

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. 12FE4M5

New Day for America

ADDRESS (number and street) 4679 Winterset Drive

Check if different than previously reported. (ACC) Columbus OH 43220

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00581868

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2018 through 12 / 31 / 2018

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

Yuskewich, J., Matthew, ,

Type or Print Name of Treasurer

Signature of Treasurer Yuskewich, J., Matthew, , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

New Day for America

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="2018"/>		346480.79
(b) Cash on Hand at Beginning of Reporting Period.....	443579.42	
(c) Total Receipts (from Line 19)	100205.00	594061.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	543784.42	940542.19
7. Total Disbursements (from Line 31).....	65093.28	461851.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	478691.14	478691.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

Write or Type Committee Name

New Day for America

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).....	100000.00	566000.00
(ii) Unitemized	205.00	635.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	100205.00	566635.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	100205.00	591635.00
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	2426.40
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)).....▶	100205.00	594061.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	100205.00	594061.40

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	65093.28	461851.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	65093.28	461851.05
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)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	65093.28	461851.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65093.28	461851.05

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)	100205.00	591635.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100205.00	591635.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	65093.28	461851.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	65093.28	461851.05

**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 28
(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 for America

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Swartz, James, , ,

Mailing Address **PO Box 2816**

City **Park City** State **UT** Zip Code **84060**

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

Name of Employer (for Individual) **Accel Partners** Occupation (for Individual) **Venture Capitalists**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
12 / 14 / 2018

Transaction ID : SA11AI.8955

Amount of Each Receipt this Period
100000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	100000.00

**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"/> 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 for America

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 299051

City Ft. Lauderdale State FL Zip Code 33329

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8962
Amount of Each Disbursement this Period
8281.05

Memo Item

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheater Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8962.c
Amount of Each Disbursement this Period
26.88

Memo Item

Full Name (Last, First, Middle Initial)

C. iContact

Mailing Address 2450 Perimeter Park Dr.

City Morrisville State NC Zip Code 27560

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8962.
Amount of Each Disbursement this Period
79.00

Memo Item

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

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

8281.05

**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"/> 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 for America

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address 4600 International Gateway

City Columbus State OH Zip Code 43219

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8962.3
Amount of Each Disbursement this Period
444.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 4600 International Gateway

City Columbus State OH Zip Code 43219

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8962.3
Amount of Each Disbursement this Period
444.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Kimpton INK

Mailing Address 653 11TH AVENUE

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8962.3
Amount of Each Disbursement this Period
379.15

Memo Item

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

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

0.00

**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"/> 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 for America

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 4600 International Gateway		FEC Identification Number C [] Transaction ID : SB21B.8962.! Amount of Each Disbursement this Period [] 406.20
City Columbus	State OH	Zip Code 43219
Purpose of Disbursement AIR TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 4600 International Gateway		FEC Identification Number C [] Transaction ID : SB21B.8962.€ Amount of Each Disbursement this Period [] 1058.20
City Columbus	State OH	Zip Code 43219
Purpose of Disbursement AIR TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 4600 International Gateway		FEC Identification Number C [] Transaction ID : SB21B.8962. Amount of Each Disbursement this Period [] 509.20
City Columbus	State OH	Zip Code 43219
Purpose of Disbursement AIR TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
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"/> 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 for America

Full Name (Last, First, Middle Initial) A. Southwest Air		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address PO Box 36647-1CR		FEC Identification Number C [] Transaction ID : SB21B.8962.4 Amount of Each Disbursement this Period [] 366.59
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement AIR TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Southwest Air		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address PO Box 36647-1CR		FEC Identification Number C [] Transaction ID : SB21B.8962.4 Amount of Each Disbursement this Period [] 366.59
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement AIR TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C [] Transaction ID : SB21B.8962.4 Amount of Each Disbursement this Period [] 256.20
City Fort Worth	State TX	Zip Code 76155
Purpose of Disbursement AIR TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
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"/> 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 for America

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C Transaction ID : SB21B.8962. Amount of Each Disbursement this Period 37.15
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement AIR TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C Transaction ID : SB21B.8962.1 Amount of Each Disbursement this Period 37.15
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement AIR TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C Transaction ID : SB21B.8962. Amount of Each Disbursement this Period 256.20
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement AIR TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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"/> 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 for America

