

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NEW REPUBLICAN PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="899966.98"/>	<input type="text" value="899966.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="899966.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1299825.93"/>	<input type="text" value="1299825.93"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2199792.91"/>	<input type="text" value="2199792.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="295698.30"/>	<input type="text" value="295698.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1904094.61"/>	<input type="text" value="1904094.61"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="191752.42"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

NEW REPUBLICAN PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1200713.68	1200713.68
(ii) Unitemized	48112.25	48112.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1248825.93	1248825.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1249825.93	1249825.93
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	50000.00	50000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1299825.93	1299825.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1299825.93	1299825.93

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	295698.30	295698.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	295698.30	295698.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	295698.30	295698.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	295698.30	295698.30

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1249825.93	1249825.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1249825.93	1249825.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	295698.30	295698.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	295698.30	295698.30

**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 6 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
NEW REPUBLICAN PAC

A. ABELL, CHARLOTTE, A., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3789 RUM ROW
 City NAPLES State FL Zip Code 34102-7847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2018
Transaction ID : SA11A.968
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. ACADEMIA, FAME, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1113 SE 17TH ST
 City CAPE CORAL State FL Zip Code 33990-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2018
Transaction ID : SA11A.1082
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. ADAMS, JOHN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 EVENTIDE DR.
 City GULF BREEZE State FL Zip Code 32561-4875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : SA11A.2056
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 91
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. ANDERSON, ANDREW, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9664 NW 1ST PL
 City CORAL SPRINGS State FL Zip Code 33071-7327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2018
Transaction ID : SA11A.1216
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. ARTMAN, MARVIN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6845 SW COUNTY ROAD 225
 City STARKE State FL Zip Code 32091-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 23 / 2018
Transaction ID : SA11A.1151
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. ARTMAN, MARVIN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6845 SW COUNTY ROAD 225
 City STARKE State FL Zip Code 32091-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 30 / 2018
Transaction ID : SA11A.1656
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

**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 8 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. ASHER, STEVEN, DEAN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1709 MORNINGSIDE DR.
 City ORLANDO State FL Zip Code 32806-2431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DON ASHER & ASSOCIATES Occupation (for Individual) REAL ESTATE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 10 / 2018**
Transaction ID : SA11A.174
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. BATES, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2415 HALLMARK DR
 City PENSACOLA State FL Zip Code 32503-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLARK PARTINGTON Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 30 / 2018**
Transaction ID : SA11A.2048
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. BENDER, ROBERT, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2303 MALYSA PL
 City PENSACOLA State FL Zip Code 32504-5906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 30 / 2018**
Transaction ID : SA11A.2064
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 91
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. BENEDETTI PEREZ, MARIO, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 775 BELLA VISTA AVE
 City MIAMI State FL Zip Code 33156-6445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOUTH DADE TOYOTA Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2018
Transaction ID : SA11A.1494
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. BODMAN, RICHARD, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3007 RUM ROW
 City NAPLES State FL Zip Code 34102-7851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VMS GROUP Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2018
Transaction ID : SA11A.1096
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. BRADY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6705 SW WOODBINE WAY
 City PALM CITY State FL Zip Code 34990-8338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 24 / 2018
Transaction ID : SA11A.1314
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**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 10 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. BUCKLES, DANIEL, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 DUCKWOOD LN
 City PONTE VEDRA BEACH State FL Zip Code 32082-4159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FOCUS ON INNOVATION INC. Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 23 / 2018**
Transaction ID : SA11A.1097
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. CALCAGNINI, DONALD, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 989 E END
 City NORTH PALM BEACH State FL Zip Code 33408-2951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **03 / 31 / 2018**
Transaction ID : SA11A.2229
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. CALCAGNINI, DONALD, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 989 E END
 City NORTH PALM BEACH State FL Zip Code 33408-2951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **01 / 09 / 2018**
Transaction ID : SA11A.896
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

**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 11 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. CARLAN, CAROL, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3420 OAKMONT DRIVE
 City PENSACOLA State FL Zip Code 32503-6900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CARLAN CONSULTING, LLC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : SA11A.2052
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. CASH, FRANCIS, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5050 N OCEAN DR. APT 1901
 City RIVIERA BEACH State FL Zip Code 33404-2578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2018
Transaction ID : SA11A.1466
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. CHANDLER, J., THOMAS, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3331 LAKEVIEW OAKS DRIVE
 City LONGWOOD State FL Zip Code 32779-3156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCHENKEL & SHULTZ INC. Occupation (for Individual) ARCHITECT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2018
Transaction ID : SA11A.171
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

**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 12 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. CHOATE, ARTHUR, B., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1390 S DIXIE HWY STE 2221
 City CORAL GABLES State FL Zip Code 33146-2946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARTMARINE INC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 29 / 2018
Transaction ID : SA11A.1536
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. CHOATE, ARTHUR, B., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1390 S DIXIE HWY STE 2221
 City CORAL GABLES State FL Zip Code 33146-2946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARTMARINE INC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2018
Transaction ID : SA11A.2184
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. CLARK, JAMES, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4245 STORY RD
 City ST. CLOUD State FL Zip Code 34772-9099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2018
Transaction ID : SA11A.178
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00
TOTAL This Period (last page this line number only)..... ▶

**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 13 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. COLLIER, THOMAS, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11240 SAINT JOHNS INDUSTRIAL PKWY
 City JACKSONVILLE State FL Zip Code 32246-7651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GENERAL CONTRACTOR Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2018
Transaction ID : SA11A.1463
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. CROCKER, JAMES, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 SE CONFERENCE CIR
 City STUART State FL Zip Code 34997-7639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WATERBLASTING TECHNOLOGIES Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2018
Transaction ID : SA11A.2100
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. CROUCHER, WILLIAM, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 INDIAN BAY BLVD
 City MERRITT ISLAND State FL Zip Code 32953-7806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CONSULTANT Occupation (for Individual) ACCOUNTING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2018
Transaction ID : SA11A.944
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**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 14 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. CUNNINGHAM, SHARON, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6415 MIDNIGHT PASS RD APT 411

City SARASOTA	State FL	Zip Code 34242-3422
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CUNNIN. PROP. MANAG. CORP.	Occupation (for Individual) PRESIDENT/SECRETARY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2018
Transaction ID : SA11A.1780

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

B. CZEKAJ, MARGARET, BANKS, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4501 GULF SHORE BLVD N PH 1503

City NAPLES	State FL	Zip Code 34103-2765
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 08 / 2018
Transaction ID : SA11A.892

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

C. D'AGOSTINO, GARY, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 S FEDERAL HWY UNIT 7

City LAKE WORTH	State FL	Zip Code 33460-5129
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2018
Transaction ID : SA11A.1652

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**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 15 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. DANIELS, GEORGE, G., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 590007

City ORLANDO	State FL	Zip Code 32859-0007
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) DANIELS MANUFACTURING		Occupation (for Individual) EXECUTIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2018
Transaction ID : SA11A.1702

Amount of Each Receipt this Period
 2500.00

Memo Item
 CONTRIBUTION

B. DRAFT, HOWARD, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 S POINTE DRIVE - APT 1404

City MIAMI BEACH	State FL	Zip Code 33139-7165
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : SA11A.2024

