

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NEW REPUBLICAN PAC

ADDRESS (number and street) 204 S MONROE ST. SUITE 201-A

Check if different than previously reported. (ACC) TALLAHASSEE FL 32301

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00544544

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Collins, Gentry, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Collins, Gentry, , ,* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

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="2021"/>	<input type="text" value="225884.49"/>	<input type="text" value="225884.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="225884.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1.50"/>	<input type="text" value="1.50"/>
(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="225885.99"/>	<input type="text" value="225885.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="51393.01"/>	<input type="text" value="51393.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="174492.98"/>	<input type="text" value="174492.98"/>
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="40833.34"/>	

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).....	0.00	0.00
(ii) Unitemized	1.50	1.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1.50	1.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1.50	1.50
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.).....	0.00	0.00
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)).....▶	1.50	1.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1.50	1.50

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	3873.01	3873.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3873.01	3873.01
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).....	47520.00	47520.00
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)) ..	51393.01	51393.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51393.01	51393.01

DETAILED SUMMARY PAGE
of Disbursements

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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)	1.50	1.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1.50	1.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3873.01	3873.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3873.01	3873.01

**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. HOLTZMAN VOGEL		Date of Disbursement MM / DD / YYYY 02 / 16 / 2021
Mailing Address 45 NORTH HILL DRIVE STE 100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4353 Amount of Each Disbursement this Period 2660.00
City WARRENTON	State VA	Zip Code 20186
Purpose of Disbursement LEGAL CONSULTING		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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. HOLTZMAN VOGEL		Date of Disbursement MM / DD / YYYY 02 / 16 / 2021
Mailing Address 45 NORTH HILL DRIVE STE 100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4354 Amount of Each Disbursement this Period 962.50
City WARRENTON	State VA	Zip Code 20186
Purpose of Disbursement LEGAL CONSULTING		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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 / 16 / 2021
Mailing Address 45 NORTH HILL DRIVE STE 100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4355 Amount of Each Disbursement this Period 250.00
City WARRENTON	State VA	Zip Code 20186
Purpose of Disbursement LEGAL CONSULTING		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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).....▶	3872.50
TOTAL This Period (last page this line number only).....▶	3872.50

**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 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 checked="" 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

A. OnMessage Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 705 Melvin Ave
105

City Annapolis State MD Zip Code 21401

Purpose of Disbursement SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 19 / 2021

FEC Identification Number: C

Transaction ID : SB29.4349

Amount of Each Disbursement this Period: 47470.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	47470.00
TOTAL This Period (last page this line number only).....▶	47470.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC	Transaction ID : SC/10.4251
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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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YYYY 02 / 03 / 2015	MM / DD / YYYY 12/31/2015	0.00 % (apr)	<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 9 OF 10
	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 HOLTZMAN VOGEL			Nature of Debt (Purpose): LEGAL
Mailing Address 45 NORTH HILL DRIVE STE 100			
City WARRENTON	State VA	Zip Code 20186	

Outstanding Balance Beginning This Period <input type="text" value="2660.00"/>	Transaction ID : SD10.4342	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2660.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLTZMAN VOGEL			Nature of Debt (Purpose): LEGAL
Mailing Address 45 NORTH HILL DRIVE STE 100			
City WARRENTON	State VA	Zip Code 20186	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4351	
Amount Incurred This Period <input type="text" value="962.50"/>	Payment This Period <input type="text" value="962.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLTZMAN VOGEL			Nature of Debt (Purpose): LEGAL
Mailing Address 45 NORTH HILL DRIVE STE 100			
City WARRENTON	State VA	Zip Code 20186	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4352	
Amount Incurred This Period <input type="text" value="250.00"/>	Payment This Period <input type="text" value="250.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
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 10 OF 10
	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): 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 : SD10.4241	
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 OnMessage Inc.			Nature of Debt (Purpose): SURVEY RESEARCH
Mailing Address 705 Melvin Ave # 105			
City Annapolis	State MD	Zip Code 21401	

Outstanding Balance Beginning This Period <input type="text" value="47470.00"/>	Transaction ID : SD10.4347	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="47470.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="20833.34"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="20833.34"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="20000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="40833.34"/>