

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 OR AMENDED (N) (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: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2020 through 03/31/2020

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 04/15/2020

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

Table with 7 columns and 1 row for Office Use Only.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2020"/>		538709.98
(b) Cash on Hand at Beginning of Reporting Period.....	538709.98	
(c) Total Receipts (from Line 19)	50025.00	50025.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	588734.98	588734.98
7. Total Disbursements (from Line 31).....	44136.24	44136.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	544598.74	544598.74
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).....	50000.00	50000.00
(ii) Unitemized	25.00	25.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	50025.00	50025.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	50025.00	50025.00
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)).....▶	50025.00	50025.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	50025.00	50025.00

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	44136.24	44136.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	44136.24	44136.24
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)) ..	44136.24	44136.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44136.24	44136.24

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)	50025.00	50025.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50025.00	50025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	44136.24	44136.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44136.24	44136.24

**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 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Gund, Gordon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Nassau Street
 City Princeton State NJ Zip Code 08542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gund Investment Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2020
Transaction ID : SA11AI.9334
 Amount of Each Receipt this Period
 25000.00
 Memo Item

B. Schlein, Ted, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 776 Cotton Street
 City Menlo Park State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kleiner Perkins Caufield & Bye Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2020
Transaction ID : SA11AI.9333
 Amount of Each Receipt this Period
 25000.00
 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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50000.00
TOTAL This Period (last page this line number only).....	50000.00

**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		Date of Disbursement MM / DD / YYYY 02 / 14 / 2020
Mailing Address PO Box 299051		FEC Identification Number C Transaction ID : SB21B.9358 Amount of Each Disbursement this Period 117.19
City Ft. Lauderdale	State FL	
Zip Code 33329	Purpose of Disbursement CREDIT CARD PAYMENT	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement MM / DD / YYYY 03 / 03 / 2020
Mailing Address PO Box 299051		FEC Identification Number C Transaction ID : SB21B.9359 Amount of Each Disbursement this Period 155.93
City Ft. Lauderdale	State FL	
Zip Code 33329	Purpose of Disbursement CREDIT CARD PAYMENT	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) C. iContact		Date of Disbursement MM / DD / YYYY 03 / 03 / 2020
Mailing Address 2450 Perimeter Park Dr.		FEC Identification Number C Transaction ID : SB21B.9359. Amount of Each Disbursement this Period 84.93
City Morrisville	State NC	
Zip Code 27560	Purpose of Disbursement ADVERTISING	Memo Item <input checked="" type="checkbox"/>
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:		

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

273.12

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

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NAME OF COMMITTEE (In Full)
New Day for America

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement MM / DD / YYYY 03 / 03 / 2020
Mailing Address PO Box 299051		FEC Identification Number C [REDACTED] Transaction ID : SB21B.9359. Amount of Each Disbursement this Period [REDACTED] 38.74
City Ft. Lauderdale	State FL	Zip Code 33329
Purpose of Disbursement BANK FEES		Category/ Type [REDACTED]
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 Express		Date of Disbursement MM / DD / YYYY 03 / 25 / 2020
Mailing Address PO Box 299051		FEC Identification Number C [REDACTED] Transaction ID : SB21B.9360 Amount of Each Disbursement this Period [REDACTED] 130.90
City Ft. Lauderdale	State FL	Zip Code 33329
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type [REDACTED]
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. iContact		Date of Disbursement MM / DD / YYYY 03 / 25 / 2020
Mailing Address 2450 Perimeter Park Dr.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.9360. Amount of Each Disbursement this Period [REDACTED] 95.68
City Morrisville	State NC	Zip Code 27560
Purpose of Disbursement ADVERTISING		Category/ Type [REDACTED]
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)..... ▶

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

[REDACTED] 130.90
[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. Baker Hostetler LLP		Date of Disbursement MM / DD / YYYY 01 / 02 / 2020
Mailing Address PO Box 70189		FEC Identification Number C Transaction ID : SB21B.9338 Amount of Each Disbursement this Period 12229.70
City Cleveland	State OH	
Zip Code 44190	Purpose of Disbursement LEGAL CONSULTING	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) B. HANSEN, BETH, , ,		Date of Disbursement MM / DD / YYYY 01 / 02 / 2020
Mailing Address 111 N ROOSEVELT		FEC Identification Number C Transaction ID : SB21B.9336 Amount of Each Disbursement this Period 4000.00
City COLUMBUS	State OH	
Zip Code 43209	Purpose of Disbursement COMMITTEE MANAGEMENT	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) C. HANSEN, BETH, , ,		Date of Disbursement MM / DD / YYYY 02 / 05 / 2020
Mailing Address 111 N ROOSEVELT		FEC Identification Number C Transaction ID : SB21B.9349 Amount of Each Disbursement this Period 4000.00
City COLUMBUS	State OH	
Zip Code 43209	Purpose of Disbursement COMMITTEE MANAGEMENT	Memo Item <input type="checkbox"/>
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:		

