

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2016"/>	<input type="text" value="1703.59"/>	<input type="text" value="1703.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8403.87"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1259877.90"/>	<input type="text" value="2187713.40"/>
(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="1268281.77"/>	<input type="text" value="2189416.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1163490.16"/>	<input type="text" value="2084625.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="104791.61"/>	<input type="text" value="104791.61"/>
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="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)

Page 3

Write or Type Committee Name

New Day Independent Media Committee

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).....	1259877.90	2187713.40
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1259877.90	2187713.40
(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)	1259877.90	2187713.40
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))..... ▶	1259877.90	2187713.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1259877.90	2187713.40

DETAILED SUMMARY PAGE
of Disbursements

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	4712.26	61700.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4712.26	61700.99
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)	1158777.90	2022924.39
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)) ..	1163490.16	2084625.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1163490.16	2084625.38

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)	1259877.90	2187713.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1259877.90	2187713.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4712.26	61700.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4712.26	61700.99

**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 18
(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. Michael Koren
 Mailing Address 10002 Erin Woods Drive
 City State Zip Code
 Dublin OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MJK Consulting President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2016
Transaction ID : SA11AI.4322
 Amount of Each Receipt this Period
 1000.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Stephen Mandel Jr.
 Mailing Address 20 Bobolink Lane
 City State Zip Code
 Greenwich CT 06830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lone Pine Capital Investment Analyst
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : SA11AI.4331
 Amount of Each Receipt this Period
 100000.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. New Day for America
 Mailing Address 4679 Winterset Drive
 City State Zip Code
 Columbus OH 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 549794.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2016
Transaction ID : SA11AI.4320
 Amount of Each Receipt this Period
 24459.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ► 125459.00
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 7 OF 18
	<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	

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

A. New Day for America
Full Name (Last, First, Middle Initial)
Mailing Address 4679 Winterset Drive
City Columbus State OH Zip Code 43220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 634610.50

Date of Receipt 04 / 11 / 2016
Transaction ID : SA11AI.4321
Amount of Each Receipt this Period 84816.00
 Memo Item

B. New Day for America
Full Name (Last, First, Middle Initial)
Mailing Address 4679 Winterset Drive
City Columbus State OH Zip Code 43220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1035933.40

Date of Receipt 04 / 13 / 2016
Transaction ID : SA11AI.4324
Amount of Each Receipt this Period 401322.90
 Memo Item

C. New Day for America
Full Name (Last, First, Middle Initial)
Mailing Address 4679 Winterset Drive
City Columbus State OH Zip Code 43220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1406073.40

Date of Receipt 04 / 14 / 2016
Transaction ID : SA11AI.4325
Amount of Each Receipt this Period 370140.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 856278.90
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 8 OF 18
(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. New Day for America
 Mailing Address 4679 Winterset Drive
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1456293.40

Date of Receipt
 04 / 21 / 2016
Transaction ID : SA11AI.4326
 Amount of Each Receipt this Period
 50220.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. New Day for America
 Mailing Address 4679 Winterset Drive
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1653453.40

Date of Receipt
 04 / 21 / 2016
Transaction ID : SA11AI.4327
 Amount of Each Receipt this Period
 197160.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. New Day for America
 Mailing Address 4679 Winterset Drive
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1683213.40

Date of Receipt
 04 / 22 / 2016
Transaction ID : SA11AI.4328
 Amount of Each Receipt this Period
 29760.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	277140.00
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 9 OF 18
(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"/> 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. Taras Szmagala Jr.

Mailing Address 5585 Liberty Road

City Bentleyville State OH Zip Code 44022

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

Name of Employer Eaton Corp Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2016

Transaction ID : SA11AI.4329

Amount of Each Receipt this Period
1000.00

Memo Item

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1259877.90

**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. ADP

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2016

Transaction ID : SB21B.4334

Amount of Each Disbursement this Period

115.01

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: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2016

Transaction ID : SB21B.4336

Amount of Each Disbursement this Period

3476.25

Memo Item

Full Name (Last, First, Middle Initial)

C. 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: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2016

Transaction ID : SB21B.4335

Amount of Each Disbursement this Period

176.00

Memo Item

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

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

3767.26

**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

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. 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: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : SB21B.4337

Amount of Each Disbursement this Period

945.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

945.00

4712.26

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) New Day Independent Media Committee		FEC IDENTIFICATION NUMBER ▼ C 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		MM / DD / YYYY

Full Name of Payee New Day Media, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 08 / 2016
Mailing Address 501 Morrison Road Suite 201		Amount 24459.00
City Gahanna	State OH	Zip Code 43230
Purpose of Expenditure Media Buy	Category/Type	Transaction ID : SE.4284 Date of Disbursement or Obligation MM / DD / YYYY 04 / 07 / 2016
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	24459.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee New Day Media, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 10 / 2016
Mailing Address 501 Morrison Road Suite 201		Amount 26877.00
City Gahanna	State OH	Zip Code 43230
Purpose of Expenditure Media Buy	Category/Type	Transaction ID : SE.4287 Date of Disbursement or Obligation MM / DD / YYYY 04 / 11 / 2016
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: NY
Calendar Year-To-Date Per Election for Office Sought	51336.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51336.00
(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.