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C [] Transaction ID : SB21B.8962. Amount of Each Disbursement this Period [] 256.20
City Fort Worth	State TX	Zip Code 76155
Purpose of Disbursement AIR TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C [] Transaction ID : SB21B.8962.1 Amount of Each Disbursement this Period [] 42.72
City Fort Worth	State TX	Zip Code 76155
Purpose of Disbursement AIR TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. JET BLUE		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 27-01 QUEENS PLAZA		FEC Identification Number C [] Transaction ID : SB21B.8962. Amount of Each Disbursement this Period [] 328.20
City LONG ISLAND	State NY	Zip Code 11101
Purpose of Disbursement AIR TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
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"/> 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 for America

Full Name (Last, First, Middle Initial)

A. JET BLUE

Mailing Address 27-01 QUEENS PLAZA

City LONG ISLAND State NY Zip Code 11101

Purpose of Disbursement AIR TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8962.
Amount of Each Disbursement this Period
328.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Courtyard Manchester

Mailing Address 700 Huse Road

City Manchester State NH Zip Code 03103

Purpose of Disbursement LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8962.1
Amount of Each Disbursement this Period
255.06

Memo Item

Full Name (Last, First, Middle Initial)

C. Courtyard Manchester

Mailing Address 700 Huse Road

City Manchester State NH Zip Code 03103

Purpose of Disbursement LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8962.
Amount of Each Disbursement this Period
233.26

Memo Item

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

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

0.00

**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"/> 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 for America

Full Name (Last, First, Middle Initial) A. Courtyard Manchester		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 700 Huse Road		FEC Identification Number C Transaction ID : SB21B.8962.2 Amount of Each Disbursement this Period 267.51
City Manchester	State NH	
Purpose of Disbursement LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Courtyard Manchester		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 700 Huse Road		FEC Identification Number C Transaction ID : SB21B.8962.2 Amount of Each Disbursement this Period 263.02
City Manchester	State NH	
Purpose of Disbursement LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018
Mailing Address 4600 International Gateway		FEC Identification Number C Transaction ID : SB21B.8962.2 Amount of Each Disbursement this Period 401.20
City Columbus	State OH	
Purpose of Disbursement AIR TRAVEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

0.00

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"/> 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 for America

Full Name (Last, First, Middle Initial) A. CAMPO ENOTECA		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018	
Mailing Address 969 ELM STREET		FEC Identification Number C [REDACTED]	
City MANCHESTER	State NH	Zip Code 03101	Transaction ID : SB21B.8962.2
Purpose of Disbursement FOOD AND BEVERAGES		Category/Type	Amount of Each Disbursement this Period 253.64
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018	
Mailing Address 4600 International Gateway		FEC Identification Number C [REDACTED]	
City Columbus	State OH	Zip Code 43219	Transaction ID : SB21B.8962.2
Purpose of Disbursement AIR TRAVEL		Category/Type	Amount of Each Disbursement this Period 376.20
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. JET BLUE		Date of Disbursement MM / DD / YYYY 11 / 29 / 2018	
Mailing Address 27-01 QUEENS PLAZA		FEC Identification Number C [REDACTED]	
City LONG ISLAND	State NY	Zip Code 11101	Transaction ID : SB21B.8962.2
Purpose of Disbursement AIR TRAVEL		Category/Type	Amount of Each Disbursement this Period 41.00
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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"/> 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 for America

Full Name (Last, First, Middle Initial)
A. JET BLUE

Date of Disbursement: / /

Mailing Address: 27-01 QUEENS PLAZA

City: LONG ISLAND State: NY Zip Code: 11101

Purpose of Disbursement: AIR TRAVEL

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number:
Transaction ID : SB21B.8962.1
Amount of Each Disbursement this Period:

Memo Item

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

Date of Disbursement: / /

Mailing Address: PO Box 299051

City: Ft. Lauderdale State: FL Zip Code: 33329

Purpose of Disbursement: CREDIT CARD PAYMENT

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number:
Transaction ID : SB21B.8972
Amount of Each Disbursement this Period:

Memo Item

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

Date of Disbursement: / /

Mailing Address: 700 Huse Road

City: Manchester State: NH Zip Code: 03103

Purpose of Disbursement: LODGING

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number:
Transaction ID : SB21B.8972.
Amount of Each Disbursement this Period:

Memo Item

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

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"/> 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 for America

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4330 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
AIR TRAVEL

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
12 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8972.
Amount of Each Disbursement this Period
296.20

Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4330 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
AIR TRAVEL

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
12 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8972.
Amount of Each Disbursement this Period
296.20

Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4330 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
AIR TRAVEL

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
12 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8972.
Amount of Each Disbursement this Period
57.00

Memo Item

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

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

0.00

**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"/> 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 for America

Full Name (Last, First, Middle Initial)
A. American Airlines

Mailing Address 4330 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement AIR TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8972.4

Amount of Each Disbursement this Period: 574.20

Memo Item

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

Mailing Address 4330 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement AIR TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8972.5

Amount of Each Disbursement this Period: 574.20

Memo Item

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

Mailing Address 4330 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement AIR TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8972.

