

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New Power PAC		FEC IDENTIFICATION NUMBER ▼ C 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 Call Hub (Gaglers Inc)		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2020
Mailing Address 340 S Lemon Ave # 7468		Amount 321.21
City Walnut	State CA	Zip Code 91789
Purpose of Expenditure telephone calls	Category/Type 004	Transaction ID : SE.5771 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2020
Name of Federal Candidate BOOKER, CHARLES, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 23345.88		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Facebook inc		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 12 / 2020
Mailing Address 1601 Willow Road		Amount 900.00
City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure social media ads	Category/Type 004	Transaction ID : SE.5772 Date of Disbursement or Obligation MM / DD / YYYY 06 / 12 / 2020
Name of Federal Candidate BOOKER, CHARLES, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 10779.63		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1221.21
(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.

Mahoney, Heather, Roe, Ms,

[Electronically Filed]

Date

MM / DD / YYYY
06 / 17 / 2020

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

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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		MM / DD / YYYY

Full Name of Payee Facebook inc		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 14 / 2020
Mailing Address 1601 Willow Road		Amount 900.00
City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure social media ads	Category/ Type 004	Transaction ID : SE.5773 Date of Disbursement or Obligation MM / DD / YYYY 06 / 14 / 2020
Name of Federal Candidate BOOKER, CHARLES, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Facebook inc		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2020
Mailing Address 1601 Willow Road		Amount 900.00
City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure social media ads	Category/ Type 004	Transaction ID : SE.5774 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2020
Name of Federal Candidate BOOKER, CHARLES, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1800.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3021.21

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.

*Mahoney, Heather, Roe, Ms,**[Electronically Filed]*

Date

MM / DD / YYYY
06 / 17 / 2020

Signature