

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Leventhal, Alan, M.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 State St
 Ste 5
 City Boston State MA Zip Code 02109-2628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beacon Capital Partners Occupation (for Individual) Chairman/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2018
Transaction ID : VN919ETC949
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. Seigel, Fred, A.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 Woodland Rd
 City North Hampton State NH Zip Code 03862-2333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beacon Capital Partners, LLC Occupation (for Individual) President and COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2018
Transaction ID : VN919ETC931
 Amount of Each Receipt this Period
 5000.00
 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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	15000.00