Amount of Each Disbursement this Period: 63.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 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 for America

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018
Mailing Address 1600 Amphitheater Parkway		FEC Identification Number C [] Transaction ID : SB21B.8972.4 Amount of Each Disbursement this Period [] 26.88
City Mountain View State CA Zip Code 94043	Purpose of Disbursement ADVERTISING Candidate Name	Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input checked="" type="checkbox"/>		

Full Name (Last, First, Middle Initial) B. iContact		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018
Mailing Address 2450 Perimeter Park Dr.		FEC Identification Number C [] Transaction ID : SB21B.8972.9 Amount of Each Disbursement this Period [] 79.00
City Morrisville State NC Zip Code 27560	Purpose of Disbursement ADVERTISING Candidate Name	Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input checked="" type="checkbox"/>		

Full Name (Last, First, Middle Initial) C. Kimpton Hotel Palomar		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018
Mailing Address 10740 Wilshire Blvd		FEC Identification Number C [] Transaction ID : SB21B.8972. Amount of Each Disbursement this Period [] 403.79
City Los Angeles State CA Zip Code 90024	Purpose of Disbursement LODGING Candidate Name	Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input checked="" type="checkbox"/>		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
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"/> 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 for America

Full Name (Last, First, Middle Initial) A. Kimpton Hotel Palomar		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018	
Mailing Address 10740 Wilshire Blvd		FEC Identification Number C [] Transaction ID : SB21B.8972. Amount of Each Disbursement this Period [] 426.93	
City Los Angeles	State CA	Zip Code 90024	Category/ Type []
Purpose of Disbursement LODGING		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018	
Mailing Address 4600 International Gateway		FEC Identification Number C [] Transaction ID : SB21B.8972.1 Amount of Each Disbursement this Period [] 446.20	
City Columbus	State OH	Zip Code 43219	Category/ Type []
Purpose of Disbursement AIR TRAVEL		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) C. BEDFORD VILLAGE INN		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018	
Mailing Address 2 OLDE BEDFORD WAY		FEC Identification Number C [] Transaction ID : SB21B.8972. Amount of Each Disbursement this Period [] 331.72	
City BEDFORD	State NH	Zip Code 03110	Category/ Type []
Purpose of Disbursement LODGING		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
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"/> 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 for America

Full Name (Last, First, Middle Initial) A. BEDFORD VILLAGE INN		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018
Mailing Address 2 OLDE BEDFORD WAY		FEC Identification Number C [REDACTED]
City BEDFORD	State NH	Zip Code 03110
Purpose of Disbursement LODGING	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 290.13	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C [REDACTED]
City Fort Worth	State TX	Zip Code 76155
Purpose of Disbursement AIR TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 732.40	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C [REDACTED]
City Fort Worth	State TX	Zip Code 76155
Purpose of Disbursement AIR TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 53.41	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

[REDACTED] 0.00

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

[REDACTED]

**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"/> 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 for America

Full Name (Last, First, Middle Initial) A. American Airlines			Date of Disbursement MM / DD / YYYY 12 / 26 / 2018	
Mailing Address 4330 Amon Carter Blvd				
City Fort Worth	State TX	Zip Code 76155	FEC Identification Number C	
Purpose of Disbursement AIR TRAVEL			Transaction ID : SB21B.8972.	
Candidate Name			Amount of Each Disbursement this Period 568.40	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) B. American Airlines			Date of Disbursement MM / DD / YYYY 12 / 26 / 2018	
Mailing Address 4330 Amon Carter Blvd				
City Fort Worth	State TX	Zip Code 76155	FEC Identification Number C	
Purpose of Disbursement AIR TRAVEL			Transaction ID : SB21B.8972.1	
Candidate Name			Amount of Each Disbursement this Period 568.39	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) C. American Airlines			Date of Disbursement MM / DD / YYYY 12 / 26 / 2018	
Mailing Address 4330 Amon Carter Blvd				
City Fort Worth	State TX	Zip Code 76155	FEC Identification Number C	
Purpose of Disbursement AIR TRAVEL			Transaction ID : SB21B.8972.	
Candidate Name			Amount of Each Disbursement this Period 568.39	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item	
State: District:				

