

# 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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2020 through  /  /  2020

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  /  /  2020

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

**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="2020"/>		169317.44
(b) Cash on Hand at Beginning of Reporting Period.....	169317.44	
(c) Total Receipts (from Line 19) .....	75.00	75.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	169392.44	169392.44
7. Total Disbursements (from Line 31).....	159135.42	159135.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	10257.02	10257.02
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	41050.84	

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

FEC Form 3X (Rev. 05/2016)

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 .....	75.00	75.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	75.00	75.00
(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) .....	75.00	75.00
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)).....▶	75.00	75.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	75.00	75.00

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
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).....	159135.42	159135.42
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)) ..	159135.42	159135.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	159135.42	159135.42

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	75.00	75.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	75.00	75.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 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. HOLTZMAN VOGEL**

Full Name (Last, First, Middle Initial)

Mailing Address 45 NORTH HILL DRIVE  
STE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 07 / 2020

FEC Identification Number: C [REDACTED]  
Transaction ID : SB29.4319  
Amount of Each Disbursement this Period: 1428.75

Memo Item

**B. HOLTZMAN VOGEL**

Full Name (Last, First, Middle Initial)

Mailing Address 45 NORTH HILL DRIVE  
STE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 07 / 2020

FEC Identification Number: C [REDACTED]  
Transaction ID : SB29.4320  
Amount of Each Disbursement this Period: 3131.25

Memo Item

**C. HOLTZMAN VOGEL**

Full Name (Last, First, Middle Initial)

Mailing Address 45 NORTH HILL DRIVE  
STE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 07 / 2020

FEC Identification Number: C [REDACTED]  
Transaction ID : SB29.4321  
Amount of Each Disbursement this Period: 1676.25

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6236.25

**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 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

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NAME OF COMMITTEE (In Full)  
**NEW REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. HOLTZMAN VOGEL</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2020
Mailing Address 45 NORTH HILL DRIVE STE 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4322</b> Amount of Each Disbursement this Period 1976.25
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>B. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4291</b> Amount of Each Disbursement this Period 18012.93
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement PRINTING BOOKLETS	Category/Type 004	
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>C. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4292</b> Amount of Each Disbursement this Period 3769.58
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement TRAVEL EXPENSES	Category/Type 002	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	23758.76
<b>TOTAL</b> 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 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

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NAME OF COMMITTEE (In Full)  
**NEW REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4293</b> Amount of Each Disbursement this Period [REDACTED] 2248.68
City ALEXANDRIA	State VA	
Purpose of Disbursement TRAVEL EXPENSES	Zip Code 22314	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 002	
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>B. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4294</b> Amount of Each Disbursement this Period [REDACTED] 2117.29
City ALEXANDRIA	State VA	
Purpose of Disbursement BOOKLET PRINTING	Zip Code 22314	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 004	
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>C. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4295</b> Amount of Each Disbursement this Period [REDACTED] 904.12
City ALEXANDRIA	State VA	
Purpose of Disbursement PRINTING - ADVERTISING/MARKETING BOOKLET	Zip Code 22314	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 004	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5270.09
<b>TOTAL</b> 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 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

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NAME OF COMMITTEE (In Full)  
**NEW REPUBLICAN PAC**

**A. NEW REPUBLICAN, LLC**

Full Name (Last, First, Middle Initial)  
NEW REPUBLICAN, LLC

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement TRAVEL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 24 / 2020

FEC Identification Number: C

Transaction ID : SB29.4296

Amount of Each Disbursement this Period: 2640.03

Memo Item

**B. NEW REPUBLICAN, LLC**

Full Name (Last, First, Middle Initial)  
NEW REPUBLICAN, LLC

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement MARKETING BOOKS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 24 / 2020

FEC Identification Number: C

Transaction ID : SB29.4298

Amount of Each Disbursement this Period: 1352.72

Memo Item

**C. NEW REPUBLICAN, LLC**

Full Name (Last, First, Middle Initial)  
NEW REPUBLICAN, LLC

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement TRAVEL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 24 / 2020

FEC Identification Number: C

Transaction ID : SB29.4299

Amount of Each Disbursement this Period: 2377.72

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6370.47

**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 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

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NAME OF COMMITTEE (In Full)  
**NEW REPUBLICAN PAC**

