

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.STE 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 **08 / 28 / 2018** in the State of **FL**
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period **07 / 01 / 2018** through **08 / 08 / 2018**

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

Signature of Treasurer **DOZIER, JULIE, , ,** [Electronically Filed] Date **08 / 16 / 2018**

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="2018"/>	<input type="text" value=""/>	<input type="text" value="899966.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3284886.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1316330.00"/>	<input type="text" value="9687497.58"/>
(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="4601216.74"/>	<input type="text" value="10587464.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="314455.99"/>	<input type="text" value="6300703.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4286760.75"/>	<input type="text" value="4286760.75"/>
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: 07 / 01 / 2018 To: 08 / 08 / 2018

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).....	1316050.00	9584149.33
(ii) Unitemized	280.00	49848.25
(iii) TOTAL (add		
Lines 11(a)(i) and (ii).....▶	1316330.00	9633997.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs).....	0.00	1000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	1316330.00	9634997.58
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	52500.00
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))	1316330.00	9687497.58
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	1316330.00	9687497.58

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	314455.99	978163.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	314455.99	978163.71
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	5322540.10
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)) ..	314455.99	6300703.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	314455.99	6300703.81

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)	1316330.00	9634997.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1316330.00	9634997.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	314455.99	978163.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	314455.99	978163.71

**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 43
	<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. ARNOTT, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 AVOCADO AVE
 City CORONA DEL MAR State CA Zip Code 92625-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RESEARCH AFFILIATES, LLC Occupation (for Individual) INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 07 / 30 / 2018
Transaction ID : SA11A.2411
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

B. BARBOUR, ALFRED, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 DARLINGTON LN
 City SEWICKLEY State PA Zip Code 15143-9420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CONCAST Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 07 / 25 / 2018
Transaction ID : SA11A.2392
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

C. BOLLINGER, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 POYDRAS STREET 2480
 City NEW ORLEANS State LA Zip Code 70130-3245
 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 07 / 19 / 2018
Transaction ID : SA11A.2395
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	60000.00
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 7 OF 43
	<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. CANIZARO, JOE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 POYDRAS ST, SUITE 1700
 City NEW ORLEANS State LA Zip Code 70112-4010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORPORATE CAPITAL LLC/FIRST TRUST CORP Occupation (for Individual) CHAIRMAN & CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 03 / 2018
Transaction ID : SA11A.2420
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

B. CHOUEST, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 310
 City GALLIANO State LA Zip Code 70354-0310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GALLIANO MARINE SERVICE Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 08 / 08 / 2018
Transaction ID : SA11A.2430
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

C. COOPERMAN, LEON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7118 MELROSE CASTLE LANE
 City BOCA RATON State FL Zip Code 33496-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMEGA ADVISORS, INC. Occupation (for Individual) MONEY MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 09 / 2018
Transaction ID : SA11A.2379
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	45000.00
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 8 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. CORR, THOMAS, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 OCEAN DR. STE 203
 City VERO BEACH State FL Zip Code 32963-1992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEORGE E WARREN CORPORATION Occupation (for Individual) PETROLEUM BLENDING/TRADING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 07 / 29 / 2018
Transaction ID : SA11A.2409
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

B. COTO, JULIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 AVILA CT
 City CASSELBERRY State FL Zip Code 32708-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EXCEL ENGINEERING Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11A.2396
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. COX, HOWARD, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 SEAPORT BLVD MZ S7A
 City BOSTON State MA Zip Code 02210-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) VENTURE CAPITAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 18 / 2018
Transaction ID : SA11A.2407
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 35050.00
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 43
	(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. FORSTER, PETER, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5291 PARTRIDGE LN NW
 City WASHINGTON State DC Zip Code 20016-5338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLARK CONSTRUCTION GROUP Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 10000.00

Date of Receipt 07 / 25 / 2018
Transaction ID : SA11A.2394
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

B. FOX, SAUL, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2105 WOODSIDE ROAD SUITE D
 City WOODSIDE State CA Zip Code 94062-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FUND MANAGER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 25000.00

Date of Receipt 07 / 19 / 2018
Transaction ID : SA11A.2410
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

C. 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 7000.00

Date of Receipt 07 / 14 / 2018
Transaction ID : SA11A.2384
 Amount of Each Receipt this Period 2000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 37000.00
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 43
	<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. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 7000.00

Date of Receipt
08 / 05 / 2018

Transaction ID : SA11A.2421

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. GEISSINGER, FREDERICK, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8712 WHETSTONE RD

City EVANSVILLE	State IN	Zip Code 47725-1444
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
07 / 25 / 2018

Transaction ID : SA11A.2390

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. GRUSS, MARTIN, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 S FLAGLER DR
 STE 801E