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

0.00

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"/> 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 for America

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C Transaction ID : SB21B.8972.2 Amount of Each Disbursement this Period 360.40
City Fort Worth	State TX	
Zip Code 76155		Category/ Type
Purpose of Disbursement AIR TRAVEL		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C Transaction ID : SB21B.8972.2 Amount of Each Disbursement this Period 200.00
City Fort Worth	State TX	
Zip Code 76155		Category/ Type
Purpose of Disbursement AIR TRAVEL		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Coshocton Air Ltd.		Date of Disbursement MM / DD / YYYY 11 / 28 / 2018
Mailing Address PO Box 715		FEC Identification Number C Transaction ID : SB21B.8958 Amount of Each Disbursement this Period 16969.50
City Coshocton	State OH	
Zip Code 43812		Category/ Type
Purpose of Disbursement AIR TRAVEL		
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	16969.50
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"/> 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 for America

Full Name (Last, First, Middle Initial) A. Huntington National Bank		Date of Disbursement MM / DD / YYYY 12 / 03 / 2018
Mailing Address PO Box 1558		FEC Identification Number C [] Transaction ID : SB21B.8963 Amount of Each Disbursement this Period [] 375.10
City Columbus	State OH	Zip Code 43216
Purpose of Disbursement MERCHANT FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Huntington National Bank		Date of Disbursement MM / DD / YYYY 12 / 19 / 2018
Mailing Address PO Box 1558		FEC Identification Number C [] Transaction ID : SB21B.8970 Amount of Each Disbursement this Period [] 9.91
City Columbus	State OH	Zip Code 43216
Purpose of Disbursement MERCHANT FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Huntington National Bank		Date of Disbursement MM / DD / YYYY 12 / 31 / 2018
Mailing Address PO Box 1558		FEC Identification Number C [] Transaction ID : SB21B.8974 Amount of Each Disbursement this Period [] 35.00
City Columbus	State OH	Zip Code 43216
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[] 420.01

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"/> 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 for America

A. JRS ADVANCED ANALYTICS

Full Name (Last, First, Middle Initial)

Mailing Address 243 W LINCOLN AVE

City DELAWARE State OH Zip Code 43015

Purpose of Disbursement DATA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8959

Amount of Each Disbursement this Period: 1750.00

Memo Item

B. Red Tack Strategies LLC

Full Name (Last, First, Middle Initial)

Mailing Address 113 S Ardmore

City Bexley State OH Zip Code 43209

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8965

Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Right Digital LLC

Full Name (Last, First, Middle Initial)

Mailing Address 408 E. Scheyer Place

City Columbus State OH Zip Code 43214

Purpose of Disbursement DATA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8967

Amount of Each Disbursement this Period: 2250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9000.00

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"/> 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 for America

Full Name (Last, First, Middle Initial) A. The Network Companies LLC		Date of Disbursement MM / DD / YYYY 12 / 07 / 2018
Mailing Address 7062 Comanche Trail		FEC Identification Number C [] Transaction ID : SB21B.8968
City Austin	State TX	Zip Code 78732
Purpose of Disbursement CAMPAIGN CONSULTING		Amount of Each Disbursement this Period [] 10000.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. The Network Companies LLC		Date of Disbursement MM / DD / YYYY 12 / 27 / 2018
Mailing Address 7062 Comanche Trail		FEC Identification Number C [] Transaction ID : SB21B.8973
City Austin	State TX	Zip Code 78732
Purpose of Disbursement CAMPAIGN CONSULTING		Amount of Each Disbursement this Period [] 10000.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Winterset CPA Group		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018
Mailing Address 4679 Winterset Drive		FEC Identification Number C [] Transaction ID : SB21B.8971
City Columbus	State OH	Zip Code 43220
Purpose of Disbursement ACCOUNTING		Amount of Each Disbursement this Period [] 1535.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 21535.00
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"/> 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 for America

A. Zhdan, Nazar, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 41 South High Street
Ste 3710

City Columbus State OH Zip Code 43215

Purpose of Disbursement CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8966

Amount of Each Disbursement this Period: 1000.00

Memo Item

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) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	65069.13