

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 American Jobs Fund

ADDRESS (number and street) 1920 L Street NW
Suite 800
 Check if different than previously reported. (ACC) Washington DC 20036

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

C C00625533

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 07 / 01 / 2016 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2016

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

Collins, Patrick, , ,

Type or Print Name of Treasurer

Signature of Treasurer Collins, Patrick, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2016

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)

Write or Type Committee Name

New American Jobs Fund

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="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3015000.00"/>	<input type="text" value="3015000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3015000.00"/>	<input type="text" value="3015000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1129148.06"/>	<input type="text" value="1129148.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1885851.94"/>	<input type="text" value="1885851.94"/>
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="35000.00"/>	

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 American Jobs Fund

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	3015000.00	3015000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3015000.00	3015000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3015000.00	3015000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3015000.00	3015000.00

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	1173.12	1173.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1173.12	1173.12
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)	1127974.94	1127974.94
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)) ..	1129148.06	1129148.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1129148.06	1129148.06

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)	3015000.00	3015000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3015000.00	3015000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1173.12	1173.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1173.12	1173.12

**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 6 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 American Jobs Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. USW Works		Date of Receipt
Mailing Address 60 Blvd of the Allies		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2016"/>
City Pittsburgh	State PA	Zip Code 15222-1214
FEC ID number of contributing federal political committee. C C00556274		Transaction ID : AADEF545D77F4A3C96B
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="515000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1515000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. USW Works		Date of Receipt
Mailing Address 60 Blvd of the Allies		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2016"/>
City Pittsburgh	State PA	Zip Code 15222-1214
FEC ID number of contributing federal political committee. C C00556274		Transaction ID : A1A3ACF1F04C24E53967
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1000000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1515000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. LCV Victory Fund		Date of Receipt
Mailing Address 1920 L St NW Ste 800		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00486845		Transaction ID : A34FBE6B37E384D00A8D
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1500000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1500000.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="3015000.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="3015000.00"/>

**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

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 American Jobs Fund

Full Name (Last, First, Middle Initial) A. Amalgamated Bank			Date of Disbursement MM / DD / YYYY 09 / 09 / 2016	
Mailing Address 275 Seventh Avenue				
City New York	State NY	Zip Code 10001-6708	FEC Identification Number C	
Purpose of Disbursement Bank Service Fee			Transaction ID : B06AC3E8FD	
Candidate Name			Amount of Each Disbursement this Period 30.00	
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 type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) B. League of Conservation Voters, Inc.			Date of Disbursement MM / DD / YYYY 09 / 22 / 2016	
Mailing Address 1920 L St NW Ste 800				
City Washington	State DC	Zip Code 20036-5045	FEC Identification Number C	
Purpose of Disbursement Admin and Compliance Support			Transaction ID : B674AE2DD1	
Candidate Name			Amount of Each Disbursement this Period 1043.12	
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 type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) C. Amalgamated Bank			Date of Disbursement MM / DD / YYYY 09 / 29 / 2016	
Mailing Address 275 Seventh Avenue				
City New York	State NY	Zip Code 10001-6708	FEC Identification Number C	
Purpose of Disbursement Bank Service Fee			Transaction ID : BA05D33463	
Candidate Name			Amount of Each Disbursement this Period 40.00	
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 type="checkbox"/> Memo Item	
State: District:				

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

1113.12

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

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 American Jobs Fund

A. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement Credit Card Payment (See Memo)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C

Transaction ID : BB866C4BAC

Amount of Each Disbursement this Period: 60.00

Memo Item

B. Squarespace, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 225 Varick Street
12th Floor

City New York State NY Zip Code 10014-4304

Purpose of Disbursement Website Domain Names

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C

Transaction ID : BFC77BDFEC

Amount of Each Disbursement this Period: 60.00
Website Domain Names

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).....▶	60.00
TOTAL This Period (last page this line number only).....▶	1173.12