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

20229.70

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. HANSEN, BETH, , ,		Date of Disbursement MM / DD / YYYY 03 / 03 / 2020
Mailing Address 111 N ROOSEVELT		FEC Identification Number C Transaction ID : SB21B.9354 Amount of Each Disbursement this Period 4000.00
City COLUMBUS	State OH	
Zip Code 43209	Purpose of Disbursement COMMITTEE MANAGEMENT	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) B. Huntington National Bank		Date of Disbursement MM / DD / YYYY 02 / 03 / 2020
Mailing Address PO Box 1558		FEC Identification Number C Transaction ID : SB21B.9345 Amount of Each Disbursement this Period 44.95
City Columbus	State OH	
Zip Code 43216	Purpose of Disbursement BANK FEES	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) C. Huntington National Bank		Date of Disbursement MM / DD / YYYY 03 / 02 / 2020
Mailing Address PO Box 1558		FEC Identification Number C Transaction ID : SB21B.9351 Amount of Each Disbursement this Period 44.95
City Columbus	State OH	
Zip Code 43216	Purpose of Disbursement BANK FEES	Memo Item <input type="checkbox"/>
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:		

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

4089.90

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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. JOHNSON, TREVOR, , ,		Date of Disbursement MM / DD / YYYY 01 / 02 / 2020	
Mailing Address 991 MACGREGOR		FEC Identification Number C [] Transaction ID : SB21B.9337 Amount of Each Disbursement this Period [] 500.00	
City WORTHINGTON	State OH	Zip Code 43085	Category/ Type []
Purpose of Disbursement COMMITTEE CONSULTING		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. JOHNSON, TREVOR, , ,		Date of Disbursement MM / DD / YYYY 02 / 05 / 2020	
Mailing Address 991 MACGREGOR		FEC Identification Number C [] Transaction ID : SB21B.9348 Amount of Each Disbursement this Period [] 500.00	
City WORTHINGTON	State OH	Zip Code 43085	Category/ Type []
Purpose of Disbursement COMMITTEE CONSULTING		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. JOHNSON, TREVOR, , ,		Date of Disbursement MM / DD / YYYY 03 / 03 / 2020	
Mailing Address 991 MACGREGOR		FEC Identification Number C [] Transaction ID : SB21B.9352 Amount of Each Disbursement this Period [] 500.00	
City WORTHINGTON	State OH	Zip Code 43085	Category/ Type []
Purpose of Disbursement COMMITTEE CONSULTING		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1500.00
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. LYNCH PUBLIC RELATIONS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 20 S THIRD STREET
SUITE 210

M M M	/	D D D	/	Y Y Y Y Y
01		06		2020

City
COLUMBUS

State
OH

Zip Code
43215

FEC Identification Number

Purpose of Disbursement
PUBLIC RELATIONS CONSULTING

C

Transaction ID : SB21B.9343

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

5000.00

State: District:

Memo Item

B. LYNCH PUBLIC RELATIONS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 20 S THIRD STREET
SUITE 210

M M M	/	D D D	/	Y Y Y Y Y
02		05		2020

City
COLUMBUS

State
OH

Zip Code
43215

FEC Identification Number

Purpose of Disbursement
PUBLIC RELATIONS CONSULTING

C

Transaction ID : SB21B.9347

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

5000.00

State: District:

Memo Item

C. LYNCH PUBLIC RELATIONS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 20 S THIRD STREET
SUITE 210

M M M	/	D D D	/	Y Y Y Y Y
03		03		2020

City
COLUMBUS

State
OH

Zip Code
43215

FEC Identification Number

Purpose of Disbursement
PUBLIC RELATIONS CONSULTING

C

Transaction ID : SB21B.9353

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

5000.00

State: District:

Memo Item

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

15000.00

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

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**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. Winterset CPA Group		Date of Disbursement MM / DD / YYYY 01 / 02 / 2020
Mailing Address 4679 Winterset Drive		FEC Identification Number C Transaction ID : SB21B.9339 Amount of Each Disbursement this Period 618.75
City Columbus	State OH	
Zip Code 43220	Purpose of Disbursement ACCOUNTING	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) B. Winterset CPA Group		Date of Disbursement MM / DD / YYYY 01 / 21 / 2020
Mailing Address 4679 Winterset Drive		FEC Identification Number C Transaction ID : SB21B.9344 Amount of Each Disbursement this Period 240.00
City Columbus	State OH	
Zip Code 43220	Purpose of Disbursement ACCOUNTING	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) C. Winterset CPA Group		Date of Disbursement MM / DD / YYYY 02 / 15 / 2020
Mailing Address 4679 Winterset Drive		FEC Identification Number C Transaction ID : SB21B.9350 Amount of Each Disbursement this Period 1287.50
City Columbus	State OH	
Zip Code 43220	Purpose of Disbursement ACCOUNTING	Memo Item <input type="checkbox"/>
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:		

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

2146.25

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. Winterset CPA Group

Full Name (Last, First, Middle Initial)

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement ACCOUNTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 26 / 2020

FEC Identification Number: C

Transaction ID : SB21B.9356

Amount of Each Disbursement this Period: 356.25

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

Disbursement For: Primary General Other (specify) ▼

State: District:

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	356.25
TOTAL This Period (last page this line number only).....▶	43726.12