

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New Day Independent Media Committee		FEC IDENTIFICATION NUMBER ▼ C C00582973	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee MULTI MEDIA SERVICES INC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 27 / 2015	
Mailing Address 915 KING STREET 2ND FLOOR		Amount 750000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4108
Purpose of Expenditure Broadcast and Cable TV		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 25 / 2015
Name of Federal Candidate JOHN R KASICH		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	750000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	750000.00

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.

Susan E. Jones

[Electronically Filed]

Date

MM / DD / YYYY
08 / 26 / 2015

Signature