City WEST PALM BEACH	State FL	Zip Code 33401-6134
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) GRUSS INVESTMENTS, L.L.C.		Occupation (for Individual) INVESTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
08 / 01 / 2018

Transaction ID : SA11A.2416

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	32000.00
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 43
	<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. JOHNSON, CHARLES, B., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1220 SOUTH OCEAN BLVD
 City PALM BEACH State FL Zip Code 33480-5016
 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 ▼ 100000.00

Date of Receipt 08 / 06 / 2018
Transaction ID : SA11A.2422
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

B. JOHNSON, CHARLES, B., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1220 SOUTH OCEAN BLVD
 City PALM BEACH State FL Zip Code 33480-5016
 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 ▼ 100000.00

Date of Receipt 08 / 08 / 2018
Transaction ID : SA11A.2424
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

C. JOYCE, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 330
 City WELLSVILLE State NY Zip Code 14895-0330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OTIS EASTERN SERVICE LLC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 07 / 25 / 2018
Transaction ID : SA11A.2391
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	125000.00
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 43
	<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. KENT, JORIE, BUTLER, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 349 CHILEAN AVENUE
 City PALM BEACH State FL Zip Code 33480-4631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABERCROMBIE & KENT Occupation (for Individual) VICE CHAIRMAN EMERITUS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 07 / 12 / 2018
Transaction ID : SA11A.2381
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

B. LAWSON-JOHNSTON, PETER, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 CARTER ROAD
 City PRINCETON State NJ Zip Code 08540-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUGGENHEIM PARTNERS Occupation (for Individual) MANAGING PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 07 / 18 / 2018
Transaction ID : SA11A.2406
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. LAWSON-JOHNSTON, PETER, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 CARTER ROAD
 City PRINCETON State NJ Zip Code 08540-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUGGENHEIM PARTNERS Occupation (for Individual) MANAGING PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 08 / 08 / 2018
Transaction ID : SA11A.2423
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	51300.00
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 43
	<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	

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. LEWIS, TOM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5751 NORTH YUCCA ROAD
 City PARADISE VALLEY State AZ Zip Code 85253-5254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) T.W. LEWIS COMPANY Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11A.2415
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

B. MARCUS, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1266 WEST PACES FERRY RD STE 615
 City ATLANTA State GA Zip Code 30327-2306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE MARCUS FOUNDATION Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 08 / 03 / 2018
Transaction ID : SA11A.2418
 Amount of Each Receipt this Period 500000.00
 Memo Item CONTRIBUTION

C. PEREZ, WILLIAM, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81 SEAGATE DRIVE SEASONS 1603
 City NAPLES State FL Zip Code 34103-2482
 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 ▼ 14200.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11A.2412
 Amount of Each Receipt this Period 14200.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	564200.00
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 43
	<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. 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 ▼ 41000.00

Date of Receipt 07 / 25 / 2018
Transaction ID : SA11A.2393
 Amount of Each Receipt this Period 40000.00
 Memo Item CONTRIBUTION

B. RICE, DIANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 N LAURA ST STE 1700
 City JACKSONVILLE State FL Zip Code 32202-3626
 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 ▼ 25000.00

Date of Receipt 08 / 07 / 2018
Transaction ID : SA11A.2433
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

C. RUST, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1430 S DIXIE HWY STE 315
 City CORAL GABLES State FL Zip Code 33146-3174
 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 ▼ 2000.00

Date of Receipt 08 / 08 / 2018
Transaction ID : SA11A.2429
 Amount of Each Receipt this Period 2000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	67000.00
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 43
	<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. SHAW, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 357
 City MAYO State FL Zip Code 32066-0357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) AGRI-BUSINESS
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 25000.00

Date of Receipt **07 / 17 / 2018**
Transaction ID : SA11A.2385
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

B. TWYMAN, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 W. WOOSTER ST.
 City BOWLING GREEN State OH Zip Code 43402-2763
 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 **07 / 12 / 2018**
Transaction ID : SA11A.2382
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. WEGNER, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 268 COTTAGE HILL AVENUE
 City ELMHURST State IL Zip Code 60126-3333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JEL SERT COMPANY Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 25000.00

Date of Receipt **08 / 08 / 2018**
Transaction ID : SA11A.2434
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **50500.00**
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 43
	<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. ARRIGO DODGE CHRYSLER JEEP RAM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6500 OKEECHOBEE BLVD
 City WEST PALM BEACH State FL Zip Code 33411-2701
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018
Transaction ID : SA11A.2399
 Amount of Each Receipt this Period
 5000.00
 Memo Item
CONTRIBUTION

