

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
NEW AMERICA PAC NV

ADDRESS (number and street)

 Check if different than previously reported. (ACC) -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Gruccio

Signature of Treasurer Michael Gruccio [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NEW AMERICA PAC NV

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24312.40"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2700.00"/>	<input type="text" value="27700.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="27012.40"/>	<input type="text" value="27700.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26182.63"/>	<input type="text" value="26870.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="829.77"/>	<input type="text" value="829.77"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1350.00"/>	

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

Write or Type Committee Name

NEW AMERICA PAC NV

Report Covering the Period: From: / / To: / /

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

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	24105.00	24105.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other 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
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	687.60
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(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 .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26182.63	26870.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26182.63	26870.23

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

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)
 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 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)
A. Mr. Leo Bleznitsky

Mailing Address 2251 North Rampart Blvd
#375

City Las Vegas State NV Zip Code 89128

FEC ID number of contributing federal political committee. **C**

Name of Employer Executive Director
Occupation New America PAC NV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : SA11AI.4175

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Stephanie Bleznitsky

Mailing Address 8132 Spring Summit Lane

City Las Vegas State NV Zip Code 89134

FEC ID number of contributing federal political committee. **C**

Name of Employer LBA Networking
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.4176

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 20
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Dan Backer		Date of Receipt MM / DD / YYYY 05 / 28 / 2014 Transaction ID : SA13.4172
Mailing Address 203 South Union Street Ste 300		Amount of Each Receipt this Period 750.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Short Term Operations
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dan Backer		Date of Receipt MM / DD / YYYY 06 / 05 / 2014 Transaction ID : SA13.4174
Mailing Address 203 South Union Street Ste 300		Amount of Each Receipt this Period 600.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Short Term Operations
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. DB Capitol Strategies

Mailing Address 203 S. Union St
Ste 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Legal and Compliance Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4170

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **NEW AMERICA PAC NV** Transaction ID : **SC/10.4172**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dan Backer	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 203 South Union Street Ste 300	
City Alexandria State VA ZIP Code 22314	

Original Amount of Loan 750.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 750.00
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TERMS

Date Incurred: MM / DD / YYYY (05 / 28 / 2014) Date Due: MM / DD / YYYY (12/31/2014) Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 750.00
TOTALS This Period (last page in this line only)..... ▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **NEW AMERICA PAC NV** Transaction ID : SC/10.4174

LOAN SOURCE Full Name (Last, First, Middle Initial) Dan Backer	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 203 South Union Street Ste 300	
City Alexandria State VA ZIP Code 22314	

Original Amount of Loan <input type="text" value="600.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="600.00"/>
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TERMS

Date Incurred: / / Date Due: Interest Rate: % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="600.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text" value="1350.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NEW AMERICA PAC NV
FEC IDENTIFICATION NUMBER C C00549006
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Mr. Leo Bletnitsky
Mailing Address 2251 North Rampart Blvd #375
City Las Vegas State NV Zip Code 89128
Purpose of Expenditure Video Production Category/Type 003
Name of Federal Candidate NIGER INNIS Support Oppose
Calendar Year-To-Date Per Election for Office Sought 19883.37

Date of Public Distribution/Dissemination 05 / 27 / 2014
Amount 523.87
Transaction ID : SE.4136
Date of Disbursement or Obligation 05 / 19 / 2014
Office Sought: House District: 04 State: NV
Disbursement For: Primary General Other (specify)

Full Name of Payee Mr. Leo Bletnitsky
Mailing Address 2251 North Rampart Blvd #375
City Las Vegas State NV Zip Code 89128
Purpose of Expenditure Video Production Category/Type 003
Name of Federal Candidate CRESENT HARDY Support Oppose
Calendar Year-To-Date Per Election for Office Sought 20407.25

Date of Public Distribution/Dissemination 05 / 27 / 2014
Amount 523.88
Transaction ID : SE.4137
Date of Disbursement or Obligation 05 / 19 / 2014
Office Sought: House District: 04 State: NV
Disbursement For: Primary General 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 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.

