

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 reported3518 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 / 07 / 2016

through

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

5. (a) Date of Public Distribution(s)

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

(b) Communication Title Cloth: 10/7/16 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

New Direction PAC

(e) Occupation

Treasurer

9. Total Donations This Statement

, 400000.00

10. Total Disbursements/Obligations This Statement

, 43748.50

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

12/28/2016

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

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A. (a) Name Petterson, Jay, , ,	Transaction ID : F91.000001
(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 New Direction PAC	(e) Occupation Treasurer

B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor The Kennedy Fund	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">09 / 23 / 2016</div> </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">400000.00</div>
Mailing Address of Donor 3518 Fremont Avenue, N S545	Transaction ID : F92.000001
City State Zip Seattle WA 98103	
B. Full Name of Donor	
Mailing Address of Donor	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px;"></div>
City State Zip	
C. Full Name of Donor	
Mailing Address of Donor	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px;"></div>
City State Zip	
D. Full Name of Donor	
Mailing Address of Donor	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px;"></div>
City State Zip	
E. Full Name of Donor	
Mailing Address of Donor	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px;"></div>
City State Zip	
SUBTOTAL of Donations This Page (optional) ► <div style="float: right; border: 1px solid black; padding: 2px; text-align: right;">400000.00</div>	
TOTAL This Period (last page this line number only) ► (carry total from last page to Line 9) <div style="float: right; border: 1px solid black; padding: 2px; text-align: right;">400000.00</div>	

SCHEDULE 9-B

PAGE 4 OF 4

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Buying Time, LLC				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 10 / 05 / 2016 </div> </div>	
Mailing Address of Payee 650 Massachusetts Ave, NW S210				Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 43748.50 </div> </div>	
City Washington	State DC	Zip Code 20001		Communication Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 10 / 07 / 2016 </div> </div>	
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) Media Advertising (Cable): Cloth - 10/7 - 11/7				Transaction ID : F93.000001	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <div style="display: flex; align-items: center;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President </div>		Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Transaction ID : F94.000002		Name of Federal Candidate 		Office Sought: <div style="display: flex; align-items: center;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>	
Name of Federal Candidate 		Office Sought: <div style="display: flex; align-items: center;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <div style="display: flex; align-items: center;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

B. Full Name (Last, First, Middle Initial) of Payee 				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> </div>	
Mailing Address of Payee 				Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>	
City 	State 	Zip Code 		Communication Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> </div>	
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) 					
Name of Federal Candidate 		Office Sought: <div style="display: flex; align-items: center;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <div style="display: flex; align-items: center;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <div style="display: flex; align-items: center;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 43748.50 </div> </div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 43748.50 </div> </div>