate State: NV			
Calendar Year-To-Date Per Election for Office Sought 24030.00	Disbursement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
Laguna Productions	05 27 / Y Y Y Y Y Y			
Mailing Address 2708 S Highland Dr	Amount			
City State Zip Code	75.00			
Las Vegas NV 89109	Transaction ID : SE.4146  Date of Disbursement or Obligation			
Purpose of Expenditure Video Production  Category/ Type 003	3 05 19 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support	Office Sought: X House District: 04			
CRESENT HARDY Oppose	President Senate State: NV			
Calendar Year-To-Date Per Election for Office Sought 24105.00	Disbursement For:			
( ) QUIDTOTAL ( )				
(a) SUBTOTAL of Itemized Independent Expenditures	150.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.				

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Michael Gruccio

Signature

36	CHEDULE E (FEC Form 3X)		
T	EMIZED INDEPENDENT EXPENDITURES		PAGE 18 OF 20 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
١	NEW AMERICA PAC NV		C C00549006
Ch	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Carlos Maffat		Date of Public Distribution/Dissemination
	Mailing Address 7495 West Azure Drive		05 27 2014
	7433 West Azule Dilve		Amount
	City State	Zip Code	523.87
	North Las Vegas NV	89130	Transaction ID : SE.4134  Date of Disbursement or Obligation
	Purpose of Expenditure Video Production	Category/ Type 003	05 / 19 / 2014
	Name of Federal Candidate	Support	Office Sought: X House District: 04
	NIGER INNIS	Oppose	President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	18835.62	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Carlos Maffat		05 27 2014
	Mailing Address 7495 West Azure Drive		Amount
	City State	Zip Code	523.88
	North Las Vegas NV	89130	Transaction ID : SE.4135  Date of Disbursement or Obligation
	Purpose of Expenditure Video Production	Category/ Type 003	05 / 19 / 2014
	Name of Federal Candidate	Support	Office Sought: X House District: 04
	CRESENT HARDY	Oppose	President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	19359.50	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		1047.75
	(a) SOBTOTAL OF REMIZED INDEPENDENT EXPONDING ESTABLISHMENT		1047.73
	(b) SUBTOTAL of Unitemized Independent Expenditures		- •
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

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	CHEDULE E (FEC Form 3X)		
Γι	EMIZED INDEPENDENT EXPENDITURES		PAGE 19 OF 20 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
ľ	NEW AMERICA PAC NV		C C00549006
_ Cł	heck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
_	Full Name of Payee Susan Stoffel		Date of Public Distribution/Dissemination
	Mailing Address 4828 Pinon Dr		05 27 2014
			Amount
	City State	Zip Code	523.87
	Las Vegas NV	89130	Transaction ID : SE.4138  Date of Disbursement or Obligation
	Purpose of Expenditure Video Production	Category/ Type 003	05 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: X House District: 04
	CRESENT HARDY	X Oppose	President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	20931.12	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Susan Stoffel		Date of Public Distribution/Dissemination  05 / 27 / 2014
	Mailing Address 4828 Pinon Dr		Amount 27 2014
	City State	Zip Code	523.88
	Las Vegas NV	89130	Transaction ID : SE.4140  Date of Disbursement or Obligation
	Purpose of Expenditure Video Production	Category/ Type 003	05 19 2014
	Name of Federal Candidate		
	NIGER INNIS	Support	Office Sought. Trouse District.
	NIGER INNIS	Oppose	President Senate State: NV
,	Calendar Year-To-Date Per Election for Office Sought	21455.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		. • 1047.75
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		· · · · · · · · · · · · · · · · · · ·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Michael Gruccio		M M / D D / Y Y Y

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 20 OF 20 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NEW AMERICA PAC NV	C C00549006
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D B D / Y B Y B Y
Full Name of Payee Stuart D. Waymire	Date of Public Distribution/Dissemination
Mailing Address 3588 S. Malafia Cir	05 / 27 / 2014
3588 S. Malatia Cir	Amount
City State Zip Code Las Vegas NV 89103	Transaction ID : SE.4114 Date of Disbursement or Obligation
Purpose of Expenditure Video Production  Category/ Type  003	05 19 2014
Name of Federal Candidate Support Office	e Sought: X House District: 04
NIGER INNIS Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought  Disb 250.00	oursement For:
Full Name of Payee Stuart D. Waymire	Date of Public Distribution/Dissemination  05  05  07  08  08  08  08  08  08  08  08  08
Mailing Address 3588 S. Malafia Cir	Amount
City State Zip Code	250.00
Las Vegas NV 89103	Transaction ID : SE.4118  Date of Disbursement or Obligation
Purpose of Expenditure Video Production  Category/ Type  003	05 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: X House District: 04
CRESENT HARDY Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For:  Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	24105.00
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Michael Gruccio	M / D D / Y Y Y

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