Michael Gruccio [Electronically Filed] Date 10 / 08 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NEW AMERICA PAC NV	FEC IDENTIFICATION NUMBER ▼ C C00549006
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cox Media	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014
Mailing Address 1700 Vegas Dr	Amount 3678.37
City Las Vegas State NV Zip Code 89106	Transaction ID : SE.4131
Purpose of Expenditure Advertising Buy Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 05 / 19 / 2014
Name of Federal Candidate NIGER INNIS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 14633.37	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Cox Media	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014
Mailing Address 1700 Vegas Dr	Amount 3678.38
City Las Vegas State NV Zip Code 89106	Transaction ID : SE.4133
Purpose of Expenditure Advertising Buy Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 05 / 19 / 2014
Name of Federal Candidate CRESENT HARDY <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 18311.75	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(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 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.

Michael Gruccio [Electronically Filed] Date 10 / 08 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW AMERICA PAC NV
FEC IDENTIFICATION NUMBER
C C00549006
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
KLAS TV 8
Date of Public Distribution/Dissemination
05 / 27 / 2014
Mailing Address
3228 Channel 8 Drive
Amount
3081.25
City
Las Vegas State
NV Zip Code
89109
Transaction ID : SE.4122
Purpose of Expenditure
Advertising Buy Category/ Type
003
Date of Disbursement or Obligation
05 / 19 / 2014
Name of Federal Candidate
NIGER INNIS Support
Oppose Office Sought:
House District: 04
President Senate State: NV
Calendar Year-To-Date
Per Election for Office Sought
5727.50
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
KLAS TV 8
Date of Public Distribution/Dissemination
05 / 27 / 2014
Mailing Address
3228 Channel 8 Drive
Amount
3081.25
City
Las Vegas State
NV Zip Code
89109
Transaction ID : SE.4123
Purpose of Expenditure
Advertising Buy Category/ Type
003
Date of Disbursement or Obligation
05 / 19 / 2014
Name of Federal Candidate
CRESENT HARDY Support
Oppose Office Sought:
House District: 04
President Senate State: NV
Calendar Year-To-Date
Per Election for Office Sought
8808.75
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 6162.50
(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.
Michael Gruccio
[Electronically Filed]
Date 10 / 08 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW AMERICA PAC NV
FEC IDENTIFICATION NUMBER
C C00549006
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
KSNV TV
Mailing Address
1500 Foremaster Lane
City
Las Vegas State
NV Zip Code
89101
Purpose of Expenditure
Advertising Buy Category/
Type
003
Name of Federal Candidate
CRESENT HARDY
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
2646.25

Date of Public Distribution/Dissemination
05 / 27 / 2014
Amount
2146.25
Transaction ID : SE.4120
Date of Disbursement or Obligation
05 / 19 / 2014
Office Sought:
House District: 04
Senate State: NV
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
KSNV TV
Mailing Address
1500 Foremaster Lane
City
Las Vegas State
NV Zip Code
89101
Purpose of Expenditure
Advertising Buy Category/
Type
003
Name of Federal Candidate
NIGER INNIS
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
10955.00

Date of Public Distribution/Dissemination
05 / 27 / 2014
Amount
2146.25
Transaction ID : SE.4125
Date of Disbursement or Obligation
05 / 19 / 2014
Office Sought:
House District: 04
Senate State: NV
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4292.50
(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.

Michael Gruccio
[Electronically Filed]
Date
10 / 08 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW AMERICA PAC NV
FEC IDENTIFICATION NUMBER
C C00549006
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Laguna Productions
Mailing Address
2708 S Highland Dr
City
Las Vegas State
NV Zip Code
89109
Purpose of Expenditure
Video Production Category/
Type
003
Name of Federal Candidate
NIGER INNIS
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
22705.00

Date of Public Distribution/Dissemination
05 / 27 / 2014
Amount
1250.00
Transaction ID : SE.4141
Date of Disbursement or Obligation
05 / 19 / 2014
Office Sought:
House
District: 04
State: NV
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Laguna Productions
Mailing Address
2708 S Highland Dr
City
Las Vegas State
NV Zip Code
89109
Purpose of Expenditure
Video Production Category/
Type
003
Name of Federal Candidate
CRESENT HARDY
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
23955.00