Amount of Each Receipt this Period
 10000.00

Memo Item
 CONTRIBUTION

C. DUCHOSSOIS, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 444 W LAKE STREET

City CHICAGO	State IL	Zip Code 60606-0010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) THE DUCHOSSOIS GROUP		Occupation (for Individual) CHIEF EXECUTIVE OFFICER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : SA11A.2039

Amount of Each Receipt this Period
 10000.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	22500.00
TOTAL This Period (last page this line number only).....▶	

**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 16 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. DUMAINE, RICHARD, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3647 GULFSTREAM ST
 City BIG PINE KEY State FL Zip Code 33043-6137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 24 / 2018**
Transaction ID : SA11A.1339
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. DUREN, GEORGE, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 218
 100 DUPONT DR.
 City PORT SAINT JOE State FL Zip Code 32457-0218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OWNER OF SUPERMARKET Occupation (for Individual) MERCHANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 31 / 2018**
Transaction ID : SA11A.2222
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. EVERETT, DON, R., MR., SR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2715 S BYRON BUTLER PKWY
 City PERRY State FL Zip Code 32348-6309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WARE OIL & SUPPLY CO INC Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt **01 / 26 / 2018**
Transaction ID : SA11A.1394
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

**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 17 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. EVERETT, DON, R., MR., SR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2715 S BYRON BUTLER PKWY
 City PERRY State FL Zip Code 32348-6309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WARE OIL & SUPPLY CO INC Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 03 / 31 / 2018
Transaction ID : SA11A.2076
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. EVERETT, DYKES, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 341 E WEBSTER AVE
 City WINTER PARK State FL Zip Code 32789-3272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DYKES EVERETT & CO. Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 10 / 2018
Transaction ID : SA11A.179
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

C. FERGUSON, MICHAEL, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2350 BLUFFS CIR
 City PENSACOLA State FL Zip Code 32503-5834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCDONALD, FLEMING, MOORHEAD, FERGUSON Occupation (for Individual) ATTORNEY (OF COUNSEL)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : SA11A.2057
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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 18 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. FIELD, MARSHALL, , , V

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 W. WACKER DR., SUITE 1500

City CHICAGO	State IL	Zip Code 60606-1235
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) THE OLD MOUNTAIN CO., INC.	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018

Transaction ID : SA11A.2026

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. FREYMILLER, MIA, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 S BLUE ANGEL PKWY # 176

City PENSACOLA	State FL	Zip Code 32506-6045
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ELECTRIC MIRROR	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018

Transaction ID : SA11A.1798

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

C. GALVIN, CHRIS, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 444 W LAKE ST
SUITE 2100

City CHICAGO	State IL	Zip Code 60606-0069
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HARRISON STREET CAPITAL	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018

Transaction ID : SA11A.2025

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	38000.00
TOTAL This Period (last page this line number only).....	

**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 19 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. GARDINER, ROBERT, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 530 OLD SCHOOL RD

City DELRAY BEACH	State FL	Zip Code 33483-7418
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2018

Transaction ID : SA11A.1952

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. GAY, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 524 STOCKTON ST

City JACKSONVILLE	State FL	Zip Code 32204-2535
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) W.W.GAY MECHANICAL CONTRACTORS	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2018

Transaction ID : SA11A.1704

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. GEORGE, HAL, I., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 FAIRPOINT DR.

City GULF BREEZE	State FL	Zip Code 32561-4208
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WAL-MART	Occupation (for Individual) MANAGER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2018

Transaction ID : SA11A.2055

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**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 20 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. GRAHAM, EDWARD, G.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 W ROYAL FLAMINGO DR.
 City SARASOTA State FL Zip Code 34236-1816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 01 / 26 / 2018
Transaction ID : SA11A.1396
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. GRAPER, ROBERT, B., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 BELLE TOWER AVE
 City LAKE PLACID State FL Zip Code 33852-9522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 01 / 19 / 2018
Transaction ID : SA11A.952
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. GROOME, SAMUEL, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1982 STATE RD 44 # 305
 City NEW SMYRNA BEACH State FL Zip Code 32168-8349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 01 / 26 / 2018
Transaction ID : SA11A.1448
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**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 21 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. HANNA, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 CONCOURSE PARKWAY
 City ATLANTA State GA Zip Code 30328-5350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HANNA CAPITAL Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **02 / 14 / 2018**
Transaction ID : SA11A.196
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION

B. HENRIQUES, THOMAS, J., , SR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 13213
 City PENSACOLA State FL Zip Code 32591-3213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **03 / 30 / 2018**
Transaction ID : SA11A.2062
 Amount of Each Receipt this Period 750.00
 Memo Item
 CONTRIBUTION

C. HUISMAN, HENRY, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7206 NW 127TH WAY
 City POMPANO BEACH State FL Zip Code 33076-1981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 31 / 2018**
Transaction ID : SA11A.1727
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	

**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 22 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. JOHNSTON, PETER, LAWSON, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 CARTER RD
 City PRINCETON State NJ Zip Code 08540-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2018
Transaction ID : SA11A.2190
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. JONES, CHARLES, H., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 PENDLETON AVE
 City PALM BEACH State FL Zip Code 33480-6118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 13 / 2018
Transaction ID : SA11A.1924
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

C. KENDIG-SCHRADER, JULIE, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2387 UPPER PARK RD
 City ORLANDO State FL Zip Code 32814-6156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GREENBERG TRAURIG Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 10 / 2018
Transaction ID : SA11A.168
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

**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 23 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. KENNEDY, CHESTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1903 LAKE ROBERTS CT
 City WINDERMERE State FL Zip Code 34786-6116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2018
Transaction ID : SA11A.176
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. KREHBIEL, JOHN, H., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2215 YORK RD., SUITE 410
 City OAK BROOK State IL Zip Code 60523-4010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KF PARTNERS Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 03 / 21 / 2018
Transaction ID : SA11A.2027
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

C. KRUPPENBACHER, FRANK, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9064 GREAT HERON CIR
 City ORLANDO State FL Zip Code 32836-5483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FRANK KRUPPENBACHER, P.A. Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2018
Transaction ID : SA11A.158
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	27000.00
TOTAL This Period (last page this line number only).....	

**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 24 OF 91
	<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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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. LESSING, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 SNAKE HILL ROAD
 City COLD SPRING HARBOR State NY Zip Code 11724-1105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 21 / 2018
Transaction ID : SA11A.2038
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

B. LEWIS, JAMES, E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2416 COUNTRY CLUB DR.
 City LYNN HAVEN State FL Zip Code 32444-1996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 20 / 2018
Transaction ID : SA11A.1970
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

C. LINDBERG, GREG, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2222 SEDWICK RD
 City DURHAM State NC Zip Code 27713-2655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **ELI GLOBAL** Occupation (for Individual) **PRESIDENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300000.00

Date of Receipt 01 / 30 / 2018
Transaction ID : SA11A.182
 Amount of Each Receipt this Period 300000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	312500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 91
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. LONSDALE, JOSEPH, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 3188
 City LOS ALTOS State CA Zip Code 94024-0188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 8VC Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : SA11A.2041
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. LOSASSO, TOM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29540 BLACKWOLF RUN LOOP
 City SAN ANTONIO State FL Zip Code 33576-4667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 23 / 2018**
Transaction ID : SA11A.1158
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. MACLEAN, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 ALLANSON ROAD
 City MUNDELEIN State IL Zip Code 60060-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MACLEAN-FOGG COMPANY Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **03 / 28 / 2018**
Transaction ID : SA11A.2044
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	30250.00
TOTAL This Period (last page this line number only).....	