**A. NEW REPUBLICAN, LLC**

Full Name (Last, First, Middle Initial)  
NEW REPUBLICAN, LLC

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: 001

Date of Disbursement: 03 / 24 / 2020

FEC Identification Number: C

Transaction ID : SB29.4300

Amount of Each Disbursement this Period: 20833.34

Memo Item

**B. NEW REPUBLICAN, LLC**

Full Name (Last, First, Middle Initial)  
NEW REPUBLICAN, LLC

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: 001

Date of Disbursement: 03 / 24 / 2020

FEC Identification Number: C

Transaction ID : SB29.4301

Amount of Each Disbursement this Period: 20833.34

Memo Item

**C. NEW REPUBLICAN, LLC**

Full Name (Last, First, Middle Initial)  
NEW REPUBLICAN, LLC

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement TRAVEL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: 002

Date of Disbursement: 03 / 24 / 2020

FEC Identification Number: C

Transaction ID : SB29.4302

Amount of Each Disbursement this Period: 1667.73

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 43334.41

**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 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

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NAME OF COMMITTEE (In Full)  
**NEW REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020	
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4303</b> Amount of Each Disbursement this Period [REDACTED] 20833.34	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type 001
Purpose of Disbursement ADMINISTRATIVE 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>B. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020	
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4304</b> Amount of Each Disbursement this Period [REDACTED] 610.66	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type 002
Purpose of Disbursement TRAVEL EXPENSES		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>C. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020	
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4305</b> Amount of Each Disbursement this Period [REDACTED] 20833.34	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type 001
Purpose of Disbursement ADMINISTRATIVE 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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 42277.34
<b>TOTAL</b> 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 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

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NAME OF COMMITTEE (In Full)  
**NEW REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020	
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4306</b> Amount of Each Disbursement this Period [REDACTED] 602.16	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type <input checked="" type="checkbox"/> 002
Purpose of Disbursement TRAVEL EXPENSES		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>B. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020	
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4307</b> Amount of Each Disbursement this Period [REDACTED] 20833.34	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type <input checked="" type="checkbox"/> 001
Purpose of Disbursement ADMINISTRATIVE 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) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020	
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4308</b> Amount of Each Disbursement this Period [REDACTED] 341.96	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type <input checked="" type="checkbox"/> 002
Purpose of Disbursement TRAVEL EXPENSES		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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 21777.46
<b>TOTAL</b> 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 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**

Full Name (Last, First, Middle Initial) <b>A. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020	
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4309</b> Amount of Each Disbursement this Period [REDACTED] 123.76	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type 001
Purpose of Disbursement SHIPPING EXPENSES		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>B. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020	
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4310</b> Amount of Each Disbursement this Period [REDACTED] 2198.24	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type 002
Purpose of Disbursement TRAVEL EXPENSES		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>C. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020	
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4311</b> Amount of Each Disbursement this Period [REDACTED] 4420.95	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type 001
Purpose of Disbursement SHIPPING AND NEW REPUBLICAN MERCHANDISE		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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 6742.95
<b>TOTAL</b> 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 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**

Full Name (Last, First, Middle Initial) <b>A. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020	
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED]	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : <b>SB29.4312</b>
Purpose of Disbursement SHIPPING/MARKETING		Category/ Type 001	Amount of Each Disbursement this Period 775.15
Candidate Name		<input type="checkbox"/> Memo Item	
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>B. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020	
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED]	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : <b>SB29.4313</b>
Purpose of Disbursement SHIPPING		Category/ Type 001	Amount of Each Disbursement this Period 155.00
Candidate Name		<input type="checkbox"/> Memo Item	
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>C. NEW REPUBLICAN, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020	
Mailing Address 815 SLATERS LANE		FEC Identification Number C [REDACTED]	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : <b>SB29.4314</b>
Purpose of Disbursement MARKETING		Category/ Type 004	Amount of Each Disbursement this Period 2433.70
Candidate Name		<input type="checkbox"/> Memo Item	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3363.85
<b>TOTAL</b> This Period (last page this line number only).....▶	159131.58