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 20
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
New American Jobs Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor GPS Impact			Nature of Debt (Purpose): Survey Administration (Estimate)
Mailing Address 100 E Grand Ave. Suite 380			
City Des Moines	State IA	Zip Code 50309-1801	

Outstanding Balance Beginning This Period	Transaction ID : D65AC26B891F640D0B63	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="12500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="12500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMM Political Strategies, LLC			Nature of Debt (Purpose): Phone Survey (Estimate)
Mailing Address 507 N. Sylvania Ave			
City Ft Worth	State TX	Zip Code 76111-2317	

Outstanding Balance Beginning This Period	Transaction ID : DE81AAF471B6F47A38E6	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="12500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="12500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Duch, Kate, , ,			Nature of Debt (Purpose): Campaign Consulting (Estimate)
Mailing Address 25 Downing Street 2-204			
City Denver	State CO	Zip Code 80218-3467	

Outstanding Balance Beginning This Period	Transaction ID : DF71FC03B07B344BB999	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="10000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="10000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="35000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="35000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="35000.00"/>

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

NAME OF COMMITTEE (In Full) New American Jobs Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00625533 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Terra Strategies, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 07 / 2016
Mailing Address 100 East Grand Ste 380	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 605380.50 </div> Transaction ID : EC8448A47652D4C7D883 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2016
City Des Moines State IA Zip Code 50309-1801	
Purpose of Expenditure Field Canvass Consulting (reported with estimate of \$605,380.50 on 48-Hour Report filed 9/9/2016)	
Name of Federal Candidate: McGinty, Kathleen, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 623651.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Printex, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 07 / 2016
Mailing Address 35C Industrial Parkway	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 4583.57 </div> Transaction ID : EB991E7E49E424F49980 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2016
City Woburn State MA Zip Code 01801-1914	
Purpose of Expenditure Cooling Devices	
Name of Federal Candidate: McGinty, Kathleen, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 623651.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 609964.07 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>

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.

Collins, Patrick, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) New American Jobs Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00625533 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 07 / 2016						
Mailing Address 2001 N Beauregard St Ste 420	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 3423.83 </div> Transaction ID : E40C0287F316C4DD0A08 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22311-1750</td> </tr> </table>		City	State	Zip Code	Alexandria	VA	22311-1750
City		State	Zip Code				
Alexandria	VA	22311-1750					
Purpose of Expenditure T-Shirts							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Kathleen, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: PA						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 623651.90 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item League of Conservation Voters, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 07 / 2016						
Mailing Address 1920 L St NW Ste 800	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 10264.00 </div> Transaction ID : EDD3328C9F783486EBFA Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 29 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036-5045</td> </tr> </table>		City	State	Zip Code	Washington	DC	20036-5045
City		State	Zip Code				
Washington	DC	20036-5045					
Purpose of Expenditure iTouch Rental (reported with estimate of 10,264.00 on 48-Hour Report filed 9/9/2016)							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Kathleen, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: PA						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 623651.90 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 13687.83 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>

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.

Collins, Patrick, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
New American Jobs Fund
FEC IDENTIFICATION NUMBER
C C00625533

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

Full Name of Payee
League of Conservation Voters, Inc.
Mailing Address
1920 L St NW
Ste 800
City
Washington
State
DC
Zip Code
20036-5045
Purpose of Expenditure
Staff Time for Press Release
Category/Type
Date of Public Distribution/Dissemination
09 / 09 / 2016
Amount
27.24
Transaction ID : E39951826A2DB49F5948
Date of Disbursement or Obligation
09 / 14 / 2016

Name of Federal Candidate:
Strickland, Ted, ,
Support
Office Sought:
House
Senate
District:
State: OH
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
League of Conservation Voters, Inc.
Mailing Address
1920 L St NW
Ste 800
City
Washington
State
DC
Zip Code
20036-5045
Purpose of Expenditure
Staff Time for Press Release
Category/Type
Date of Public Distribution/Dissemination
09 / 09 / 2016
Amount
27.24
Transaction ID : ED42AD235FA3740B2A6A
Date of Disbursement or Obligation
09 / 14 / 2016