**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 26 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. MALLAIAH, ALICIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5210 FOREST EDGE CT

City SANFORD	State FL	Zip Code 32771-7160
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LIFE CARE CENTERS OF AMERICA	Occupation (for Individual) NURSE
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2018

Transaction ID : SA11A.1456

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. MANN, MARVIN, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 233 PLANTATION CIR S

City PONTE VEDRA BEACH	State FL	Zip Code 32082-3936
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2018

Transaction ID : SA11A.1309

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. MCENANY, MICHAEL, T., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 86 MARTINIQUE AVE

City TAMPA	State FL	Zip Code 33606-4053
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MCENANY ROOFING, INC.	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2018

Transaction ID : SA11A.1164

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 91
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. MCINERNEY, THOMAS, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 MANITOU CT
 City WESTPORT State CT Zip Code 06880-6006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLUFF POINT ASSOCIATES Occupation (for Individual) VENTURE CAP. INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt **03 / 21 / 2018**
Transaction ID : SA11A.2040
 Amount of Each Receipt this Period 150000.00
 Memo Item
 CONTRIBUTION

B. MCLANE, DRAYTON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 549
 City TEMPLE State TX Zip Code 76503-0549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCLANE GROUP Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **01 / 10 / 2018**
Transaction ID : SA11A.180
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

C. MCNEIL, CAROLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 801827
 City DALLAS State TX Zip Code 75380-1827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCNEIL CAPITAL Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 07 / 2018**
Transaction ID : SA11A.1795
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	157500.00
TOTAL This Period (last page this line number only).....▶	

**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 28 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. MELVILLE, DAVID, B., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1767 BAR HARBOR DR.
 City FORT PIERCE State FL Zip Code 34945-2444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 12 / 2018**
Transaction ID : SA11A.1845
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. MERRILL, J., COLLIER, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 S BARRACKS ST
 City PENSACOLA State FL Zip Code 32502-6000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MERRILL LAND, INC. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4562.43

Date of Receipt **03 / 30 / 2018**
Transaction ID : SA11A.2069
 Amount of Each Receipt this Period 4562.43
 Memo Item IN-KIND CONTRIBUTION - FOOD/BEVERAGE

C. MINSHALL, JO ANN, C., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5040 SW 9TH LN
 City GAINESVILLE State FL Zip Code 32607-3866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 19 / 2018**
Transaction ID : SA11A.943
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	5062.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 91
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. MONTGOMERY, ROBERT, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 657 E. ROMANA
 City PENSACOLA State FL Zip Code 32502-6111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MONTGOMERY REALTORS Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : SA11A.2054
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. MORSE, PETER, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 392 S BEACH ROAD
 City HOBE SOUND State FL Zip Code 33455-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MORSE PARTNERS Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 21 / 2018
Transaction ID : SA11A.2028
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

C. MYSLAK, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2015 WHALEY AVE
 City PENSACOLA State FL Zip Code 32503-4965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REAL ESTATE DEVELOPMENT Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : SA11A.2051
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	12000.00
TOTAL This Period (last page this line number only).....▶	

**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 30 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. NEFF, THOMAS, J., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1084 PALM WAY RD

City NORTH PALM BEACH	State FL	Zip Code 33408-2929
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SPENCER STUART	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

Transaction ID : SA11A.2084

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. O'REILLY, MICHAEL, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6001 HIGHWAY A1A # 8327

City VERO BEACH	State FL	Zip Code 32963-1014
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2018

Transaction ID : SA11A.1558

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. ORR, EDITH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 BELLE MEADE BOULEVARD

City NASHVILLE	State TN	Zip Code 37205-4503
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2018

Transaction ID : SA11A.2037

Amount of Each Receipt this Period
15000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	16000.00
TOTAL This Period (last page this line number only).....▶	

**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 31 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. PATEL, ELABEN, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3020 KNOTTY PINE DR.
 City PENSACOLA State FL Zip Code 32505-1852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : SA11A.2049
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. PEACOCK, JERRE, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 S. PALAFOX STREET UNIT E
 City PENSACOLA State FL Zip Code 32502-5983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : SA11A.2061
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. PERRELLA, DIANE, F., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 BEARS CLUB DR.
 City JUPITER State FL Zip Code 33477-4203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2018
Transaction ID : SA11A.1947
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

**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 32 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. PITRE, TRACI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 607

City GULF BREEZE	State FL	Zip Code 32562-0607
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : SA11A.2068

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. PRUCHANSKY, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6920 DANIELS RD

City NAPLES	State FL	Zip Code 34109-0547
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GREENSCAPES	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2018
Transaction ID : SA11A.1643

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. PURCELL, PHILIP, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6300 SAGEWOOD DRIVE
 SUITE H-110

City PARK CITY	State UT	Zip Code 84098-7502
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CONTINENTAL INVESTORS	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : SA11A.2029

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	11500.00
TOTAL This Period (last page this line number only).....	

**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 33 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. RANGOS, JOHN, G., MR., SR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 OSPREY POINT CIR
 City BOCA RATON State FL Zip Code 33431-5245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2018
Transaction ID : SA11A.1703
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. REILLY, ROBERT, E., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 98 INDIANHILL ROAD
 City WINNETKA State IL Zip Code 60093-3933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REILLY PARTNERS Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 21 / 2018
Transaction ID : SA11A.2033
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

C. REILLY, ROBERT, E., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 98 INDIANHILL ROAD
 City WINNETKA State IL Zip Code 60093-3933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REILLY PARTNERS Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 21 / 2018
Transaction ID : SA11A.2034
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	

**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 34 OF 91
	<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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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. REYES, DAVID, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 S. FLAGLER DR.
 #1500
 City WEST PALM BEACH State FL Zip Code 33401-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REYES HOLDINGS LLC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : SA11A.2030
 Amount of Each Receipt this Period
 10000.00
 Memo Item
CONTRIBUTION

B. REYES, J., CHRISTOPHER, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 S FLAGLER DR
 STE 1500
 City WEST PALM BEACH State FL Zip Code 33401-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REYES HOLDINGS, LLC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : SA11A.2031
 Amount of Each Receipt this Period
 40000.00
 Memo Item
CONTRIBUTION

C. REYES, M., JUDE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 S FLAGLER DR
 STE 1500
 City WEST PALM BEACH State FL Zip Code 33401-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REYES HOLDINGS, LLC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 40000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : SA11A.2032
 Amount of Each Receipt this Period
 40000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	90000.00
TOTAL This Period (last page this line number only).....▶	

**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 35 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. ROBSON, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9532 EAST RIGGS ROAD
 City SUN LAKES State AZ Zip Code 85248-7463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROBSON RESORT COMMUNITIES Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 22 / 2018
Transaction ID : SA11A.2023
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

B. RONEY, CHRISTOPHE, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 CORONDADO DR
 City GULF BREEZE State FL Zip Code 32563-3010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACE UNLOCKS Occupation (for Individual) LOCKSMITH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : SA11A.2060
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. ROSS, DOUGLAS, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 CEDAR RD
 City WOODBRIDGE State CT Zip Code 06525-1642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : SA11A.2058
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	12000.00
TOTAL This Period (last page this line number only).....	

