Only

STATEMENT OF

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FORM 1		Ol	RGAN	IZA	ΤΙΟ	N							0"		0.1			
1. NAME OF COMMITTEE (ir	n full)		Check if nam changed)	e		ole:If ty		type		12I	E4	M5	Offi	ce Us	e Onl	<u>/</u>		
A New Direc	•			1 1	over t		s. 											
												1 1						
ADDRESS (number a	and street)	PO Box 3	3079															
(Check if address is changed)																		
		Washingto	on 							LDC STAT		L	2003	33	ZIF	- COI	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRI	ESS																
X ◀ (Check if address is changed)			ice@katzcom															
		Optional S	Second E-Ma	ail Addres	ss													
COMMITTEE'S WEE (Check if is changed	address	DDRESS (UR	RL)													<u> </u>		
2. DATE 0			y y y 2024															
3. FEC IDENTIFIC	CATION N	UMBER ▶	C	C004	58570													
4. IS THIS STATE!	MENT	NEW	(N) O	R	×	AM	ENDEI	D (A)										
certify that I have of	examined	this Statemer	nt and to the	best of	my kn	owledg	e and	belief	it is	true	, cor	rect	and	comp	olete.			
Type or Print Name	of Treasure	er <u>Reische,</u>	Alan, , ,															
Signature of Treasure	er Reis	sche, Alan, , ,							D	ate		м м 09	/	18	D 3	/ Y	2024	
NOTE: Submission of	false, error		mplete inform											enalt	ies o	f 52 l	J.S.C.	§30109
Office Use						or furth ederal E oll Free	lection	Commi		act:						ORN 06/20		

Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.0
	Name of Candidate	
	Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican,	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperat	ive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAG	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	
	\mathbf{C}	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	A New Direction	PAC	
6.		rganization, Affiliated Committee, Joint Fundraising Represen	tative, or Leadership PAC Sponsor
	Shaheen, Jeanne, , S	Senator,	
	Mailing Address	PO Box 33079	
		₁ Washington	OC 20033
		Vasinigon	20033
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Rep	presentative X Leadership PAC Spons
			_
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the	person in possession of committee
	books and rosords.		
	Reische, A	an,,,	
	Tuli Name	,2195 Elm St	
	Mailing Address		
		Manchester	IH 03104
	Title or Position ▼	CITY ▲ STA	TE ▲ ZIP CODE ▲
	Treasurer		603 315 0455
		Telephone number	003 - 313 - 0433
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the com- assistant treasurer).	nmittee; and the name and address of
	Full Name Reische, A	an, , ,	
	of Treasurer		
	Mailing Address	2195 Elm St	
		1	
		Manchester	NH 03104
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	603 - 315 - 0455

Full Name of Designated Agent Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼	
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼	
Title or Position ▼	
Title or Position ▼	
Title or Position ▼	
Telephone number	
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.	
Name of Bank, Depository, etc.	
Amalgamated Bank Mailing Address 1825 K St NW	
Washington DC 20006	
CITY ▲ STATE ▲ ZIP CODE ▲	
Name of Bank, Depository, etc.	
Mailing Address	
CITY ▲ STATE ▲ ZIP CODE ▲	