



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**New Day Independent Media Committee**

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="2015"/>		<input type="text" value="2344669.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2344669.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="193100.00"/>	<input type="text" value="193100.00"/>
(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="2537769.62"/>	<input type="text" value="2537769.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2536066.03"/>	<input type="text" value="2536066.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1703.59"/>	<input type="text" value="1703.59"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

New Day Independent Media Committee

Report Covering the Period: From: 08 / 06 / 2015 To: 12 / 31 / 2015

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).....	193100.00	193100.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	193100.00	193100.00
(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) .....	193100.00	193100.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
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	0.00
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))..... ▶	193100.00	193100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	193100.00	193100.00

**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. 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 .....	46729.93	46729.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	46729.93	46729.93
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) .....	2489336.10	2489336.10
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	0.00
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)) ..	2536066.03	2536066.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2536066.03	2536066.03

**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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	193100.00	193100.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	193100.00	193100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	46729.93	46729.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	46729.93	46729.93

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

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

FOR LINE NUMBER: PAGE 6 OF 23  
(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 Day Independent Media Committee**

Full Name (Last, First, Middle Initial)  
**A. William P Brady**

Mailing Address 646 Sommerset Drive

City State Zip Code  
 Indianapolis IN 46260

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

Name of Employer Occupation  
 Self Employed Securities Advisor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 10 / 05 / 2015  
**Transaction ID : SA11AI.4185**

Amount of Each Receipt this Period  
 25000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Frank O. Clark**

Mailing Address 2570 Madeville Canyon Road

City State Zip Code  
 Los Angeles CA 90019

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

Name of Employer Occupation  
 Self Employed Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2700.00

Date of Receipt  
 10 / 09 / 2015  
**Transaction ID : SA11AI.4189**

Amount of Each Receipt this Period  
 2700.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Kevin Clifford**

Mailing Address 333 S. Hope Street  
 FI 50

City State Zip Code  
 Los Angeles CA 90071

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

Name of Employer Occupation  
 American Funds Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 07 / 29 / 2015  
**Transaction ID : SA11AI.4245**

Amount of Each Receipt this Period  
 1000000.00

Memo Item  
 Contribution contributes to opening balance

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 27700.00

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

**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 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**New Day Independent Media Committee**

Full Name (Last, First, Middle Initial)  
**A. Fred Cochran**  
 Mailing Address 1766 Bahia Vista Street  
 City State Zip Code  
 Sarasota FL 34239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Insula Companies Real Estate  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2015  
**Transaction ID : SA11AI.4193**  
 Amount of Each Receipt this Period  
 5400.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Michael Downer**  
 Mailing Address 601 Amalfi Drive  
 City State Zip Code  
 Pacific Palisades CA 90272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capital Group Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.4239**  
 Amount of Each Receipt this Period  
 100000.00  
 Memo Item  
 Contribution contributes to opening balance

Full Name (Last, First, Middle Initial)  
**C. Gordon Gund**  
 Mailing Address 14 Nassau Street  
 City State Zip Code  
 Princeton NJ 08542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gund Investment Group CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2015  
**Transaction ID : SA11AI.4243**  
 Amount of Each Receipt this Period  
 500000.00  
 Memo Item  
 Contribution contributes to opening balance

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**New Day Independent Media Committee**

**A. Craig A. Huff**  
Full Name (Last, First, Middle Initial)

Mailing Address 993 Fifth Avenue  
6th Floor

City New York State NY Zip Code 10028

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

Name of Employer Reservoir Capital Occupation Co-CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 13 / 2015  
Transaction ID : SA11AI.4191

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Kapland, Inc.**  
Full Name (Last, First, Middle Initial)

Mailing Address 23622 Calabasas Road  
#107

City Calabasas State CA Zip Code 91302

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
09 / 21 / 2015  
Transaction ID : SA11AI.4183

Amount of Each Receipt this Period  
100000.00

Memo Item

**C. MMWP12, LLC**  
Full Name (Last, First, Middle Initial)

Mailing Address 704C E 13th Street  
#52

City Whitefish State MT Zip Code 59937

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  
06 / 30 / 2015  
Transaction ID : SA11AI.4238

Amount of Each Receipt this Period  
500000.00

Memo Item  
Contribution contributes to opening balance

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**New Day Independent Media Committee**

**A. Rupert Murdoch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1211 6th Avenue  
City New York State NY Zip Code 10036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer 21st Century Fox Occupation Executive Co-Chair  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt 07 / 29 / 2015  
**Transaction ID : SA11AI.4244**  
Amount of Each Receipt this Period 20000.00  
 Memo Item  
Contribution contributes to opening balance

**B. Matthew P. O'Connor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15866 Seabec Circle  
City Pacific Palisades State CA Zip Code 90272  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Capital Group Occupation Partner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 30000.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11AI.4187**  
Amount of Each Receipt this Period 30000.00  
 Memo Item

