24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NEW REPUBLICAN PAC	
	C C00544544
Check if 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
MATSON MEDIA LLC	05 14 2018
Mailing Address 1201 HAMPTON STREET	
SUITE 3B	Amount
City State Zip Code	821148.85
COLUMBIA SC 29201	Transaction ID: 1083 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT Category/ Type	05 09 / Y 2018
Name of Federal Candidate Support Office	e Sought: House District:
NELSON, BILL, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	orsement For: Primary ✓ General Other (specify) ✓
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Galorida Tod To Bato	ursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	821148.85
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	821148.85
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	05 16 2018
Signature	