**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 36 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. RUDDER, CATHERINE, L.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5465 BELLVIEW AVE
 City PENSACOLA State FL Zip Code 32526-9437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IDS, INC. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2018
Transaction ID : SA11A.1011
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

B. SALTSMAN, ROBERT, P.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 S PENNSYLVANIA AVE SUITE 200
 City WINTER PARK State FL Zip Code 32789-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY/CPA-MERGERS & ACQU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2018
Transaction ID : SA11A.175
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

C. SANCHEZ, DOMINGO, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 VICKIE COURT
 City KISSIMMEE State FL Zip Code 34744-5124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TITAN MANAGEMENT Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2018
Transaction ID : SA11A.172
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

**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 37 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. SARGENT, JAMES, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 N US HIGHWAY 1 # 102
 City JUPITER State FL Zip Code 33477-4481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2018
Transaction ID : SA11A.1930
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. SEAMAN, ELEANOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 GOMEZ ROAD
 City HOBE SOUND State FL Zip Code 33455-2513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 07 / 2018
Transaction ID : SA11A.1796
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

C. ST. GEORGE, NICHOLAS, J., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 971 GEORGIA AVE
 City WINTER PARK State FL Zip Code 32789-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 12 / 2018
Transaction ID : SA11A.1852
 Amount of Each Receipt this Period 700.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 11200.00
TOTAL This Period (last page this line number only).....▶

**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 38 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STEPHENSON, JAMES, E., ,

Mailing Address P.O. BOX 43326

City ATLANTA State GA Zip Code 30336-0326

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) YANCEY BROS. CO. Occupation (for Individual) CHAIRMAN AND CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 03 / 30 / 2018

Transaction ID : SA11A.2074

Amount of Each Receipt this Period 20000.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. STOKER, RICHARD, , ,

Mailing Address 6899 COLLINS AVE UNIT 606

City MIAMI BEACH State FL Zip Code 33141-7401

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2018

Transaction ID : SA11A.1447

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. STRUM, THOMAS, , MR.,

Mailing Address 2140 KINGFISH RD

City NAPLES State FL Zip Code 34102-1536

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2018

Transaction ID : SA11A.1038

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 20750.00

TOTAL This Period (last page this line number only)..... ▶

**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 39 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. SUGDEN, HERB, J., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17800 SE 237TH CT
 City UMATILLA State FL Zip Code 32784-7825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2018
Transaction ID : SA11A.1687
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. TAYLOR, ADELENE, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 NORTH SPRING STREET
 City PENSACOLA State FL Zip Code 32501-2108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : SA11A.2075
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. TERHAAR, ANTHONY, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 BAYSHORE DR
 City PENSACOLA State FL Zip Code 32507-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : SA11A.2059
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

**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 40 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. UTSEY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 LAUREL OAK DRIVE
 City LONGWOOD State FL Zip Code 32779-2336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SKANSKA USA Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 10 / 2018
Transaction ID : SA11A.177
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. WATTS, EDWIN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 POQUITO RD
 City SHALIMAR State FL Zip Code 32579-1127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EDWIN WATTS GOLF L.L.C. Occupation (for Individual) BUSINESSMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2018
Transaction ID : SA11A.2010
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. WILLIAMS, LEONARD, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 536175
 City ORLANDO State FL Zip Code 32853-6175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WAYNE DENSCH, INC. Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2018
Transaction ID : SA11A.996
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**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 41 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. WILLINGHAM, T. M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5545 SHAWLAND RD
 City JACKSONVILLE State FL Zip Code 32254-1673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2018
Transaction ID : SA11A.1802
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. WOOD, PAUL, R., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1155 LAKE HOUSE DRIVE
 City NORTH PALM BEACH State FL Zip Code 33408-3368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2018
Transaction ID : SA11A.2043
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION

C. WOODSBY, CHARLES, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1260 CENTRAL FLORIDA PKWY
 City ORLANDO State FL Zip Code 32837-9259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TALK OF THE TOWN RESTAURANT, INC. Occupation (for Individual) RESTAURANTUER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2018
Transaction ID : SA11A.903
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	10750.00
TOTAL This Period (last page this line number only).....▶	

**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 42 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. WUCHKO, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10720 RUFFINO CT
 City TRINITY State FL Zip Code 34655-7062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2018
Transaction ID : SA11A.1122
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. 200 OFFICE COMPLEX, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 260 S. TARRAGONA ST. SUITE 240-D
 City PENSACOLA State FL Zip Code 32502-6085
 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 ▼ 1000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : SA11A.2066
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. ACADIA HEALTHCARE COMPANY, INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6100 TOWER CIRCLE SUITE 1000
 City FRANKLIN State TN Zip Code 37067-1509
 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 ▼ 50000.00

Date of Receipt 03 / 03 / 2018
Transaction ID : SA11A.1794
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	51250.00
TOTAL This Period (last page this line number only).....	

**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 43 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. ADENA GOLF LIMITED PARTNERSHIP

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 NW 75TH STREET

City OCALA	State FL	Zip Code 34475-7690
---------------	-------------	------------------------

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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

Transaction ID : SA11A.2072

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. AGS VENTURES II, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 423 W 55TH STREET

City NEW YORK	State NY	Zip Code 10019-4460
------------------	-------------	------------------------

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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2018

Transaction ID : SA11A.2022

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

C. ARIAS BOSINGER PLLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 N WESTMONTE DR
STE 203

City ALTAMONTE SPRINGS	State FL	Zip Code 32714-3341
---------------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		10		2018

Transaction ID : SA11A.157

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	51000.00
TOTAL This Period (last page this line number only).....	

**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 44 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)
NEW REPUBLICAN PAC

A. ASG CONSULTING GROUP, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 W. BRANDON BLVD.
 STE 640
 City BRANDON State FL Zip Code 33511-5103
 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 ▼
 3576.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2018
Transaction ID : SA11A.183
 Amount of Each Receipt this Period
 3576.82
 Memo Item
 IN-KIND CONTRIBUTION - FOOD/BEVERAGE

B. BROAD AND CASSEL
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 390 N ORANGE AVE
 City ORLANDO State FL Zip Code 32801-1640
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 10 / 2018
Transaction ID : SA11A.166
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. CAIDAN MANAGEMENT COMPANY
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 CAMPUS MARTIUS
 STE 700
 City DETROIT State MI Zip Code 48226-5012
 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 ▼
 25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2018
Transaction ID : SA11A.181
 Amount of Each Receipt this Period
 25000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	29576.82
TOTAL This Period (last page this line number only).....	

**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 45 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. COMPREHENSIVE ENERGY SERVICES, LNC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 BENNETT DR

City LONGWOOD	State FL	Zip Code 32750-6365
------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		10		2018

Transaction ID : SA11A.156

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. EXECUTIVE LANDSCAPING, INC.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 11487

City PENSACOLA	State FL	Zip Code 32524-1487
-------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2018

Transaction ID : SA11A.2067

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. FCCI SERVICES INC.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6300 UNIVERSITY PARKWAY

City SARASOTA	State FL	Zip Code 34240-8424
------------------	-------------	------------------------

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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2018

Transaction ID : SA11A.1789

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	26500.00
TOTAL This Period (last page this line number only).....	