B. DEALERS MANAGEMENT INC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 US HIGHWAY ONE
 City NORTH PALM BEACH State FL Zip Code 33408-5401
 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 ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018
Transaction ID : SA11A.2401
 Amount of Each Receipt this Period
 2500.00
 Memo Item
CONTRIBUTION

C. JIM MORAN & ASSOCIATES INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 JIM MORAN BLVD
 City DEERFIELD BEACH State FL Zip Code 33442-1702
 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 ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2018
Transaction ID : SA11A.2389
 Amount of Each Receipt this Period
 10000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	17500.00
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 43
	<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. JM FAMILY ENTERPRISES

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

Mailing Address 100 JIM MORAN BLVD

City DEERFIELD BEACH	State FL	Zip Code 33442-1702
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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 ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2018

Transaction ID : SA11A.2388

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. JORDAN CONNORS GROUP INC

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

Mailing Address 701 STANLEY DRIVE

City FERNANDINA BEACH	State FL	Zip Code 32034-2431
--------------------------	-------------	------------------------

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
 07 / 26 / 2018

Transaction ID : SA11A.2403

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. KOLTER SIGNATURE HOMES LLC

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

Mailing Address 701 S. OLIVE AVENUE
SUITE 104

City WEST PALM BEACH	State FL	Zip Code 33401-6106
-------------------------	-------------	------------------------

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 ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018

Transaction ID : SA11A.2400

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	13000.00
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 18 OF 43
(check only one)

<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. RESOURCE GROUP OF N.A. INC

Mailing Address 777 S FLAGLER DRIVE
STE 605A, EAST

City WEST PALM BEACH	State FL	Zip Code 33401-6161
-------------------------	-------------	------------------------

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
07		26		2018

Transaction ID : SA11A.2397

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SCHMIDT NICHOLS

Mailing Address 1551 N. FLAGLER DR.
STE 102

City WEST PALM BEACH	State FL	Zip Code 33401-3454
-------------------------	-------------	------------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : SA11A.2398

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SET SERVICES GROUP LLC

Mailing Address 100 JIM MORAN BLVD

City DEERFIELD BEACH	State FL	Zip Code 33442-1702
-------------------------	-------------	------------------------

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 ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : SA11A.2404

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	13500.00
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 19 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. SEVEN KINGS MANAGEMENT, INC.

Mailing Address 630 MAPLEWOOD DRIVE
SUITE 100

City JUPITER State FL Zip Code 33458-5571

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 ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018

Transaction ID : SA11A.2402

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SOUTHEAST TOYOTA DISTRIBUTORS LLC

Mailing Address 100 JIM MORAN BLVD

City DEERFIELD BEACH State FL Zip Code 33442-1702

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 ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2018

Transaction ID : SA11A.2413

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1201 NORTH TOWN CENTER DRIVE

City LAS VEGAS State NV Zip Code 89144-6307

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 ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2018

Transaction ID : SA11A.2417

Amount of Each Receipt this Period
100000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 120000.00

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 43
	<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. SWISHER INTERNATIONAL INC

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

Mailing Address P.O. BOX 2230

City JACKSONVILLE	State FL	Zip Code 32203-2230
----------------------	-------------	------------------------

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
 07 / 31 / 2018

Transaction ID : SA11A.2414

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. TRIFOLIATA DEVELOPMENT

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

Mailing Address 660 BEACHLAND BLVD STE 301

City VERO BEACH	State FL	Zip Code 32963-1708
--------------------	-------------	------------------------

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
 08 / 08 / 2018

Transaction ID : SA11A.2432

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

C. WORLD OMNI FINANCIAL CORP

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

Mailing Address 190 JIM MORAN BLVD

City DEERFIELD BEACH	State FL	Zip Code 33442-1702
-------------------------	-------------	------------------------

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 ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018

Transaction ID : SA11A.2405

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	85000.00
TOTAL This Period (last page this line number only).....	1316050.00

**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

Full Name (Last, First, Middle Initial) A. EINISMAN, PETER, , ,		Date of Disbursement MM / DD / YYYY 08 / 08 / 2018
Mailing Address 414 SEWARD SQUARE SE #205		FEC Identification Number C [REDACTED] Transaction ID : 1239 Amount of Each Disbursement this Period [REDACTED] 336.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FUNDRAISING 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	