Date of Public Distribution/Dissemination
05 / 27 / 2014
Amount
1250.00
Transaction ID : SE.4143
Date of Disbursement or Obligation
05 / 19 / 2014
Office Sought:
House
District: 04
State: NV
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 2500.00
(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.
Michael Gruccio
[Electronically Filed]
Date
10 / 08 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NEW AMERICA PAC NV	FEC IDENTIFICATION NUMBER ▼ C C00549006
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Laguna Productions	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 27 / 2014
Mailing Address 2708 S Highland Dr	Amount 75.00
City Las Vegas State NV Zip Code 89109	Transaction ID : SE.4145 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2014
Purpose of Expenditure Video Production Category/Type 003	Name of Federal Candidate NIGER INNIS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate NIGER INNIS	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 24030.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Laguna Productions	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 27 / 2014
Mailing Address 2708 S Highland Dr	Amount 75.00
City Las Vegas State NV Zip Code 89109	Transaction ID : SE.4146 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2014
Purpose of Expenditure Video Production Category/Type 003	Name of Federal Candidate CRESENT HARDY <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate CRESENT HARDY	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 24105.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(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 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.

Michael Gruccio [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2014

Signature _____

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NEW AMERICA PAC NV
FEC IDENTIFICATION NUMBER C C00549006
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Carlos Maffat
Mailing Address 7495 West Azure Drive
City North Las Vegas State NV Zip Code 89130
Purpose of Expenditure Video Production Category/Type 003
Name of Federal Candidate NIGER INNIS
Calendar Year-To-Date Per Election for Office Sought 18835.62
Date of Public Distribution/Dissemination 05/27/2014
Amount 523.87
Transaction ID : SE.4134
Date of Disbursement or Obligation 05/19/2014
Office Sought: House District: 04 State: NV
Disbursement For: Primary

Full Name of Payee Carlos Maffat
Mailing Address 7495 West Azure Drive
City North Las Vegas State NV Zip Code 89130
Purpose of Expenditure Video Production Category/Type 003
Name of Federal Candidate CRESENT HARDY
Calendar Year-To-Date Per Election for Office Sought 19359.50
Date of Public Distribution/Dissemination 05/27/2014
Amount 523.88
Transaction ID : SE.4135
Date of Disbursement or Obligation 05/19/2014
Office Sought: House District: 04 State: NV
Disbursement For: Primary

(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 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.
Michael Gruccio [Electronically Filed] Date 10/08/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW AMERICA PAC NV
FEC IDENTIFICATION NUMBER
C C00549006
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Susan Stoffel
Mailing Address: 4828 Pinon Dr
City: Las Vegas, State: NV, Zip Code: 89130
Purpose of Expenditure: Video Production, Category/Type: 003
Date of Public Distribution/Dissemination: 05/27/2014
Amount: 523.87
Transaction ID: SE.4138
Date of Disbursement or Obligation: 05/19/2014
Name of Federal Candidate: CRESENT HARDY, Support/Oppose, Office Sought: House, District: 04, State: NV
Calendar Year-To-Date Per Election for Office Sought: 20931.12
Disbursement For: Primary, General, Other

Full Name of Payee: Susan Stoffel
Mailing Address: 4828 Pinon Dr
City: Las Vegas, State: NV, Zip Code: 89130
Purpose of Expenditure: Video Production, Category/Type: 003
Date of Public Distribution/Dissemination: 05/27/2014
Amount: 523.88
Transaction ID: SE.4140
Date of Disbursement or Obligation: 05/19/2014
Name of Federal Candidate: NIGER INNIS, Support/Oppose, Office Sought: House, District: 04, State: NV
Calendar Year-To-Date Per Election for Office Sought: 21455.00
Disbursement For: Primary, General, Other

(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 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: Michael Gruccio
Date: 10/08/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NEW AMERICA PAC NV	FEC IDENTIFICATION NUMBER ▼ C C00549006
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Stuart D. Waymire	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014
Mailing Address 3588 S. Malafia Cir	Amount 250.00
City Las Vegas State NV Zip Code 89103	Transaction ID : SE.4114
Purpose of Expenditure Video Production Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 05 / 19 / 2014
Name of Federal Candidate NIGER INNIS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 250.00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Stuart D. Waymire	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014
Mailing Address 3588 S. Malafia Cir	Amount 250.00
City Las Vegas State NV Zip Code 89103	Transaction ID : SE.4118
Purpose of Expenditure Video Production Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 05 / 19 / 2014
Name of Federal Candidate CRESENT HARDY <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 500.00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(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 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.

Michael Gruccio
Signature

[Electronically Filed]

Date MM / DD / YYYY
10 / 08 / 2014