**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 46 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. GODWIN'S GATORLAND, INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14501 SOUTH ORANGE BLOSSOM TRL
 City ORLANDO State FL Zip Code 32837-6632
 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 ▼
 1000.00

Date of Receipt
 01 / 10 / 2018
Transaction ID : SA11A.167
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

B. INVESTORS REALTY LTD. INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 TOWN CENTER BLVD
 City DAVENPORT State FL Zip Code 33896-5226
 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 ▼
 1000.00

Date of Receipt
 01 / 10 / 2018
Transaction ID : SA11A.170
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

C. JR. DAVIS CONSTRUCTION
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 SOUTH HOAGLAND BLVD
 City KISSIMMEE State FL Zip Code 34741-4534
 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 ▼
 1000.00

Date of Receipt
 01 / 10 / 2018
Transaction ID : SA11A.169
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

**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 47 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. KANDERS & COMPANY, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address ONE LANDMARK SQUARE
SUITE 1730

City STAMFORD State CT Zip Code 06901-2603

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 ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2018

Transaction ID : SA11A.2047

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. LA ROSA DEVELOPMENT CORP

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 CELEBRATION BLVD
STE 200

City CELEBRATION State FL Zip Code 34747-5162

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2018

Transaction ID : SA11A.159

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. LLOYD COMMERCIAL ADVISORS LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 S EOLA DR
#200

City ORLANDO State FL Zip Code 32801-6603

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2018

Transaction ID : SA11A.173

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

TOTAL This Period (last page this line number only)..... ▶

**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 48 OF 91
	<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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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. MAPILI CPAS, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2471 ALOMA AVE #101
 City WINTER PARK State FL Zip Code 32792-2541
 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 ▼ 1000.00

Date of Receipt 01 / 10 / 2018
Transaction ID : SA11A.163
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. MARCHENA & GRAHAM PA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 976 LAKE BALDWIN LANE SUITE 101
 City ORLANDO State FL Zip Code 32814-6687
 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 ▼ 1000.00

Date of Receipt 01 / 10 / 2018
Transaction ID : SA11A.164
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

C. MCNA HEALTHCARE HOLDINGS, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 W CYPRESS CREEK RD, STE 500
 City FT LAUDERDALE State FL Zip Code 33309-2338
 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 ▼ 50000.00

Date of Receipt 02 / 15 / 2018
Transaction ID : SA11A.197
 Amount of Each Receipt this Period 50000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	52000.00
TOTAL This Period (last page this line number only).....	

**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 49 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. MEARS DESTINATION SERVICES, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3227

City ORLANDO	State FL	Zip Code 32802-3227
-----------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		10		2018

Transaction ID : SA11A.162

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. MOSS & ASSOCIATES LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2101 NORTH ANDREWS AVE

City FT. LAUDERDALE	State FL	Zip Code 33311-3946
------------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		10		2018

Transaction ID : SA11A.161

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. PENSACOLA BEACH RV RESORT LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 VIA DELUNA DR

City PENSACOLA BEACH	State FL	Zip Code 32561-2088
-------------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2018

Transaction ID : SA11A.2065

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

**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 50 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. PRUITTHEALTH

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1626 JEURGENS COURT

City NORCROSS	State GA	Zip Code 30093-2219
------------------	-------------	------------------------

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 ▼
15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : SA11A.2042

Amount of Each Receipt this Period
15000.00

Memo Item
CONTRIBUTION

B. RAI SERVICES COMPANY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 464

City WINSTON SALEM	State NC	Zip Code 27102-0464
-----------------------	-------------	------------------------

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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2018

Transaction ID : SA11A.1797

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

C. RSA CONSULTING GROUP, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 235 W. BRANDON BLVD.
STE 640

City BRANDON	State FL	Zip Code 33511-5103
-----------------	-------------	------------------------

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 ▼
3874.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2018

Transaction ID : SA11A.184

Amount of Each Receipt this Period
3874.43

Memo Item
IN-KIND CONTRIBUTION - FOOD/BEVERAGE

SUBTOTAL of Receipts This Page (optional).....	43874.43
TOTAL This Period (last page this line number only).....	

**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 51 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. S. & L MATERIALS, INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 SOUTH HOAGLAND BLVD

City KISSIMMEE	State FL	Zip Code 34741-4534
-------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	10	/	2018

Transaction ID : SA11A.165

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. SLEEPY CREEK LANDS, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15045 NW 141ST COURT

City WILLISTON	State FL	Zip Code 32696-7446
-------------------	-------------	------------------------

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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

Transaction ID : SA11A.2071

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

C. SPENCER FIELD LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 INDUSTRIAL COURT

City PENSACOLA	State FL	Zip Code 32505-1900
-------------------	-------------	------------------------

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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : SA11A.2232

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	28000.00
TOTAL This Period (last page this line number only).....	

**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 52 OF 91
	<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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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. THE LEWIS BEAR COMPANY
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6120 ENTERPRISE DR.
 City PENSACOLA State FL Zip Code 32505-1858
 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 ▼ 50000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : SA11A.2053
 Amount of Each Receipt this Period
 50000.00
 Memo Item
CONTRIBUTION

B. WINDHAVEN INSURANCE COMPANY
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8550 NW 33RD ST STE 400
 City DORAL State FL Zip Code 33122-1941
 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 ▼ 25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2018
Transaction ID : SA11A.1788
 Amount of Each Receipt this Period
 25000.00
 Memo Item
CONTRIBUTION

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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75000.00
TOTAL This Period (last page this line number only).....	1200713.68

**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 53 OF 91
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MITSUBISHI GROUP COMPANIES PAC

Mailing Address 1025 CONNECTICUT AVE NW
SUITE 1204

City WASHINGTON State DC Zip Code 20036-5449

FEC ID number of contributing federal political committee. **C** C00565309

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2018

Transaction ID : SA11C.160

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. 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
MM / DD / YYYY

Amount of Each Receipt this Period

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**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 54 OF 91
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. GOOD IDEAS FOR GOVERNMENT POLITICAL COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO DRAWER 13207

City PENSACOLA	State FL	Zip Code 32591-3207
-------------------	-------------	------------------------

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 ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : SA11C.2070

Amount of Each Receipt this Period
50000.00

Memo Item
NON-FEDERAL PAC CONTRIBUTION

B.

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

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).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	50000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. MERRILL, J., COLLIER, ,

Full Name (Last, First, Middle Initial)

Mailing Address 600 S BARRACKS ST

City PENSACOLA State FL Zip Code 32502

Purpose of Disbursement IN-KIND OFFSET

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C

Transaction ID : 1080

Amount of Each Disbursement this Period: 4562.43

Memo Item

B. WALKER, AVERY, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1228 INDEPENDENCE AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C

Transaction ID : 1040

Amount of Each Disbursement this Period: 1642.47

Memo Item

C. ADVANTAGE DIRECT

Full Name (Last, First, Middle Initial)

Mailing Address 2300 CLARENDON BLVD, STE 303

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement PHONE SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2018

FEC Identification Number: C

Transaction ID : 1051

Amount of Each Disbursement this Period: 150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6354.90

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 24 / 2018

FEC Identification Number: C

Transaction ID : 1015

Amount of Each Disbursement this Period: 1.28

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 25 / 2018

FEC Identification Number: C

Transaction ID : 1016

Amount of Each Disbursement this Period: 6.45

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 28 / 2018

FEC Identification Number: C

Transaction ID : 1017

Amount of Each Disbursement this Period: 2.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9.98

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)
A. ANEDOT

Date of Disbursement: MM / DD / YYYY
02 / 18 / 2018

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: CREDIT CARD PROCESSING FEE

