

## 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 / 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)

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

New Direction PAC

(e) Occupation

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

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 Transaction ID : F91.000001

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**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-B**

PAGE 3 OF 4

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Gumbinner &amp; Davies</b> <hr/> Mailing Address of Payee 2001 S St NW, Ste 301 <hr/> City State Zip Code Washington DC 20009 <hr/> Name of Employer Occupation  <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Direct Mail Production/Postage				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y  10 / 17 / 2016 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7758.34 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y  10 / 19 / 2016 </div>	
<b>Transaction ID : F94.000002</b> Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ Trump, Donald, , , <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President				Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

  

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>Sway</b> <hr/> Mailing Address of Payee 4350 East West Hwy, Suite 350 <hr/> City State Zip Code Bethesda MD 20814 <hr/> Name of Employer Occupation  <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Video Production				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y  10 / 19 / 2016 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6105.55 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y  10 / 19 / 2016 </div>	
<b>Transaction ID : F94.000004</b> Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ Trump, Donald, , , <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President				Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

  

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13863.89 </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ► (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

**SCHEDULE 9-B**

PAGE 4 OF 4

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Buying Time</b> <hr/> Mailing Address of Payee 650 Massachusetts Ave, NW, Suite 2 <hr/> City: _____ State: _____ Zip Code: _____ Washington DC 20001 <hr/> Name of Employer: _____ Occupation: _____ <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Cable Advertising - Cloth (10/20-11/7)				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y  10 / 13 / 2016 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 147103.00 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y  10 / 19 / 2016 </div>	
<b>Transaction ID : F93.000003</b> <hr/> Name of Federal Candidate: Trump, Donald, , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____					
<b>Transaction ID : F94.000006</b> Name of Federal Candidate: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____					
Name of Federal Candidate: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____					
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <hr/> Mailing Address of Payee <hr/> City: _____ State: _____ Zip Code: _____ <hr/> Name of Employer: _____ Occupation: _____ <hr/> Purpose of Disbursement (Including title(s) of communication(s))				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____					
Name of Federal Candidate: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____					
Name of Federal Candidate: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____					
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 147103.00 </div>	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 160966.89 </div>	