

**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 / 15 / 2016		
Mailing Address PO Box 1450			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11.68</div>		
City London	State KY	Zip Code 40743			
Purpose of Expenditure in kind donation of contacts for mailing		Category/ Type 004	Transaction ID : SE.5012 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
Name of Federal Candidate: KEMPER, NANCY JO, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>KY</u>		
Calendar Year-To-Date Per Election for Office Sought 80.18			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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 / 15 / 2016		
Mailing Address PO Box 1450			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11.69</div>		
City London	State KY	Zip Code 40743			
Purpose of Expenditure in kind donation of contacts for mailing		Category/ Type 004	Transaction ID : SE.5013 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ <input type="checkbox"/> Senate State: <u>KY</u>		
Calendar Year-To-Date Per Election for Office Sought 43.55			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">23.37</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">233.17</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
10 / 21 / 2016

Signature