Candidate Name: _____

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : 1019
Amount of Each Disbursement this Period: 1.78

Memo Item

Full Name (Last, First, Middle Initial)
B. ANEDOT

Date of Disbursement: MM / DD / YYYY
02 / 26 / 2018

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: CREDIT CARD PROCESSING FEE

Candidate Name: _____

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : 1020
Amount of Each Disbursement this Period: 2.25

Memo Item

Full Name (Last, First, Middle Initial)
C. ANEDOT

Date of Disbursement: MM / DD / YYYY
02 / 28 / 2018

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: CREDIT CARD PROCESSING FEE

Candidate Name: _____

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : 1021
Amount of Each Disbursement this Period: 0.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4.53

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	8

FEC Identification Number

C []

Transaction ID : 1023

Amount of Each Disbursement this Period

[] 585.60

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	8

FEC Identification Number

C []

Transaction ID : 1024

Amount of Each Disbursement this Period

[] 117.30

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	8

FEC Identification Number

C []

Transaction ID : 1025

Amount of Each Disbursement this Period

[] 1.78

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 704.68

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 1026

Amount of Each Disbursement this Period

[REDACTED] 585.30

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 1027

Amount of Each Disbursement this Period

[REDACTED] 780.60

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 1028

Amount of Each Disbursement this Period

[REDACTED] 3.53

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 1369.43

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)
A. ANEDOT

Date of Disbursement: MM / DD / YYYY
03 / 30 / 2018

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: CREDIT CARD PROCESSING FEE

Candidate Name: _____

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : 1029
Amount of Each Disbursement this Period: 10.05

Memo Item

Full Name (Last, First, Middle Initial)
B. ASG CONSULTING GROUP, LLC

Date of Disbursement: MM / DD / YYYY
02 / 01 / 2018

Mailing Address 235 W. BRANDON BLVD. STE 640

City: BRANDON State: FL Zip Code: 33511

Purpose of Disbursement: IN-KIND OFFSET

Candidate Name: _____

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : 1079
Amount of Each Disbursement this Period: 3576.82

Memo Item

Full Name (Last, First, Middle Initial)
C. CALVARY STRATEGIES, LLC

Date of Disbursement: MM / DD / YYYY
01 / 27 / 2018

Mailing Address 204 S. MONROE ST. SUITE 201

City: TALLAHASSEE State: FL Zip Code: 32301

Purpose of Disbursement: POLITICAL STRATEGY CONSULTING

Candidate Name: _____

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : 1052
Amount of Each Disbursement this Period: 10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 13586.87

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. CALVARY STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018	
Mailing Address 204 S. MONROE ST. SUITE 201		FEC Identification Number C [] Transaction ID : 1054 Amount of Each Disbursement this Period [] 10000.00	
City TALLAHASSEE	State FL	Zip Code 32301	Category/ Type []
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. CALVARY STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 01 / 27 / 2018	
Mailing Address 204 S. MONROE ST. SUITE 201		FEC Identification Number C [] Transaction ID : 1070 Amount of Each Disbursement this Period [] 695.20	
City TALLAHASSEE	State FL	Zip Code 32301	Category/ Type []
Purpose of Disbursement TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. CAPITOL HILL LISTS		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018	
Mailing Address 1668 RAMBLING RILL DR		FEC Identification Number C [] Transaction ID : 1044 Amount of Each Disbursement this Period [] 6022.43	
City STATHAM	State GA	Zip Code 30666	Category/ Type []
Purpose of Disbursement LIST RENTAL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶

16717.63

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. CAPITOL HILL LISTS		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018
Mailing Address 1668 RAMBLING RILL DR		FEC Identification Number C [] Transaction ID : 1057 Amount of Each Disbursement this Period [] 13571.48
City STATHAM	State GA	Zip Code 30666
Purpose of Disbursement POSTAGE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CAPITOL HILL LISTS		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018
Mailing Address 1668 RAMBLING RILL DR		FEC Identification Number C [] Transaction ID : 1058 Amount of Each Disbursement this Period [] 3837.41
City STATHAM	State GA	Zip Code 30666
Purpose of Disbursement POSTAGE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CAPITOL HILL LISTS		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018
Mailing Address 1668 RAMBLING RILL DR		FEC Identification Number C [] Transaction ID : 1059 Amount of Each Disbursement this Period [] 20.30
City STATHAM	State GA	Zip Code 30666
Purpose of Disbursement POSTAGE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 17429.19
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1001 Amount of Each Disbursement this Period [] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type []
Purpose of Disbursement BANK FEES		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1004 Amount of Each Disbursement this Period [] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type []
Purpose of Disbursement BANK FEES		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement MM / DD / YYYY 01 / 15 / 2018	
Mailing Address 1593 SPRING HILL RD, STE 400		FEC Identification Number C [] Transaction ID : 1033 Amount of Each Disbursement this Period [] 1500.00	
City TYSONS CORNER	State VA	Zip Code 22182	Category/ Type []
Purpose of Disbursement DATABASE MANAGEMENT		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1540.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2018

FEC Identification Number: C

Transaction ID : 1034

Amount of Each Disbursement this Period: 1500.00

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 16 / 2018

FEC Identification Number: C

Transaction ID : 1035

Amount of Each Disbursement this Period: 1500.00

Memo Item

C. CROSBY OTTENHOFF GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE SE #267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 15 / 2018

FEC Identification Number: C

Transaction ID : 1005

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. CROSBY OTTENHOFF GROUP		Date of Disbursement MM / DD / YYYY 02 / 06 / 2018
Mailing Address 611 PENNSYLVANIA AVE SE #267		FEC Identification Number C [] Transaction ID : 1006 Amount of Each Disbursement this Period [] 26.95
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. CROSBY OTTENHOFF GROUP		Date of Disbursement MM / DD / YYYY 02 / 06 / 2018
Mailing Address 611 PENNSYLVANIA AVE SE #267		FEC Identification Number C [] Transaction ID : 1007 Amount of Each Disbursement this Period [] 1500.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. CROSBY OTTENHOFF GROUP		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018
Mailing Address 611 PENNSYLVANIA AVE SE #267		FEC Identification Number C [] Transaction ID : 1008 Amount of Each Disbursement this Period [] 1500.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3026.95
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. DELUXE BUSINESS SYSTEMS

Full Name (Last, First, Middle Initial)

Mailing Address 3680 VICTORIA ST NORTH

City SHOREVIEW State MN Zip Code 55126

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 12 / 2018

FEC Identification Number: C

Transaction ID : 1062

Amount of Each Disbursement this Period: 83.20

Memo Item

B. DIRECT MAIL PROCESSORS, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 1150 CONRAD CT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement MAIL PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2018

FEC Identification Number: C

Transaction ID : 1045

Amount of Each Disbursement this Period: 1320.00

Memo Item

C. DIRECT MAIL PROCESSORS, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 1150 CONRAD CT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement MAIL PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2018

FEC Identification Number: C

Transaction ID : 1046

Amount of Each Disbursement this Period: 650.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2053.20

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL PROCESSORS, INC.