Name of Federal Candidate:
Ross, Deborah, ,
Support
Office Sought:
House
Senate
District:
State: NC
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 54.48
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Collins, Patrick, ,
[Electronically Filed]
Date
10 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
New American Jobs Fund
FEC IDENTIFICATION NUMBER
C C00625533

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

Full Name of Payee
League of Conservation Voters, Inc.
Mailing Address
1920 L St NW
Ste 800
City
Washington
State
DC
Zip Code
20036-5045
Purpose of Expenditure
Staff Time for Press Release
Category/Type
Date of Public Distribution/Dissemination
09 / 09 / 2016
Amount
27.24
Transaction ID : E13474D63EC84454CA87
Date of Disbursement or Obligation
09 / 14 / 2016

Name of Federal Candidate:
McGinty, Kathleen, ,
Support
Office Sought:
House
Senate
District:
State: PA
Calendar Year-To-Date
Per Election for Office Sought
623679.14
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
League of Conservation Voters, Inc.
Mailing Address
1920 L St NW
Ste 800
City
Washington
State
DC
Zip Code
20036-5045
Purpose of Expenditure
Staff Time for Press Release
Category/Type
Date of Public Distribution/Dissemination
09 / 09 / 2016
Amount
27.24
Transaction ID : E35392A264947452386D
Date of Disbursement or Obligation
09 / 14 / 2016

Name of Federal Candidate:
Cortez Masto, Catherine, ,
Support
Office Sought:
House
Senate
District:
State: NV
Calendar Year-To-Date
Per Election for Office Sought
27.24
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 54.48
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Collins, Patrick, , [Electronically Filed] Date 10 / 15 / 2016
Signature

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

NAME OF COMMITTEE (In Full) New American Jobs Fund	FEC IDENTIFICATION NUMBER ▼ C C00625533
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item JVA Campaigns, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 240 N. 5th Street Suite 360	Amount <input type="text"/> 8625.93
City Columbus State OH Zip Code 43215-2600	
Purpose of Expenditure Mailer and Postage (reported with estimate of 8,625.93 on 48-Hour Report filed 9/21/2016) Category/Type <input type="text"/>	Transaction ID : EAA729BBBF9A246B6802 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: McGinty, Kathleen, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 667305.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item GPS Impact	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 100 E Grand Ave. Suite 380	Amount <input type="text"/> 12500.00
City Des Moines State IA Zip Code 50309-1801	
Purpose of Expenditure Survey Administration (Estimate) Category/Type <input type="text"/>	Transaction ID : EF20C5279C82343AC993 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: McGinty, Kathleen, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 667305.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 8625.93
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) 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.

Collins, Patrick, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
New American Jobs Fund
FEC IDENTIFICATION NUMBER
C C00625533

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

Full Name of Payee AMM Political Strategies, LLC
Mailing Address 507 N. Sylvania Ave
City Ft Worth State TX Zip Code 76111-2317
Purpose of Expenditure Phone Survey (Estimate)
Name of Federal Candidate: McGinty, Kathleen, ,
Calendar Year-To-Date Per Election for Office Sought 667305.07
Date of Public Distribution/Dissemination 09/19/2016
Amount 12500.00
Transaction ID : E92F05B35232E46CB9CB
Date of Disbursement or Obligation
Disbursement For: General 2016

Full Name of Payee Duch, Kate, ,
Mailing Address 25 Downing Street 2-204
City Denver State CO Zip Code 80218-3467
Purpose of Expenditure Campaign Consulting (Estimate)
Name of Federal Candidate: McGinty, Kathleen, ,
Calendar Year-To-Date Per Election for Office Sought 667305.07
Date of Public Distribution/Dissemination 09/19/2016
Amount 10000.00
Transaction ID : E7C5A3DEA734B4D83BB
Date of Disbursement or Obligation
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Collins, Patrick, ,

