24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NEW REPUBLICAN PAC	
	C C00544544
Check if 24-hour report	M = M / D = D / Y = Y = Y
Full Name of Payee MATSON MEDIA LLC	Date of Public Distribution/Dissemination
Mailing Address 1201 HAMPTON STREET	09 / 12 / 2018
SUITE 3B	Amount
City State Zip Code	999288.75
COLUMBIA SC 29201	Transaction ID : 1243 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT Category/ Type	09 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
NELSON, BILL, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	orsement For: Primary x General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbi	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	999288.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	999288.75
	7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	09 13 2018
Signature	