

# 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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  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 [MM] / [DD] / [YYYY] 04 / 01 / 2020 through [MM] / [DD] / [YYYY] 06 / 30 / 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 [MM] / [DD] / [YYYY] 07 / 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.

**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="2020"/>	<input type="text" value="538709.98"/>	<input type="text" value="538709.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="544598.74"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1000.00"/>	<input type="text" value="51025.00"/>
(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="545598.74"/>	<input type="text" value="589734.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="31898.72"/>	<input type="text" value="76034.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="513700.02"/>	<input type="text" value="513700.02"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**New Day for America**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2020

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1000.00	51000.00
(ii) Unitemized .....	0.00	25.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1000.00	51025.00
(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) .....	1000.00	51025.00
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)).....▶	1000.00	51025.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1000.00	51025.00

**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 .....	31898.72	76034.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	31898.72	76034.96
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)) ..	31898.72	76034.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31898.72	76034.96

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1000.00	51025.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1000.00	51025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	31898.72	76034.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	31898.72	76034.96

**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 14  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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  
Hoover, Carole, , ,

Mailing Address 2 Bratenahl Place  
Apt 7

City Cleveland State OH Zip Code 44108

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Hoover Milstein Occupation (for Individual) President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 24 / 2020

Transaction ID : SA11AI.9375

Amount of Each Receipt this Period  
1000.00

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

**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) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2020
Mailing Address PO Box 299051		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9382</b> Amount of Each Disbursement this Period [ ] 238.41
City Ft. Lauderdale	State FL	Zip Code 33329
Purpose of Disbursement Credit Card Payment		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>B. iContact</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2020
Mailing Address 2450 Perimeter Park Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9382.1</b> Amount of Each Disbursement this Period [ ] 95.68
City Morrisville	State NC	Zip Code 27560
Purpose of Disbursement Advertising		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>C. American Express</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2020
Mailing Address PO Box 299051		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9391</b> Amount of Each Disbursement this Period [ ] 127.94
City Ft. Lauderdale	State FL	Zip Code 33329
Purpose of Disbursement Credit Card Payment		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 366.35
<b>TOTAL</b> 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) <b>A. iContact</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2020
Mailing Address 2450 Perimeter Park Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9391.</b> Amount of Each Disbursement this Period [ ] 95.68
City Morrisville	State NC	Zip Code 27560
Purpose of Disbursement Advertising		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>B. American Express</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address PO Box 299051		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9399</b> Amount of Each Disbursement this Period [ ] 127.94
City Ft. Lauderdale	State FL	Zip Code 33329
Purpose of Disbursement Credit Card Payment		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>C. iContact</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 2450 Perimeter Park Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9399.</b> Amount of Each Disbursement this Period [ ] 95.68
City Morrisville	State NC	Zip Code 27560
Purpose of Disbursement Advertising		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)..... ▶

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

[ ] 127.94
[ ]



**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) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 1600 Amphitheater Parkway		FEC Identification Number C <b>Transaction ID : SB21B.9399.</b> Amount of Each Disbursement this Period 32.26
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Advertising	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>B. HANSEN, BETH, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2020
Mailing Address 111 N ROOSEVELT		FEC Identification Number C <b>Transaction ID : SB21B.9378</b> Amount of Each Disbursement this Period 4000.00
City COLUMBUS	State OH	
Zip Code 43209	Purpose of Disbursement Committee Management	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>C. HANSEN, BETH, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2020
Mailing Address 111 N ROOSEVELT		FEC Identification Number C <b>Transaction ID : SB21B.9384</b> Amount of Each Disbursement this Period 4000.00
City COLUMBUS	State OH	
Zip Code 43209	Purpose of Disbursement Committee Management	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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8000.00
<b>TOTAL</b> 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) <b>A. HANSEN, BETH, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2020
Mailing Address 111 N ROOSEVELT		FEC Identification Number C <b>Transaction ID : SB21B.9394</b> 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>B. Huntington National Bank</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2020
Mailing Address PO Box 1558		FEC Identification Number C <b>Transaction ID : SB21B.9380</b> 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) <b>C. Huntington National Bank</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2020
Mailing Address PO Box 1558		FEC Identification Number C <b>Transaction ID : SB21B.9386</b> Amount of Each Disbursement this Period 19.95
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4064.90
<b>TOTAL</b> 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) <b>A. Huntington National Bank</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2020
Mailing Address PO Box 1558		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9396</b> Amount of Each Disbursement this Period [ ] 44.95
City Columbus	State OH	Zip Code 43216
Purpose of Disbursement Bank Fees		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>B. JOHNSON, TREVOR, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2020
Mailing Address 991 MACGREGOR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9377</b> Amount of Each Disbursement this Period [ ] 500.00
City WORTHINGTON	State OH	Zip Code 43085
Purpose of Disbursement Committee Consulting		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>C. JOHNSON, TREVOR, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2020
Mailing Address 991 MACGREGOR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9383</b> Amount of Each Disbursement this Period [ ] 500.00
City WORTHINGTON	State OH	Zip Code 43085
Purpose of Disbursement Committee Consulting		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1044.95
<b>TOTAL</b> 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) <b>A. JOHNSON, TREVOR, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2020	
Mailing Address 991 MACGREGOR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9393</b> Amount of Each Disbursement this Period [ ] 500.00	
City WORTHINGTON	State OH	Zip Code 43085	Category/ Type [ ]
Purpose of Disbursement Committee Consulting			
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:			

Full Name (Last, First, Middle Initial) <b>B. LYNCH PUBLIC RELATIONS</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2020	
Mailing Address 20 S THIRD STREET SUITE 210		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9379</b> Amount of Each Disbursement this Period [ ] 5000.00	
City COLUMBUS	State OH	Zip Code 43215	Category/ Type [ ]
Purpose of Disbursement Public Relations Consulting			
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:			

Full Name (Last, First, Middle Initial) <b>C. LYNCH PUBLIC RELATIONS</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2020	
Mailing Address 20 S THIRD STREET SUITE 210		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9385</b> Amount of Each Disbursement this Period [ ] 5000.00	
City COLUMBUS	State OH	Zip Code 43215	Category/ Type [ ]
Purpose of Disbursement Public Relations Consulting			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 10500.00
<b>TOTAL</b> 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
06		02		2020

City COLUMBUS State OH Zip Code 43215

FEC Identification Number

Purpose of Disbursement  
Public Relations Consulting

C
---

Transaction ID : SB21B.9392

Candidate Name

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

5000.00
---------

Memo Item

**B. PAGNARD, DAVID, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 6894 FORESTHAVEN LOOP

M M M	/	D D D	/	Y Y Y Y Y
06		02		2020

City DUBLIN State OH Zip Code 43016

FEC Identification Number

Purpose of Disbursement  
Media Consulting

C
---

Transaction ID : SB21B.9395

Candidate Name

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

1562.50
---------

Memo Item

**C. Winterset CPA Group**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4679 Winterset Drive

M M M	/	D D D	/	Y Y Y Y Y
05		06		2020

City Columbus State OH Zip Code 43220

FEC Identification Number

Purpose of Disbursement  
Accounting

C
---

Transaction ID : SB21B.9388

Candidate Name

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

212.50
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Memo Item

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

6775.00
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**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**

**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: 05 / 27 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.9390**

Amount of Each Disbursement this Period: 693.75

Memo Item

**B. 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: 06 / 17 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.9398**

Amount of Each Disbursement this Period: 187.50

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)..... ▶ 881.25

**TOTAL** This Period (last page this line number only)..... ▶ 31760.39