Mailing Address 1150 CONRAD CT

City
HAGERSTOWN

State
MD

Zip Code
21740

Purpose of Disbursement
MAIL PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	8		

FEC Identification Number

C []

Transaction ID : 1047

Amount of Each Disbursement this Period

[] 582.13

Memo Item

Full Name (Last, First, Middle Initial)

B. DIRECT MAIL PROCESSORS, INC.

Mailing Address 1150 CONRAD CT

City
HAGERSTOWN

State
MD

Zip Code
21740

Purpose of Disbursement
MAIL PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	8		

FEC Identification Number

C []

Transaction ID : 1048

Amount of Each Disbursement this Period

[] 1040.74

Memo Item

Full Name (Last, First, Middle Initial)

C. DIRECT MAIL PROCESSORS, INC.

Mailing Address 1150 CONRAD CT

City
HAGERSTOWN

State
MD

Zip Code
21740

Purpose of Disbursement
MAIL PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	8		

FEC Identification Number

C []

Transaction ID : 1049

Amount of Each Disbursement this Period

[] 495.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 2118.52

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)
A. DIRECT MAIL PROCESSORS, INC.

Date of Disbursement: MM / DD / YYYY
03 / 29 / 2018

Mailing Address 1150 CONRAD CT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement: MAIL PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : 1050
Amount of Each Disbursement this Period: 491.10

Memo Item

Full Name (Last, First, Middle Initial)
B. DRUCKER LAWHON

Date of Disbursement: MM / DD / YYYY
03 / 21 / 2018

Mailing Address 2647 JACKSON DRIVE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement: FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : 1039
Amount of Each Disbursement this Period: 10000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. DRUCKER LAWHON

Date of Disbursement: MM / DD / YYYY
02 / 11 / 2018

Mailing Address 2647 JACKSON DRIVE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement: TRAVEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : 1071
Amount of Each Disbursement this Period: 5231.68

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15722.78

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. DRUCKER LAWHON			Date of Disbursement MM / DD / YYYY 02 / 17 / 2018	
Mailing Address 2647 JACKSON DRIVE				
City FALLS CHURCH	State VA	Zip Code 22043		
Purpose of Disbursement TRAVEL / FACILITY RENTAL / CATERING			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEC Identification Number C [] Transaction ID : 1072 Amount of Each Disbursement this Period [] 2216.41 <input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) B. DRUCKER LAWHON			Date of Disbursement MM / DD / YYYY 03 / 21 / 2018	
Mailing Address 2647 JACKSON DRIVE				
City FALLS CHURCH	State VA	Zip Code 22043		
Purpose of Disbursement TRAVEL / FACILITY RENTAL / CATERING / FOOD/BEVERAGE			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEC Identification Number C [] Transaction ID : 1073 Amount of Each Disbursement this Period [] 18955.46 <input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) C. DRUCKER LAWHON			Date of Disbursement MM / DD / YYYY 03 / 21 / 2018	
Mailing Address 2647 JACKSON DRIVE				
City FALLS CHURCH	State VA	Zip Code 22043		
Purpose of Disbursement TRAVEL / FACILITY RENTAL / CATERING / FOOD/BEVERAGE			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEC Identification Number C [] Transaction ID : 1074 Amount of Each Disbursement this Period [] 8249.99 <input type="checkbox"/> Memo Item	
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 29421.86	
TOTAL This Period (last page this line number only)..... ▶			[]	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. ELAVON		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018
Mailing Address 2 CONCOURSE PKWY, STE 800		FEC Identification Number C [] Transaction ID : 1010 Amount of Each Disbursement this Period [] 238.51
City ATLANTA	State GA	Zip Code 30328
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ELAVON		Date of Disbursement MM / DD / YYYY 02 / 02 / 2018
Mailing Address 2 CONCOURSE PKWY, STE 800		FEC Identification Number C [] Transaction ID : 1018 Amount of Each Disbursement this Period [] 289.99
City ATLANTA	State GA	Zip Code 30328
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ELAVON		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018
Mailing Address 2 CONCOURSE PKWY, STE 800		FEC Identification Number C [] Transaction ID : 1022 Amount of Each Disbursement this Period [] 165.93
City ATLANTA	State GA	Zip Code 30328
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 694.43
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. GRASSROOTS TARGETING		Date of Disbursement MM / DD / YYYY 02 / 19 / 2018
Mailing Address 707 PRINCE ST		FEC Identification Number C Transaction ID : 1053 Amount of Each Disbursement this Period 10000.00
City ALEXANDRIA	State VA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GRASSROOTS TARGETING		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018
Mailing Address 707 PRINCE ST		FEC Identification Number C Transaction ID : 1055 Amount of Each Disbursement this Period 10000.00
City ALEXANDRIA	State VA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HOLTZMAN VOGEL		Date of Disbursement MM / DD / YYYY 02 / 19 / 2018
Mailing Address 45 NORTH HILL DRIVE, STE 100		FEC Identification Number C Transaction ID : 1043 Amount of Each Disbursement this Period 3750.00
City WARRENTON	State VA	
Purpose of Disbursement LEGAL CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	23750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. INTEGRATED WEB STRATEGY

Mailing Address 5330 N. 12TH STREET

City PHOENIX State AZ Zip Code 85014

Purpose of Disbursement
WEBSITE BUILD

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 29 / 2018

FEC Identification Number

C []

Transaction ID : 1077

Amount of Each Disbursement this Period

[] 10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCLAUGHLIN & ASSOCIATES, INC.

Mailing Address 566 S. ROUTE 303

City BLAUVELT State NY Zip Code 10913

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 14 / 2018

FEC Identification Number

C []

Transaction ID : 1069

Amount of Each Disbursement this Period

[] 51400.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ONMESSAGE, INC.

Mailing Address 705 MELVIN AVE #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
FACILITY RENTAL / CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 17 / 2018

FEC Identification Number

C []

Transaction ID : 1036

Amount of Each Disbursement this Period

[] 16541.78

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 77941.78

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. RED EAGLE MEDIA GROUP		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018
Mailing Address 815 SLATERS LANE		FEC Identification Number C [] Transaction ID : 1075 Amount of Each Disbursement this Period [] 10000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement WEB ADVERTISING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RED EAGLE MEDIA GROUP		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018
Mailing Address 815 SLATERS LANE		FEC Identification Number C [] Transaction ID : 1076 Amount of Each Disbursement this Period [] 10000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement WEB ADVERTISING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RESPONSE AMERICA, LLC		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018
Mailing Address 1668 RAMBLING RILL DR		FEC Identification Number C [] Transaction ID : 1061 Amount of Each Disbursement this Period [] 4419.83
City STATHAM	State GA	Zip Code 30666
Purpose of Disbursement PRINTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

24419.83

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. RESPONSE AMERICA, LLC		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018
Mailing Address 1668 RAMBLING RILL DR		FEC Identification Number C [REDACTED] Transaction ID : 1064 Amount of Each Disbursement this Period [REDACTED] 4649.59
City STATHAM	State GA	Zip Code 30666
Purpose of Disbursement PRINTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RSA CONSULTING GROUP, LLC		Date of Disbursement MM / DD / YYYY 02 / 01 / 2018
Mailing Address 235 W. BRANDON BLVD. STE 640		FEC Identification Number C [REDACTED] Transaction ID : 1078 Amount of Each Disbursement this Period [REDACTED] 3874.43
City BRANDON	State FL	Zip Code 33511
Purpose of Disbursement IN-KIND OFFSET		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SRCP MEDIA		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018
Mailing Address 201 N. UNION ST., SUITE 200		FEC Identification Number C [REDACTED] Transaction ID : 1056 Amount of Each Disbursement this Period [REDACTED] 5000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 13524.02

