

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

A New Direction PAC

ADDRESS (number and street) PO Box 4234

Check if different than previously reported. (ACC) Concord NH 03302

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00458570

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 Quarterly 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 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 (12G) |                                       |

Election on \_\_\_\_\_ 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 \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathy Sullivan

Signature of Treasurer *Kathy Sullivan* Date 07 13 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

29030113755

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
A New Direction PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	W	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	W	Y
2	0	0	9

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>W</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	W	Y	2	0	0	9		<table border="1"><tr><td>0.00</td></tr></table>	0.00
Y	Y	W	Y								
2	0	0	9								
0.00											
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1"><tr><td>2953.76</td></tr></table>	2953.76									
2953.76											
(c) Total Receipts (from Line 19) .....	<table border="1"><tr><td>26500.00</td></tr></table>	26500.00	<table border="1"><tr><td>36000.00</td></tr></table>	36000.00							
26500.00											
36000.00											
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1"><tr><td>29453.76</td></tr></table>	29453.76	<table border="1"><tr><td>36000.00</td></tr></table>	36000.00							
29453.76											
36000.00											
7. Total Disbursements (from Line 31) .....	<table border="1"><tr><td>26761.18</td></tr></table>	26761.18	<table border="1"><tr><td>33307.42</td></tr></table>	33307.42							
26761.18											
33307.42											
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1"><tr><td>2692.58</td></tr></table>	2692.58	<table border="1"><tr><td>2692.58</td></tr></table>	2692.58							
2692.58											
2692.58											
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00									
0.00											
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00									
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

29030113756

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
A New Direction PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	W	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

**I. Receipts**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10000.00	10000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10000.00	10000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	16500.00	26000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	26500.00	36000.00
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 Transfer (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)) .....	26500.00	36000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26500.00	36000.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Shared 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.....	19561.18	26107.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	19561.18	26107.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7200.00	7200.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	26761.18	33307.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26761.18	33307.42

29030113758

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	26500.00	36000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26500.00	36000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19561.18	26107.42
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	19561.18	26107.42

29030113759

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
A New Direction PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Geoffrey E. Clark Mailing Address 152 Middle Street City Portsmouth State NH Zip Code 03801 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt 06 / 26 / 2009 Transaction ID: C18076332 Amount of Each Receipt this Period 5000.00	
	Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00
	Full Name (Last, First, Middle Initial) Martha Fuller Clark Mailing Address 152 Middle St City Portsmouth State NH Zip Code 03801-4306 FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer State of New Hampshire Occupation State Senator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt 06 / 26 / 2009 Transaction ID: C18076331 Amount of Each Receipt this Period 5000.00
Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) .....	10000.00
TOTAL This Period (last page this line number only) .....	10000.00

29030113760

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
A New Direction PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Blue Cross and Blue Shield Association Mailing Address 1310 G STREET NW City State Zip Code WASHINGTON DC 20005 FEC ID number of contributing federal political committee. <b>C</b> C00194746 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	Date of Receipt MM / DD / YYYY 06 / 26 / 2009 Transaction ID: C18076298 Amount of Each Receipt this Period 5000.00			
	<b>B.</b> Full Name (Last, First, Middle Initial) Comcast Corporation PAC Mailing Address 1701 JFK Boulevard, 49th Floor City State Zip Code Philadelphia PA 19103 FEC ID number of contributing federal political committee. <b>C</b> C00248716 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	Date of Receipt MM / DD / YYYY 06 / 30 / 2009 Transaction ID: C18079617 Amount of Each Receipt this Period 1000.00		
		<b>C.</b> Full Name (Last, First, Middle Initial) COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL AC Mailing Address 701 Pennsylvania Avenue NW Suite 750 City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. <b>C</b> C00039578 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	Date of Receipt MM / DD / YYYY 06 / 29 / 2009 Transaction ID: C18080569 Amount of Each Receipt this Period 1000.00	
			SUBTOTAL of Receipts This Page (optional) ..... ▶ 7000.00	
			TOTAL This Period (last page this line number only) ..... ▶	

29030113761

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

<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			

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NAME OF COMMITTEE (In Full)  
A New Direction PAC

A.

Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS CO  
Mailing Address 900 Seventh St. N.W.