**C. Julian H Robertson Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 Park Avenue  
City New York State NY Zip Code 10178  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tiger Management, LLC Occupation Chairman  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 25000.00

Date of Receipt 08 / 11 / 2015  
**Transaction ID : SA11AI.4181**  
Amount of Each Receipt this Period 25000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **55000.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 10 OF 23  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**New Day Independent Media Committee**

Full Name (Last, First, Middle Initial)  
**A. David W Warner**

Mailing Address 221 E. 4th Street  
Ste 2310

City Cincinnati State OH Zip Code 43202

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

Name of Employer Occupation  
Hunt Development Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015

**Transaction ID : SA11AI.4241**

Amount of Each Receipt this Period  
50000.00

Memo Item  
Contribution contributes to opening balance

Full Name (Last, First, Middle Initial)  
**B. Joan E. Wobst**

Mailing Address 129 N. Columbia Ave

City Columbus State OH Zip Code 43209

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

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 06 / 2015

**Transaction ID : SA11AI.4242**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Contribution contributes to opening balance

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	193100.00

**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

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NAME OF COMMITTEE (In Full)  
**New Day Independent Media Committee**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement  
Payroll-Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : SB21B.4145**

Amount of Each Disbursement this Period

3530.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. Matthew Carle**

Mailing Address 7902 Pleasant Colony Circle

City Blacklick State OH Zip Code 43004

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : SB21B.4145.0**

Amount of Each Disbursement this Period

890.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. Matthew Carle**

Mailing Address 7902 Pleasant Colony Circle

City Blacklick State OH Zip Code 43004

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : SB21B.4145.1**

Amount of Each Disbursement this Period

890.25

Memo Item

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

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

3530.26

**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

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NAME OF COMMITTEE (In Full)  
**New Day Independent Media Committee**

Full Name (Last, First, Middle Initial)

**A. Connie Wehrkamp**

Mailing Address 1793 Northwest Blvd

City Columbus State OH Zip Code 43212

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : SB21B.4145.2**

Amount of Each Disbursement this Period

874.88

Memo Item

Full Name (Last, First, Middle Initial)

**B. Connie Wehrkamp**

Mailing Address 1793 Northwest Blvd

City Columbus State OH Zip Code 43212

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : SB21B.4145.3**

Amount of Each Disbursement this Period

874.88

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement  
Payroll-Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : SB21B.4147**

Amount of Each Disbursement this Period

907.74

Memo Item

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

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

907.74

**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

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NAME OF COMMITTEE (In Full)  
**New Day Independent Media Committee**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement  
Payroll Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SB21B.4150**

Amount of Each Disbursement this Period

121.46

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement  
Payroll-Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB21B.4154**

Amount of Each Disbursement this Period

1765.13

Memo Item

Full Name (Last, First, Middle Initial)

**C. Matthew Carle**

Mailing Address 7902 Pleasant Colony Circle

City Blacklick State OH Zip Code 43004

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SB21B.4154.0**

Amount of Each Disbursement this Period

890.25

Memo Item

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

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

1886.59

**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 Day Independent Media Committee**

Full Name (Last, First, Middle Initial)

**A. Connie Wehrkamp**

Mailing Address 1793 Northwest Blvd

City Columbus State OH Zip Code 43212

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : SB21B.4154.1

Amount of Each Disbursement this Period

874.88

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 713 Brookside Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement Payroll-Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : SB21B.4155

Amount of Each Disbursement this Period

453.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 713 Brookside Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement Payroll Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : SB21B.4158

Amount of Each Disbursement this Period

168.77

Memo Item

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

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

622.64

**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

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NAME OF COMMITTEE (In Full)  
**New Day Independent Media Committee**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement  
Payroll Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB21B.4159**

Amount of Each Disbursement this Period

26.88

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement  
Payroll-Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB21B.4161**

Amount of Each Disbursement this Period

1765.13

Memo Item

Full Name (Last, First, Middle Initial)

**C. Matthew Carle**

Mailing Address 7902 Pleasant Colony Circle

City Blacklick State OH Zip Code 43004

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2015

**Transaction ID : SB21B.4161.0**

Amount of Each Disbursement this Period

890.25

Memo Item

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

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

1792.01

**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

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NAME OF COMMITTEE (In Full)

**New Day Independent Media Committee**

Full Name (Last, First, Middle Initial)

**A. Connie Wehrkamp**

Mailing Address 1793 Northwest Blvd

City Columbus State OH Zip Code 43212

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2015

Transaction ID : SB21B.4161.1

Amount of Each Disbursement this Period

874.88

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement  
Payroll-Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2015

Transaction ID : SB21B.4162

Amount of Each Disbursement this Period

453.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement  
Payroll Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

