

# 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:
- |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| <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 checked="" 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 / 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 / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 09 / 01 / 2016 through M M / 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.

Yuskewich, J., Matthew, ,

Type or Print Name of Treasurer

Signature of Treasurer Yuskewich, J., Matthew, , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 20 / 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 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="2016"/>		<input type="text" value="1956044.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="577808.03"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="125861.83"/>	<input type="text" value="12029074.03"/>
(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="703669.86"/>	<input type="text" value="13985118.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="171972.50"/>	<input type="text" value="13453421.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="531697.36"/>	<input type="text" value="531697.36"/>
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

Write or Type Committee Name  
**New Day for America**

Report Covering the Period: From:  /  /  To:  /  /

<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).....	0.00	11765822.89
(ii) Unitemized .....	0.00	9769.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	11775592.23
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	110000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	11885592.23
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).....	2502.30	17967.34
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2154.93
17. Other Federal Receipts (Dividends, Interest, etc.).....	123359.53	123359.53
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)).....▶	125861.83	12029074.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	125861.83	12029074.03

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	171972.50	6745231.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	171972.50	6745231.28
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	6708190.00
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)) ..	171972.50	13453421.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	171972.50	13453421.28

**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) .....	0.00	11885592.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	11885592.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	171972.50	6745231.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2502.30	17967.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	169470.20	6727263.94

**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 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 Day for America**

**A. TOM MACARTHUR FOR CONGRESS INC.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 999

City EDISON	State NJ	Zip Code 08818
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FEC ID number of contributing federal political committee. **C** C00557520

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2502.30

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		14		2016

**Transaction ID : SA15.7901**

Amount of Each Receipt this Period  
2502.30

Memo Item  
Reimburse Travel Expenses

**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	/	D D	/	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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2502.30
<b>TOTAL</b> This Period (last page this line number only).....	2502.30

**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 7 OF 14
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**New Day for America**

**A. EDonation 5 Account**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 117 North Saint Asaph Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

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 ▼  
43582.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

**Transaction ID : SA17.7904**

Amount of Each Receipt this Period  
43582.52

Memo Item  
List Rental

**B. Right Country Lists**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 117 North Saint Asaph Street

City Alexandria	State VA	Zip Code 22314
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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 ▼  
79777.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

**Transaction ID : SA17.7907**

Amount of Each Receipt this Period  
79777.01

Memo Item  
List Rental

**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).....	123359.53
<b>TOTAL</b> This Period (last page this line number only).....	123359.53

**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. Alexander Thomas**

Full Name (Last, First, Middle Initial)

Mailing Address 269 Frankfort Square

City Columbus State OH Zip Code 43206

Purpose of Disbursement Reimburse Travel Supplies and Incidentals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7912

Amount of Each Disbursement this Period: 348.86

Memo Item

**B. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 299051

City Ft. Lauderdale State FL Zip Code 33329

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7911

Amount of Each Disbursement this Period: 1230.93

Memo Item

**C. Giovanni's Ristoranti**

Full Name (Last, First, Middle Initial)

Mailing Address 25550 Chagrin Blvd

City Beachwood State OH Zip Code 44122

Purpose of Disbursement Food and Beverages

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7911.

Amount of Each Disbursement this Period: 223.32

Memo Item

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

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

1579.79



**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. Campagna Quattro</b>				Date of Disbursement MM / DD / YYYY 09 / 02 / 2016		
Mailing Address 205 E 81st Street				FEC Identification Number C <b>Transaction ID : SB21B.7911.1</b> Amount of Each Disbursement this Period 363.50 <input checked="" type="checkbox"/> Memo Item		
City New York	State NY	Zip Code 10028	Category/ Type			
Purpose of Disbursement Food and Beverages			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:		