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. TAG REAL ESTATE HOLDINGS, LLC		Date of Disbursement MM / DD / YYYY 01 / 10 / 2018
Mailing Address 204 S MONROE ST, STE A		FEC Identification Number C [] Transaction ID : 1065 Amount of Each Disbursement this Period [] 1726.87
City TALLAHASSEE	State FL	Zip Code 32301
Purpose of Disbursement RENT		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TAG REAL ESTATE HOLDINGS, LLC		Date of Disbursement MM / DD / YYYY 02 / 06 / 2018
Mailing Address 204 S MONROE ST, STE A		FEC Identification Number C [] Transaction ID : 1066 Amount of Each Disbursement this Period [] 1726.87
City TALLAHASSEE	State FL	Zip Code 32301
Purpose of Disbursement RENT		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TAG REAL ESTATE HOLDINGS, LLC		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018
Mailing Address 204 S MONROE ST, STE A		FEC Identification Number C [] Transaction ID : 1067 Amount of Each Disbursement this Period [] 1726.87
City TALLAHASSEE	State FL	Zip Code 32301
Purpose of Disbursement RENT		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 5180.61
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. TAG REAL ESTATE HOLDINGS, LLC

Mailing Address 204 S MONROE ST, STE A

City
TALLAHASSEE

State
FL

Zip Code
32301

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 1068

Amount of Each Disbursement this Period

[REDACTED] 1726.87

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED BANK

Mailing Address 500 VIRGINIA ST E

City
CHARLESTON

State
WV

Zip Code
25322

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 1000

Amount of Each Disbursement this Period

[REDACTED] 46.76

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED BANK

Mailing Address 500 VIRGINIA ST E

City
CHARLESTON

State
WV

Zip Code
25322

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 1002

Amount of Each Disbursement this Period

[REDACTED] 50.68

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1824.31

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)
A. UNITED BANK

Date of Disbursement
MM / DD / YYYY
03 / 14 / 2018

Mailing Address 500 VIRGINIA ST E

City CHARLESTON State WV Zip Code 25322

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : 1003
Amount of Each Disbursement this Period
31.96

Memo Item

Full Name (Last, First, Middle Initial)
B. VISUAL IMPACT DESIGN

Date of Disbursement
MM / DD / YYYY
01 / 05 / 2018

Mailing Address 1668 RAMBLING RILL DR

City STATHAM State GA Zip Code 30666

Purpose of Disbursement GRAPHIC DESIGN SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : 1041
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. VISUAL IMPACT DESIGN

Date of Disbursement
MM / DD / YYYY
03 / 29 / 2018

Mailing Address 1668 RAMBLING RILL DR

City STATHAM State GA Zip Code 30666

Purpose of Disbursement GRAPHIC DESIGN SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : 1042
Amount of Each Disbursement this Period
500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1031.96

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. WINRIGHT DATA COMPANY, LLC		Date of Disbursement MM / DD / YYYY 01 / 03 / 2018
Mailing Address 3306 NW 10TH ST		FEC Identification Number C [] Transaction ID : 1030 Amount of Each Disbursement this Period [] 833.17
City CAPE CORAL	State FL	Zip Code 33993
Purpose of Disbursement DATA SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRIGHT DATA COMPANY, LLC		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018
Mailing Address 3306 NW 10TH ST		FEC Identification Number C [] Transaction ID : 1031 Amount of Each Disbursement this Period [] 872.80
City CAPE CORAL	State FL	Zip Code 33993
Purpose of Disbursement DATA SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WINRIGHT DATA COMPANY, LLC		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018
Mailing Address 3306 NW 10TH ST		FEC Identification Number C [] Transaction ID : 1032 Amount of Each Disbursement this Period [] 58.00
City CAPE CORAL	State FL	Zip Code 33993
Purpose of Disbursement DATA SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1763.97
TOTAL This Period (last page this line number only).....▶	[] 295698.30

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4494**
NEW REPUBLICAN PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) Castellanos, Alejandro, , ,			<input checked="" type="checkbox"/> N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 399 North Quaker Lane				
City Alexandria	State VA	ZIP Code 22304		

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM / DD / YYYY 02 / 03 / 2015	Date Due MM / DD / YYYY 12 / 31 / 2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	20000.00
TOTALS This Period (last page in this line only)	▶	20000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 83 OF 91
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): PRINTING BOOKLETS
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 18012.93	Transaction ID : SD10.4612	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18012.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 3769.58	Transaction ID : SD10.4614	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3769.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 2248.68	Transaction ID : SD10.4621	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2248.68

1) SUBTOTALS This Period This Page (optional)..... ▶	24031.19
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 84 OF 91
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC		Nature of Debt (Purpose): BOOKLET PRINTING	
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="2117.29"/>	Transaction ID : SD10.4622	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2117.29"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC		Nature of Debt (Purpose): PRINTING - ADVERTISING/MARKETING BOOKLET	
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="904.12"/>	Transaction ID : SD10.4641	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="904.12"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC		Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="2640.03"/>	Transaction ID : SD10.4642	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2640.03"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5661.44"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 85 OF 91
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): MARKETING BOOKS
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 1352.72	Transaction ID : SD10.4651	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1352.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 2377.72	Transaction ID : SD10.4650	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2377.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING - JANUARY
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 20833.34	Transaction ID : SD10.4679	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20833.34

1) SUBTOTALS This Period This Page (optional)..... ▶	24563.78
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 86 OF 91
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING FEBRUARY
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="20833.34"/>	Transaction ID : SD10.4682	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20833.34"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="1667.73"/>	Transaction ID : SD10.4683	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1667.73"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING MARCH 2016
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="20833.34"/>	Transaction ID : SD10.4693	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20833.34"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="43334.41"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 87 OF 91
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC		Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="610.66"/>	Transaction ID : SD10.4694	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="610.66"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC		Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING APRIL 2016	
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="20833.34"/>	Transaction ID : SD10.4695	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20833.34"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC		Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="602.16"/>	Transaction ID : SD10.4696	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="602.16"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="22046.16"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 88 OF 91
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING - MAY 2016
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 20833.34	Transaction ID : SD10.4717	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20833.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 341.96	Transaction ID : SD10.4718	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 341.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): SHIPPING EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 123.76	Transaction ID : SD10.4728	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 123.76

1) SUBTOTALS This Period This Page (optional)..... ▶	21299.06
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 89 OF 91
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="2198.24"/>	Transaction ID : SD10.4729	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2198.24"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): STRATEGIC CONSULTING
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="20833.34"/>	Transaction ID : SD10.4730	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20833.34"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): SHIPPING AND NEW REPUBLICAN MERCHANDISE
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="4420.95"/>	Transaction ID : SD10.4752	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4420.95"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="27452.53"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 90 OF 91
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): SHIPPING/MARKETING
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="775.15"/>	Transaction ID : SD10.4750	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="775.15"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): SHIPPING EXPENSE
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="155.00"/>	Transaction ID : SD10.4761	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="155.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): PRINTING
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="2433.70"/>	Transaction ID : SD10.4809	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2433.70"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3363.85"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 91 OF 91
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VERIZON			Nature of Debt (Purpose): PHONE
Mailing Address PO BOX 660720			
City DALLAS	State TX	Zip Code 75266-0720	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4814	
522.21			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	522.21	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	171752.42
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	20000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	191752.42