Susan E. Jones
Signature

[Electronically Filed]

Date **05 / 20 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
New Day Independent Media Committee
FEC IDENTIFICATION NUMBER
C C00582973
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
New Day Media, LLC
Mailing Address
501 Morrison Road
Suite 201
City
Gahanna State
OH Zip Code
43230
Purpose of Expenditure
Media Buy
Category/Type
Name of Federal Candidate
DONALD J TRUMP
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
136365.90

Date of Public Distribution/Dissemination
04 / 13 / 2016
Amount
39213.45
Transaction ID : SE.4294
Date of Disbursement or Obligation
04 / 13 / 2016
Office Sought:
House Senate
President
State: PA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
New Day Media, LLC
Mailing Address
501 Morrison Road
Suite 201
City
Gahanna State
OH Zip Code
43230
Purpose of Expenditure
Media Buy
Category/Type
Name of Federal Candidate
RAFAEL EDWARD 'TED' CRUZ
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
212784.00

Date of Public Distribution/Dissemination
04 / 14 / 2016
Amount
161448.00
Transaction ID : SE.4296
Date of Disbursement or Obligation
04 / 13 / 2016
Office Sought:
House Senate
President
State: NY
Disbursement For:
Primary General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 200661.45. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (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.

Susan E. Jones
[Electronically Filed]
Date 05 / 20 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) New Day Independent Media Committee	FEC IDENTIFICATION NUMBER ▼ C C00582973
---	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee New Day Media, LLC	<input type="checkbox"/> Memo Item
Mailing Address 501 Morrison Road Suite 201	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Gahanna OH 43230	Amount <input type="text"/>
Purpose of Expenditure Media Buy	Category/Type <input type="text"/>
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/> 374232.00
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: <u>NY</u>
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4297

/ /

161448.00

/ /

Full Name of Payee New Day Media, LLC	<input type="checkbox"/> Memo Item
Mailing Address 501 Morrison Road Suite 201	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Gahanna OH 43230	Amount <input type="text"/>
Purpose of Expenditure Media Buy	Category/Type <input type="text"/>
Name of Federal Candidate JOHN R KASICH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/> 495132.00
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: <u>NY</u>
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4303

/ /

120900.00

/ /

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 282348.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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 / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) New Day Independent Media Committee	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee New Day Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 15 / 2016
Mailing Address 501 Morrison Road Suite 201	Amount 249240.00
City State Zip Code Gahanna OH 43230	
Purpose of Expenditure Media Buy	Category/Type
Name of Federal Candidate JOHN R KASICH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 249240.00	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u>
	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 14 / 2016
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee New Day Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 21 / 2016
Mailing Address 501 Morrison Road Suite 201	Amount 50220.00
City State Zip Code Gahanna OH 43230	
Purpose of Expenditure Media Buy	Category/Type
Name of Federal Candidate JOHN R KASICH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 299460.00	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u>
	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 21 / 2016
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	299460.00
(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.

Susan E. Jones [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) New Day Independent Media Committee	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee New Day Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 22 / 2016
Mailing Address 501 Morrison Road Suite 201	Amount 197160.00
City State Zip Code Gahanna OH 43230	
Purpose of Expenditure Media Buy	Category/Type
Name of Federal Candidate JOHN R KASICH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 496620.00	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4313

Full Name of Payee New Day Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 23 / 2016
Mailing Address 501 Morrison Road Suite 201	Amount 29760.00
City State Zip Code Gahanna OH 43230	
Purpose of Expenditure Media Buy	Category/Type
Name of Federal Candidate JOHN R KASICH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 29760.00	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4314

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	226920.00
(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.

Signature Susan E. Jones [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) New Day Independent Media Committee	FEC IDENTIFICATION NUMBER ▼ C C00582973
---	---

Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee The Ukrainian National Assoc. Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 2200 Route 10	Amount 900.00
City State Zip Code Parsippany NJ 07054	
Purpose of Expenditure Advertisement	Category/Type
Name of Federal Candidate JOHN R KASICH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2016
Name of Federal Candidate JOHN R KASICH	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 496032.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	900.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1158777.90

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
05 / 20 / 2016

Signature _____