

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **New Direction PAC**

(b) Address (number and street) check if different than previously reported
3518 Fremont Avenue, N
S545

(c) City, State and ZIP Code
Seattle WA 98103

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30002612

3. Is This Statement

New
or
 Amended

4. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2016
through
M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2016

5. (a) Date of Public Distribution(s) 10 / 19 / 2016 (b) Communication Title Cloth: 10/19/16 - 11/7/16

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: WA Political Comm

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Petterson, Jay, , ,

(b) Address (number and street)
119 1st Avenue, S
S320

(c) City, State and ZIP Code
Seattle WA 98104

(d) Name of Employer or Principal Place of Business (e) Occupation
New Direction PAC Treasurer

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,160966.89

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Petterson, Jay, , ,

SIGNATURE Petterson, Jay, , , [Electronically Filed] DATE 10/20/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Gumbinner & Davies			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
Mailing Address of Payee 2001 S St NW, Ste 301			Amount 7758.34		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2016		
Washington	DC	20009			
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Direct Mail Production/Postage			Transaction ID : F93.000001		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: 2016	
Trump, Donald, , ,	<input type="checkbox"/>	Senate	_____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
	<input checked="" type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.000002					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 19 / 2016		
Sway			Amount 6105.55		
Mailing Address of Payee 4350 East West Hwy, Suite 350			Communication Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2016		
City	State	Zip Code			
Bethesda	MD	20814			
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Video Production			Transaction ID : F93.000002		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			13863.89		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee Buying Time</p> <p>Mailing Address of Payee 650 Massachusetts Ave, NW, Suite 2</p> <p>City State Zip Code Washington DC 20001</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) Cable Advertising - Cloth (10/20-11/7)</p>	<p>Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2016</p> <p>Amount 147103.00</p> <p>Communication Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2016</p> <p>Transaction ID : F93.000003</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>B. Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <p>City State Zip Code</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s))</p>	<p>Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y</p> <p>Amount</p> <p>Communication Date M M / D D / Y Y Y Y Y Y</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p>	<p>147103.00</p> <p>160966.89</p>