

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

NAME OF COMMITTEE (In Full) New Power PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489252 </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 Kentuckians For The Commonwealth			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Mailing Address PO Box 1450			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 178.88 </div>
City London	State KY	Zip Code 40743	Transaction ID : SE.5144 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Purpose of Expenditure in kind contacts for postcard mailing		Category/ Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose KEMPER, NANCY JO, , ,
Name of Federal Candidate: KEMPER, NANCY JO, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>06</u> State: <u>KY</u>	Calendar Year-To-Date Per Election for Office Sought 3799.78
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			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 Kentuckians For The Commonwealth			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Mailing Address PO Box 1450			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 194.69 </div>
City London	State KY	Zip Code 40743	Transaction ID : SE.5146 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016
Purpose of Expenditure in kind contacts for postcard mailing		Category/ Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose KEMPER, NANCY JO, , ,
Name of Federal Candidate: KEMPER, NANCY JO, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>06</u> State: <u>KY</u>	Calendar Year-To-Date Per Election for Office Sought 4796.68
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			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;"> M M / D D / Y Y Y Y Y Y 373.57 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </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.

Mahoney, Heather, Roe, Ms,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 06 / 2016

Signature