24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INDEFENDENT EXPEN	SHORES	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
NEW REPUBLICAN PA	C C00544544		
Check if 24-hour report	48-hour report New re	eport Amends repo	rt filed on
Full Name of Payee STRATEGIC DIRECTION.COM			Date of Public Distribution/Dissemination
Mailing Address 420 EAST JEFFERSON STREET			10 30 2018 Amount
City	State SC	Zip Code 29201	10955.52 Transaction ID : SE.1
Purpose of Expenditure PHONE CALLS		Category/	Date of Disbursement or Obligation 10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate			
NELSON, BILL, , ,		Support Oppose	Office Sought: House District: President
Calendar Year-To-Date Per Election for Office Sou	ght	29478926.52	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Mailing Address			Amount
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sou	ght		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
	tion of, any candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
DOZIER, JULIE, , , Signature	[Electro	onically Filed] Date	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y