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2009

Transaction ID: C18075372

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION  
Mailing Address 25 Massachusetts Avenue, NW #100

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2009

Transaction ID: C18076300

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)  
United Food and Commercial Workers  
Mailing Address Active Ballot Club  
9 North Main Street

City State Zip Code  
W Bridgewater MA 02379

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2009

Transaction ID: C18076302

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

8500.00

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

29050113762



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16  
(check only one)

<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
--------------------------	-----	--------------------------	-----	-------------------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
A New Direction PAC

A.	Full Name (Last, First, Middle Initial) UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HE		Date of Receipt	
	Mailing Address 701 Pennsylvania Avenue, NW Suite 650		MM / DD / YYYY 06 / 26 / 2009	
	City	State	Zip Code	Transaction ID: C18076294
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C C00274431	
	Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

16500.00

29030113763

**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)								PAGE 10 / 16		
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
A New Direction PAC

A.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D375496
	Mailing Address 1225 Eye St., NW Suite 1225	Date of Disbursement MM / DD / YYYY 06 / 30 / 2009
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Database Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Colin Pio	Transaction ID: D375473
	Mailing Address 85 Manchester Street Apartment 53	Date of Disbursement MM / DD / YYYY 04 / 10 / 2009
	City Concord State NH Zip Code 03301	Amount of Each Disbursement this Period 375.00
	Purpose of Disbursement Administrative Consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Colin Pio	Transaction ID: D375482
	Mailing Address 85 Manchester Street Apartment 53	Date of Disbursement MM / DD / YYYY 06 / 30 / 2009
	City Concord State NH Zip Code 03301	Amount of Each Disbursement this Period 2625.00
	Purpose of Disbursement Administrative Consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

29030113764

**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)

PAGE 11 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
A New Direction PAC

A.	Full Name (Last, First, Middle Initial) Ms. Mary Elizabeth Purdy <hr/> Mailing Address 14 Profile Ave <hr/> City Concord State NH Zip Code 03301-5923 <hr/> Purpose of Disbursement Administrative Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D375492 Date of Disbursement MM / DD / YYYY 06 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 2100.00
B.	Full Name (Last, First, Middle Initial) Ms. Mary Elizabeth Purdy <hr/> Mailing Address 14 Profile Ave <hr/> City Concord State NH Zip Code 03301-5923 <hr/> Purpose of Disbursement Administrative Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D375493 Date of Disbursement MM / DD / YYYY 06 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 2100.00
C.	Full Name (Last, First, Middle Initial) Ms. Mary Elizabeth Purdy <hr/> Mailing Address 14 Profile Ave <hr/> City Concord State NH Zip Code 03301-5923 <hr/> Purpose of Disbursement Administrative Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D375494 Date of Disbursement MM / DD / YYYY 06 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 2100.00
SUBTOTAL of Disbursements This Page (optional) ..... ▶		6300.00
TOTAL This Period (last page this line number only) ..... ▶		

29030113765

**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)				PAGE 12 / 16	
<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	25
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	26
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	29
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
A New Direction PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Mary Elizabeth Purdy

Mailing Address 14 Profile Ave

City Concord State NH Zip Code 03301-5923

Purpose of Disbursement Administrative Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D375478  
Date of Disbursement 04 / 10 / 2009

Amount of Each Disbursement this Period 2100.00

Category/Type

**B.**

Full Name (Last, First, Middle Initial)  
The Kauffman Group

Mailing Address 426 C. St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D375486  
Date of Disbursement 06 / 30 / 2009

Amount of Each Disbursement this Period 3000.00

Category/Type

**C.**

Full Name (Last, First, Middle Initial)  
The Kauffman Group

Mailing Address 426 C. St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D375488  
Date of Disbursement 06 / 30 / 2009

Amount of Each Disbursement this Period 500.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 5600.00

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

29030113766

**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)						PAGE 13 / 16
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
A New Direction PAC

A.	Full Name (Last, First, Middle Initial) The Kauffman Group	Transaction ID: D375489
	Mailing Address 426 C. St. NE	Date of Disbursement MM / DD / YYYY 06 / 30 / 2009
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Fundraising Consulting 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:	Category/Type