[Electronically Filed]

Date

10/15/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
New American Jobs Fund
FEC IDENTIFICATION NUMBER
C C00625533

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

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure T-Shirts (reported with estimate of \$7062 on 48-Hour Report 9/23/16)
Name of Federal Candidate: McGinty, Kathleen, , , Support
Office Sought: Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 709486.37
Disbursement For: General 2016

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Door Hangers (reported with estimate of \$34,000 on 48-Hour Report 9/23/16)
Name of Federal Candidate: McGinty, Kathleen, , , Support
Office Sought: Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 709486.37
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 39581.30
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.
Collins, Patrick, , , [Electronically Filed] Date 10 / 15 / 2016
Signature

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

NAME OF COMMITTEE (In Full) New American Jobs Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00625533 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 22 / 2016 </div>
Mailing Address 2001 N Beauregard St Ste 420	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2600.00 </div> Transaction ID : E56F37E2934C44119950 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 29 / 2016 </div>
City Alexandria State VA Zip Code 22311-1750	
Purpose of Expenditure Pledge Cards (reported with estimate of \$2315 on 48-Hour Report 9/23/16)	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Kathleen, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 709486.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 28 / 2016 </div>
Mailing Address 2001 N Beauregard St Ste 420	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2315.00 </div> Transaction ID : EADF5E2D338E3421F86E Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 29 / 2016 </div>
City Alexandria State VA Zip Code 22311-1750	
Purpose of Expenditure Pledge Cards	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Cortez Masto, Catherine, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 453434.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 4915.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>

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.

Collins, Patrick, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) New American Jobs Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00625533 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item League of Conservation Voters, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2016
Mailing Address 1920 L St NW Ste 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3312.00</div>
City Washington	State DC	
Zip Code 20036-5045	Transaction ID : E3B0A7456A4E147F580E Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 29 / 2016	
Purpose of Expenditure iTouch Rental		Category/Type
Name of Federal Candidate: Cortez Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">453434.09</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2016
Mailing Address 2001 N Beaugard St Ste 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3891.03</div>
City Alexandria	State VA	
Zip Code 22311-1750	Transaction ID : E3FF246604E5F4C84BE1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 29 / 2016	
Purpose of Expenditure T-Shirts		Category/Type
Name of Federal Candidate: Cortez Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">453434.09</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">7203.03</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Collins, Patrick, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) New American Jobs Fund	FEC IDENTIFICATION NUMBER ▼ C C00625533
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printex, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 35C Industrial Parkway	Amount <input type="text"/>
City Woburn State MA Zip Code 01801-1914	Transaction ID : EF52F1D41D57D432FAE1
Purpose of Expenditure Cooling Devices Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Cortez Masto, Catherine, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 453434.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Terra Strategies, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 100 East Grand Ste 380	Amount <input type="text"/>
City Des Moines State IA Zip Code 50309-1801	Transaction ID : E962F7B615FB04E118B2
Purpose of Expenditure Field Canvass Consulting Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Cortez Masto, Catherine, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 453434.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 418888.82
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) 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.

Collins, Patrick, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) New American Jobs Fund	FEC IDENTIFICATION NUMBER ▼ C C00625533
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Mack-Sumner Communications, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2001 N Beauregard St Ste 420	Amount <input type="text"/> 25000.00 Transaction ID : E1566BA9C4CEC4F00A56 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22311-1750	
Purpose of Expenditure Door Hangers Category/Type <input type="text"/>	
Name of Federal Candidate: Cortez Masto, Catherine, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 453434.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

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

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 25000.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/> 1127974.94

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.

Collins, Patrick, , , **[Electronically Filed]** Date / /

Signature