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

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NEW REPUBLICAN PAC	
	C C00544544
Check if X 24-hour report 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee MATSON MEDIA LLC	Date of Public Distribution/Dissemination
	10 26 2018
Mailing Address 1201 HAMPTON STREET	Amount
SUITE 3B	575000.00
City State Zip Code COLUMBIA SC 29201	575000.00 Transaction ID : SE.1 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT Category/ Type	10 26 / Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
NELSON, BILL, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disk 20683603.18	oursement For: Primary General Other (specify)
Full Name of Payee MATSON MEDIA LLC	Date of Public Distribution/Dissemination
Mailing Address 1201 HAMPTON STREET	10 26 2018
SUITE 3B	Amount
City State Zip Code	134000.00
COLUMBIA SC 29201	Transaction ID : SE.2 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT Category/ Type	10 26 7 2018
Name of Federal Candidate Support Office	ce Sought: House District:
NELSON, BILL, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Dist 20683603.18	oursement For: Primary
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	709000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me 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.	
	10 27 2018
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	JENT EXILITE	TIONES		PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
NEW REPUBLICAN PAC			C	C00544544
Check if 24-hour report 48-hour repor	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee MATSON MEDIA LLC			M = M	
Mailing Address 1201 HAMPTON STREET			10 Amount	26 2018
SUITE 3B				
City	State Zip Code			202809.30
COLUMBIA	SC 29201			on ID: SE.3 isbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	10	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
NELSON, BILL, , ,		X Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		20683603.18	Disbursement Fo 2018 Other	r: Primary X General (specify) ▶
Full Name of Payee SRCP MEDIA			Date of P	ublic Distribution/Dissemination
Mailing Address 201 N UNION ST			10	26 2018
SUITE 200			Amount	
City	State	Zip Code		5696.00
ALEXANDRIA	VA	22314	Transactio Date of D	n ID : SE.4 isbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	10	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
NELSON, BILL, , ,		X Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	.,.,	20683603.18	Disbursement Fo	r: Primary General (specify)
(a) SUBTOTAL of Itemized Independent Exper	nditures		• • • • • • • • • • • • • • • • • • •	208505.30
(b) SUBTOTAL of Unitemized Independent Ex	penditures			7 1 7 1 7 1
			· L	7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1
(c) TOTAL Independent Expenditures			•	917505.30
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
DOZIER, JULIE, , ,	[Electron	nically Filed] Date		2018
Signature				