B.	Full Name (Last, First, Middle Initial) Colin Pio	Transaction ID: D375474
	Mailing Address 85 Manchester Street Apartment 53	Date of Disbursement MM / DD / YYYY 06 / 12 / 2009
	City Concord State NH Zip Code 03301	Amount of Each Disbursement this Period 280.90
	Purpose of Disbursement Reimburse - Health Insurance, Office Supplies 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:	Category/Type

C.	Full Name (Last, First, Middle Initial) Anthem BCBSNH	Transaction ID: D375476
	Mailing Address 3000 Goffs Falls Rd	Date of Disbursement MM / DD / YYYY 06 / 12 / 2009
	City Manchester State NH Zip Code 03111-0001	Amount of Each Disbursement this Period 163.41
	Purpose of Disbursement Health Insurance 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:	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3280.90
<b>TOTAL</b> This Period (last page this line number only) .....	

29030113767

**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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	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)  
A New Direction PAC

**A.** Full Name (Last, First, Middle Initial)  
Staples

Transaction ID: D375477  
Date of Disbursement  
06 / 12 / 2009

Mailing Address 76 Fort Eddy Rd

City Concord State NH Zip Code 03301-7404

Purpose of Disbursement Office Supplies

Candidate Name

Category/Type

Amount of Each Disbursement this Period  
117.49

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**B.** Full Name (Last, First, Middle Initial)  
Colin Pio

Transaction ID: D375484  
Date of Disbursement  
06 / 30 / 2009

Mailing Address 85 Manchester Street  
Apartment 53

City Concord State NH Zip Code 03301

Purpose of Disbursement Reimburse - Health Insurance

Candidate Name

Category/Type

Amount of Each Disbursement this Period  
54.40

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**C.** Full Name (Last, First, Middle Initial)  
Anthem BCBSNH

Transaction ID: D375485  
Date of Disbursement  
06 / 30 / 2009

Mailing Address 3000 Goffs Falls Rd

City Manchester State NH Zip Code 03111-0001

Purpose of Disbursement Health Insurance

Candidate Name

Category/Type

Amount of Each Disbursement this Period  
54.40

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 54.40

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

29030113768

**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)								PAGE 15 / 16		
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
A New Direction PAC

**A.**

Full Name (Last, First, Middle Initial) Ms. Kimberly A. Kauffman	Transaction ID: D375490 Date of Disbursement MM / DD / YYYY 06 / 30 / 2009
Mailing Address 615 G St SE	Amount of Each Disbursement this Period 575.88
City Washington State DC Zip Code 20003	
Purpose of Disbursement Reimburse - Catering	Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**B.**

Full Name (Last, First, Middle Initial) Windows Catering Company	Transaction ID: D375491 Date of Disbursement MM / DD / YYYY 06 / 30 / 2009
Mailing Address 5724 Washington Drive	Amount of Each Disbursement this Period 575.88
City Alexandria State VA Zip Code 22312	
Purpose of Disbursement Catering	Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....	575.88
TOTAL This Period (last page this line number only) .....	19411.18

29030113769

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
A New Direction PAC

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address P.O. BOX 19163 City LAS VEGAS State NV Zip Code 89132 Purpose of Disbursement Contribution Candidate Name Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:		Transaction ID: D375479 Date of Disbursement 06 / 26 / 2009 Amount of Each Disbursement this Period 2400.00
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD Mailing Address PO BOX 270701 City WEST HARTFORD State CT Zip Code 06127 Purpose of Disbursement Contribution Candidate Name Chris Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District:		Transaction ID: D375480 Date of Disbursement 06 / 26 / 2009 Amount of Each Disbursement this Period 2400.00
<b>C.</b> Full Name (Last, First, Middle Initial) HODES FOR SENATE Mailing Address 26 SOUTH MAIN STREET #253 City CONCORD State NH Zip Code 03301 Purpose of Disbursement Contribution Candidate Name Paul Hodes Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District:		Transaction ID: D375481 Date of Disbursement 06 / 26 / 2009 Amount of Each Disbursement this Period 2400.00
SUBTOTAL of Disbursements This Page (optional) ..... ▶		7200.00
TOTAL This Period (last page this line number only) ..... ▶		7200.00

29030113770



Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

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Delivery Confirmation™ or Signature Confirmation™ Label

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7/13/09

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jm P*  
PREPARER

*7/14/09*  
DATE PREPARED