Full Name (Last, First, Middle Initial) <b>B. Jimmy's Restaurant</b>				Date of Disbursement MM / DD / YYYY 09 / 02 / 2016		
Mailing Address 205 S. Mill Street				FEC Identification Number C <b>Transaction ID : SB21B.7911.2</b> Amount of Each Disbursement this Period 248.76 <input checked="" type="checkbox"/> Memo Item		
City Aspen	State CO	Zip Code 81611	Category/ Type			
Purpose of Disbursement Food and Beverages			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:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>				Date of Disbursement MM / DD / YYYY 09 / 28 / 2016		
Mailing Address PO Box 299051				FEC Identification Number C <b>Transaction ID : SB21B.7917</b> Amount of Each Disbursement this Period 10566.86 <input type="checkbox"/> Memo Item		
City Ft. Lauderdale	State FL	Zip Code 33329	Category/ Type			
Purpose of Disbursement Credit Card Payment			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:		

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

10566.86

**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) <b>A. Courtyard Manchester</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address 700 Huse Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7917.1</b> Amount of Each Disbursement this Period [ ] 327.75
City Manchester	State NH	Zip Code 03103
Purpose of Disbursement Lodging		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 Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address 4330 Amon Carter Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7917.1</b> Amount of Each Disbursement this Period [ ] 6144.16
City Forth Worth	State TX	Zip Code 76155
Purpose of Disbursement Plane Tickets		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. Hilton Columbus Downtown</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address 401 N High Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7917.1</b> Amount of Each Disbursement this Period [ ] 918.43
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement Lodging		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<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. Amtrak**

Full Name (Last, First, Middle Initial)

Mailing Address 50 Massachusettes Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Train Ticket

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7917.:

Amount of Each Disbursement this Period: 597.00

Memo Item

**B. Campagna Quattro**

Full Name (Last, First, Middle Initial)

Mailing Address 205 E 81st Street

City New York State NY Zip Code 10028

Purpose of Disbursement Food and Beverages

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7917.4

Amount of Each Disbursement this Period: 74.50

Memo Item

**C. Delta Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 4600 International Gateway

City Columbus State OH Zip Code 43219

Purpose of Disbursement Plane Tickets

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7917.

Amount of Each Disbursement this Period: 1830.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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. Hampton Inn Columbus**

Full Name (Last, First, Middle Initial)

Mailing Address 4280 International Gateway

City Columbus State OH Zip Code 43219

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7917.4

Amount of Each Disbursement this Period: 221.53

Memo Item

**B. Baker Hostetler LLP**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 70189

City Cleveland State OH Zip Code 44190

Purpose of Disbursement Legal Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7918

Amount of Each Disbursement this Period: 138149.28

Memo Item

**C. Huntington National Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1558

City Columbus State OH Zip Code 43216

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7919

Amount of Each Disbursement this Period: 35.00

Memo Item

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

138184.28

**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. Red Tack Strategies LLC**

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2016

Mailing Address 113 S Ardmore

FEC Identification Number

C [ ]

City Bexley State OH Zip Code 43209

**Transaction ID : SB21B.7910**

Purpose of Disbursement  
Media Consulting

Amount of Each Disbursement this Period

[ ] 10000.00

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Stewart Barber**

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2016

Mailing Address 225 I Street NE  
Apt 109

FEC Identification Number

C [ ]

City Washington State DC Zip Code 20002

**Transaction ID : SB21B.7914**

Purpose of Disbursement  
Reimburse Travel Expenses

Amount of Each Disbursement this Period

[ ] 800.37

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Courtyard Washington Capitol Hill/Navy Yard**

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2016

Mailing Address 140 L Street SE

FEC Identification Number

C [ ]

City Washington State DC Zip Code 20003

**Transaction ID : SB21B.7914.**

Purpose of Disbursement  
Lodging

Amount of Each Disbursement this Period

[ ] 800.37

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

[ ] 10800.37

**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. The Network Companies LLC**

Mailing Address 7062 Comanche Trail

City Austin State TX Zip Code 78732

Purpose of Disbursement  
Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.7909**  
Amount of Each Disbursement this Period  
10000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Winterset CPA Group**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Accounting Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.7916**  
Amount of Each Disbursement this Period  
826.25

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

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

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

10826.25

171957.55