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4251**  
**NEW REPUBLICAN PAC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CASTELLANOS, ALEJANDRO, , ,			<input checked="" 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
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 20000.00
<b>TOTALS</b> 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 16 OF 25
	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 <b>HOLTZMAN VOGEL</b>			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 0.00	Transaction ID : SD10.4316	
Amount Incurred This Period 1428.75	Payment This Period 1428.75	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HOLTZMAN VOGEL</b>			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 0.00	Transaction ID : SD10.4317	
Amount Incurred This Period 3131.25	Payment This Period 3131.25	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HOLTZMAN VOGEL</b>			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 0.00	Transaction ID : SD10.4318	
Amount Incurred This Period 1676.25	Payment This Period 1676.25	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 17 OF 25
	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 <b>HOLTZMAN VOGEL</b>			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 0.00	Transaction ID : SD10.4315	
Amount Incurred This Period 1976.25	Payment This Period 1976.25	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HOLTZMAN VOGEL</b>			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 0.00	Transaction ID : SD10.4323	
Amount Incurred This Period 217.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 217.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NEW REPUBLICAN, LLC</b>			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 : SD10.4222	
Amount Incurred This Period 0.00	Payment This Period 18012.93	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	217.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 18 OF 25
	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 <b>NEW REPUBLICAN, LLC</b>			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="3769.58"/>	Transaction ID : SD10.4223	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3769.58"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NEW REPUBLICAN, LLC</b>			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="2248.68"/>	Transaction ID : SD10.4224	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2248.68"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NEW REPUBLICAN, LLC</b>			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 : SD10.4225	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2117.29"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 19 OF 25
	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 <b>NEW REPUBLICAN, LLC</b>			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 904.12	Transaction ID : SD10.4226	
Amount Incurred This Period 0.00	Payment This Period 904.12	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 2640.03	Transaction ID : SD10.4227	
Amount Incurred This Period 0.00	Payment This Period 2640.03	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NEW REPUBLICAN, LLC</b>			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 : SD10.4228	
Amount Incurred This Period 0.00	Payment This Period 1352.72	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 20 OF 25
	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 <b>NEW REPUBLICAN, LLC</b>			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="2377.72"/>	Transaction ID : SD10.4229	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2377.72"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NEW REPUBLICAN, LLC</b>			Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING - JANUARY
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 : SD10.4230	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="20833.34"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NEW REPUBLICAN, LLC</b>			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 : SD10.4231	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="20833.34"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 21 OF 25
	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 <b>NEW REPUBLICAN, LLC</b>			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"/>	<b>Transaction ID : SD10.4232</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1667.73"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NEW REPUBLICAN, LLC</b>			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"/>	<b>Transaction ID : SD10.4233</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="20833.34"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NEW REPUBLICAN, LLC</b>			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"/>	<b>Transaction ID : SD10.4234</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="610.66"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 22 OF 25
	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 <b>NEW REPUBLICAN, LLC</b>			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 20833.34	Transaction ID : SD10.4235	
Amount Incurred This Period 0.00	Payment This Period 20833.34	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 602.16	Transaction ID : SD10.4236	
Amount Incurred This Period 0.00	Payment This Period 602.16	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NEW REPUBLICAN, LLC</b>			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 : SD10.4237	
Amount Incurred This Period 0.00	Payment This Period 20833.34	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 23 OF 25
	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 <b>NEW REPUBLICAN, LLC</b>			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="341.96"/>	<b>Transaction ID : SD10.4238</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="341.96"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="123.76"/>	<b>Transaction ID : SD10.4239</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="123.76"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NEW REPUBLICAN, LLC</b>			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"/>	<b>Transaction ID : SD10.4240</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2198.24"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 24 OF 25
	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 <b>NEW REPUBLICAN, LLC</b>			Nature of Debt (Purpose): STRATEGIC CONSULTING
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 20833.34	Transaction ID : SD10.4241	
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 <b>NEW REPUBLICAN, LLC</b>			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 4420.95	Transaction ID : SD10.4242	
Amount Incurred This Period 0.00	Payment This Period 4420.95	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 775.15	Transaction ID : SD10.4243	
Amount Incurred This Period 0.00	Payment This Period 775.15	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	20833.34
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 25 OF 25
	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 <b>NEW REPUBLICAN, LLC</b>			Nature of Debt (Purpose): SHIPPING EXPENSE
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 155.00	Transaction ID : SD10.4244	
Amount Incurred This Period 0.00	Payment This Period 155.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 2433.70	Transaction ID : SD10.4245	
Amount Incurred This Period 0.00	Payment This Period 2433.70	Outstanding Balance at Close of This Period 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	Transaction ID :	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	21050.84
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	20000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	41050.84