

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 Allegra Print & Imaging		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 05 / 2020	
Mailing Address 198 Moore Drive		Amount 2520.00	
City Lexington	State KY	Zip Code 40503	Transaction ID : SE.5663
Purpose of Expenditure door hangers/post it notes		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 05 / 2020
Name of Federal Candidate BOOKER, CHARLES, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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 4770.00		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 / 04 / 2020	
Mailing Address 1 Hacker Way		Amount 750.00	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.5661
Purpose of Expenditure social media ads		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2020
Name of Federal Candidate BOOKER, CHARLES, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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 750.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3270.00
(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.

Mahoney, Heather, Roe, Ms,

[Electronically Filed]

Date

MM / DD / YYYY
06 / 05 / 2020

Signature

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(Schedule E)PAGE 2 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		MM / DD / YYYY

Full Name of Payee Facebook inc		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 04 / 2020
Mailing Address 1 Hacker Way		Amount 750.00
City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure social media ads	Category/ Type 004	Transaction ID : SE.5662 Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2020
Name of Federal Candidate BOOKER, CHARLES, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		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 1500.00		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 / 05 / 2020
Mailing Address 1 Hacker Way		Amount 750.00
City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure social media ads	Category/ Type 004	Transaction ID : SE.5660 Date of Disbursement or Obligation MM / DD / YYYY 06 / 05 / 2020
Name of Federal Candidate BOOKER, CHARLES, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		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 2250.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	4770.00

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.

Mahoney, Heather, Roe, Ms,

[Electronically Filed]

Date

MM / DD / YYYY
06 / 05 / 2020

Signature