

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 REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) PO BOX 72598 NEWPORT KY 41072 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00493924 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 03 / 01 / 2024 through 03 / 31 / 2024

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 BROGHAMER, KEVIN, , ,

Signature of Treasurer BROGHAMER, KEVIN, , , Date 04 / 10 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

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="2024"/>		<input type="text" value="88474.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73783.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5255.83"/>	<input type="text" value="6075.84"/>
(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="79039.05"/>	<input type="text" value="94550.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13568.18"/>	<input type="text" value="29079.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="65470.87"/>	<input type="text" value="65470.87"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 03 / 01 / 2024 To: 03 / 31 / 2024

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).....	100.00	100.00
(ii) Unitemized	131.00	903.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	231.00	1003.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	231.00	1003.00
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.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	24.83	72.84
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)).....▶	5255.83	6075.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5255.83	6075.84

DETAILED SUMMARY PAGE
of Disbursements

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	7568.18	18029.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7568.18	18029.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	50.00
(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	50.00
29. Other Disbursements (Including Non-Federal Donations).....	1000.00	1000.00
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)) ..	13568.18	29079.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13568.18	29079.94

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	231.00	1003.00
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	231.00	953.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7568.18	18029.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7568.18	18029.94

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 OF 14
(check only one)	
<input checked="" 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 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)
REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GURNEY, SUSAN, , ,

Mailing Address 104 EAST 81ST STREET

City NEW YORK	State NY	Zip Code 10028-1415
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) RESEARCH
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		13		2024

Transaction ID : SA11A.1530750

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MIKE BRAUN FOR INDIANA

Mailing Address P.O. BOX 159

City ZIONSVILLE State IN Zip Code 46077-0159

FEC ID number of contributing federal political committee. **C** C00653147

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

Receipt For: 2024
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2024

Transaction ID : SA16.41695

Amount of Each Receipt this Period
5000.00

Memo Item
REFUND: POLITICAL CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

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 Y Y

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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)

REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 208 S AKARD STREET

City
DALLAS

State
TX

Zip Code
75202-4295

Purpose of Disbursement

PHONE SERVICE

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I41714

Amount of Each Disbursement this Period

[REDACTED] 382.78

Memo Item

Full Name (Last, First, Middle Initial)

B. BROGHAMER CONSULTING LLC

Mailing Address 502 MONROE ST

City
NEWPORT

State
KY

Zip Code
41071-2006

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I41716

Amount of Each Disbursement this Period

[REDACTED] 3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD, STE 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement

DATA PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I4171

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

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

[REDACTED] 3632.78

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

[REDACTED]

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)

Form for line numbers 21b through 30b with checkboxes.

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NAME OF COMMITTEE (In Full)

REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FIRST BANKCARD

Mailing Address P.O. BOX 2818

City OMAHA State NE Zip Code 68103-2818

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

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

Date of Disbursement

Date of Disbursement: 03 / 22 / 2024

FEC Identification Number

FEC Identification Number: C

Transaction ID : SB21B.I41711 Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 3663.41

Memo Item

Full Name (Last, First, Middle Initial)

B. ADOBE

Mailing Address 345 PARK AVENUE

City SAN JOSE State CA Zip Code 95110

Purpose of Disbursement SOFTWARE

Candidate Name

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

Date of Disbursement

Date of Disbursement: 03 / 22 / 2024

FEC Identification Number

FEC Identification Number: C

Transaction ID : SB21B.I41722 Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 31.79

Memo Item

Full Name (Last, First, Middle Initial)

C. ADOBE

Mailing Address 345 PARK AVENUE

City SAN JOSE State CA Zip Code 95110

Purpose of Disbursement SOFTWARE

Candidate Name

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

Date of Disbursement

Date of Disbursement: 03 / 22 / 2024

FEC Identification Number

FEC Identification Number: C

Transaction ID : SB21B.I4172 Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 21.19

Memo Item

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

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

SUBTOTAL: 3663.41

TOTAL: 3663.41

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)

REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ADOBE

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	2	4		

Mailing Address 345 PARK AVENUE

City SAN JOSE	State CA	Zip Code 95110
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FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I4172
Amount of Each Disbursement this Period

[REDACTED] 95.38

Purpose of Disbursement
SOFTWARE

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:

Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITAL GRILLE

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	2	4		

Mailing Address 601 PENNSYLVANIA AVENUE NW

City WASHINGTON	State DC	Zip Code 20004-2601
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FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I4173
Amount of Each Disbursement this Period

[REDACTED] 701.00

Purpose of Disbursement
FOOD/BEVERAGE

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:

Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	2	4		

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW	State CA	Zip Code 94043-1126
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FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I4173
Amount of Each Disbursement this Period

[REDACTED] 95.40

Purpose of Disbursement
SOFTWARE

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:

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

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)

REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHERATON

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	2	4		

Mailing Address 1111 WESTCHESTER AVENUE

City WHITE PLAINS	State NY	Zip Code 10604-3525
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FEC Identification Number

C	Transaction ID : SB21B.I4175I
Amount of Each Disbursement this Period	555.91

Purpose of Disbursement TRAVEL	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:	

Memo Item

Full Name (Last, First, Middle Initial)

B. THE IVY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	2	4		

Mailing Address 113 N ROBERTSON BLVD

City LOS ANGELES	State CA	Zip Code 90048
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FEC Identification Number

C	Transaction ID : SB21B.I4175I
Amount of Each Disbursement this Period	387.41

Purpose of Disbursement FOOD/BEVERAGE	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:	

Memo Item

Full Name (Last, First, Middle Initial)

C. US POSTAL SERVICE

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	2	4		

Mailing Address 475 LENFANT PLAZA

City WASHINGTON	State DC	Zip Code 20024
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FEC Identification Number

C	Transaction ID : SB21B.I4175I
Amount of Each Disbursement this Period	364.00

Purpose of Disbursement POSTAGE	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:	

Memo Item

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

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

0.00

**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)

REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. VERIZON WIRELESS

Mailing Address P.O. BOX 25505

City
LEHIGH VALLEY

State
PA

Zip Code
18002-1025

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.I4175

Amount of Each Disbursement this Period

199.42

Memo Item

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address P.O. BOX 25505

City
LEHIGH VALLEY

State
PA

Zip Code
18002-1025

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.I41721

Amount of Each Disbursement this Period

193.06

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

193.06

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

7489.25

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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)

REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NANCY MACE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2024

Mailing Address 295 SEVEN FARMS DRIVE
SUITE C-186

City CHARLESTON State SC Zip Code 29492

Purpose of Disbursement
POLITICAL CONTRIBUTION

FEC Identification Number

C C00710103

Transaction ID : SB23.I41720

Amount of Each Disbursement this Period

5000.00

Candidate Name

MACE, NANCY, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: SC District: 01

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

5000.00

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

5000.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALCOTT FOR MAYOR

Mailing Address 1033 FAIRWAY ST

City
BOWLING GREEN

State
KY

Zip Code
42103

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2024

FEC Identification Number

C []

Transaction ID : SB29.I41706

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

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)..... ▶

[] 1000.00

[] 1000.00