Transaction ID : SB21B.4165

Amount of Each Disbursement this Period

115.01

Memo Item

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

568.88

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

**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

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NAME OF COMMITTEE (In Full)  
**New Day Independent Media Committee**

Full Name (Last, First, Middle Initial)

**A. Baker & Hostetler LLP**

Mailing Address PO Box 70189

City Cleveland State OH Zip Code 44190

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2015

Transaction ID : SB21B.4141

Amount of Each Disbursement this Period

3990.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Baker & Hostetler LLP**

Mailing Address PO Box 70189

City Cleveland State OH Zip Code 44190

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB21B.4157

Amount of Each Disbursement this Period

866.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. Baker & Hostetler LLP**

Mailing Address PO Box 70189

City Cleveland State OH Zip Code 44190

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB21B.4163

Amount of Each Disbursement this Period

3274.39

Memo Item

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

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

8130.64

**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

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NAME OF COMMITTEE (In Full)  
**New Day Independent Media Committee**

Full Name (Last, First, Middle Initial)

**A. Campaign Policy LLC**

Mailing Address PO Box 11196

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Polling/Research

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2015

Transaction ID : SB21B.4152

Amount of Each Disbursement this Period

25000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Huntington National Bank**

Mailing Address PO Box 1558

City Columbus State OH Zip Code 43216

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : SB21B.4160

Amount of Each Disbursement this Period

105.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Winterset CPA Group, Inc.**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Accounting Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

Transaction ID : SB21B.4143

Amount of Each Disbursement this Period

1828.75

Memo Item

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

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

26933.75

**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

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NAME OF COMMITTEE (In Full)

**New Day Independent Media Committee**

Full Name (Last, First, Middle Initial)

**A. Winterset CPA Group, Inc.**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Accounting Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : SB21B.4149**

Amount of Each Disbursement this Period

207.67

Memo Item

Full Name (Last, First, Middle Initial)

**B. Winterset CPA Group, Inc.**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Accounting Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

**Transaction ID : SB21B.4156**

Amount of Each Disbursement this Period

725.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Winterset CPA Group, Inc.**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Accounting Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2015

**Transaction ID : SB21B.4164**

Amount of Each Disbursement this Period

1283.75

Memo Item

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

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

2216.42

46588.93

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

NAME OF COMMITTEE (In Full) <b>New Day Independent Media Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00582973
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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>MULTI MEDIA SERVICES INC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 08 / 15 / 2015
Mailing Address 915 KING STREET 2ND FLOOR	Amount <span style="border: 1px solid black; padding: 2px;">268350.00</span>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure BROADCAST AND CABLE TELEVISION	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate JOHN R KASICH	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 08 / 13 / 2015
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">268350.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>MULTI MEDIA SERVICES INC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 08 / 15 / 2015
Mailing Address 915 KING STREET 2ND FLOOR	Amount <span style="border: 1px solid black; padding: 2px;">106650.00</span>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure Broadcast TV	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate JOHN R KASICH	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 08 / 13 / 2015
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">106650.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">375000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Susan E. Jones* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2016

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>New Day Independent Media Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00582973
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>MULTI MEDIA SERVICES INC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 27 / 2015
Mailing Address 915 KING STREET 2ND FLOOR	Amount <span style="border: 1px solid black; padding: 2px;">566000.00</span>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure Broadcast and Cable TV	Transaction ID : <b>SE.4107</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2015
Name of Federal Candidate JOHN R KASICH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">834350.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>MULTI MEDIA SERVICES INC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 27 / 2015
Mailing Address 915 KING STREET 2ND FLOOR	Amount <span style="border: 1px solid black; padding: 2px;">184000.00</span>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure Broadcast TV	Transaction ID : <b>SE.4128</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2015
Name of Federal Candidate JOHN R KASICH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>MA</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">290650.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">750000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Susan E. Jones* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

Signature \_\_\_\_\_



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

NAME OF COMMITTEE (In Full) <b>New Day Independent Media Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00582973
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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>New Day Media, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 06 / 2015
Mailing Address 501 Morrison Road Suite 201	Amount <span style="border: 1px solid black; padding: 2px;">410136.10</span>
City State Zip Code Gahanna OH 43230	<b>Transaction ID : SE.4123</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 05 / 2015
Purpose of Expenditure Media Buy	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate JOHN R KASICH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1794486.10</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>New Day Media, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 13 / 2015
Mailing Address 501 Morrison Road Suite 201	Amount <span style="border: 1px solid black; padding: 2px;">404200.00</span>
City State Zip Code Gahanna OH 43230	<b>Transaction ID : SE.4126</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 09 / 2015
Purpose of Expenditure Media Buy	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate JOHN R KASICH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2198686.10</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">814336.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2489336.10</span>

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.

*Susan E. Jones* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2016

Signature