Full Name (Last, First, Middle Initial) B. WALKER, AVERY, , ,		Date of Disbursement MM / DD / YYYY 07 / 30 / 2018
Mailing Address 1228 INDEPENDENCE AVE SE		FEC Identification Number C [REDACTED] Transaction ID : 1238 Amount of Each Disbursement this Period [REDACTED] 3917.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FUNDRAISING CONSULTING - VENDOR		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. WALKER, AVERY, , ,		Date of Disbursement MM / DD / YYYY 07 / 30 / 2018
Mailing Address 1228 INDEPENDENCE AVE SE		FEC Identification Number C [REDACTED] Transaction ID : 1240 Amount of Each Disbursement this Period [REDACTED] 87.87
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement PHONE / BANK CHARGES / FOOD/BEVERAGE		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)..... ▶

4340.87

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

FEC Identification Number

C []

Transaction ID : 1200

Amount of Each Disbursement this Period

[] 1.28

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9			2	0	1	8		

FEC Identification Number

C []

Transaction ID : 1201

Amount of Each Disbursement this Period

[] 390.30

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

FEC Identification Number

C []

Transaction ID : 1202

Amount of Each Disbursement this Period

[] 1970.10

Memo Item

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

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

[] 2361.68

[]

**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		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018	
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 1203 Amount of Each Disbursement this Period [] 1.28	
City BATON ROUGE	State LA	Zip Code 70884	Category/ Type []
Purpose of Disbursement CREDIT CARD PROCESSING FEE		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. ANEDOT		Date of Disbursement MM / DD / YYYY 07 / 14 / 2018	
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 1204 Amount of Each Disbursement this Period [] 78.30	
City BATON ROUGE	State LA	Zip Code 70884	Category/ Type []
Purpose of Disbursement CREDIT CARD PROCESSING FEE		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. ANEDOT		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018	
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 1205 Amount of Each Disbursement this Period [] 975.30	
City BATON ROUGE	State LA	Zip Code 70884	Category/ Type []
Purpose of Disbursement CREDIT CARD PROCESSING FEE		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).....▶	[] 1054.88
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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 18 / 2018

FEC Identification Number

C []

Transaction ID : 1206

Amount of Each Disbursement this Period

[] 4.03

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 19 / 2018

FEC Identification Number

C []

Transaction ID : 1207

Amount of Each Disbursement this Period

[] 390.30

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 26 / 2018

FEC Identification Number

C []

Transaction ID : 1208

Amount of Each Disbursement this Period

[] 2.25

Memo Item

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

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

[] 396.58

[]

**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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	9		2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : 1209

Amount of Each Disbursement this Period

[REDACTED] 975.30

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

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

FEC Identification Number

C [REDACTED]

Transaction ID : 1210

Amount of Each Disbursement this Period

[REDACTED] 554.10

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

FEC Identification Number

C [REDACTED]

Transaction ID : 1211

Amount of Each Disbursement this Period

[REDACTED] 1.28

Memo Item

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

[REDACTED] 1530.68

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

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: 08 / 03 / 2018

FEC Identification Number: C

Transaction ID : 1212

Amount of Each Disbursement this Period: 390.30

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: 08 / 05 / 2018

FEC Identification Number: C

Transaction ID : 1213

Amount of Each Disbursement this Period: 78.30

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: 08 / 07 / 2018

FEC Identification Number: C

Transaction ID : 1214

Amount of Each Disbursement this Period: 975.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1443.90

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

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	8		0	8		2	0	1	8

FEC Identification Number

C									
---	--	--	--	--	--	--	--	--	--

Transaction ID : 1215

Amount of Each Disbursement this Period

									975.30

Memo Item

Full Name (Last, First, Middle Initial)

B. CAVALRY STRATEGIES, LLC

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
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C									
---	--	--	--	--	--	--	--	--	--

Transaction ID : 1216

Amount of Each Disbursement this Period

									10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CAVALRY STRATEGIES, LLC

Mailing Address 204 S. MONROE ST.
SUITE 201

City
TALLAHASSEE

State
FL

Zip Code
32301

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING / TRAVEL

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	8		0	1		2	0	1	8

FEC Identification Number

C									
---	--	--	--	--	--	--	--	--	--

Transaction ID : 1217

Amount of Each Disbursement this Period

									10473.65

Memo Item

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

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

									21448.95

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**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 07 / 11 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1218 Amount of Each Disbursement this Period [] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 07 / 30 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1219 Amount of Each Disbursement this Period [] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		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. CHISMAN CREEK LLC		Date of Disbursement MM / DD / YYYY 07 / 27 / 2018
Mailing Address 611 PENNSYLVANIA AVE. SE #489		FEC Identification Number C [] Transaction ID : 1220 Amount of Each Disbursement this Period [] 5000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement RESEARCH 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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 5040.00
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. CHISMAN CREEK LLC		Date of Disbursement MM / DD / YYYY 08 / 08 / 2018	
Mailing Address 611 PENNSYLVANIA AVE. SE #489			
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement RESEARCH CONSULTING		Category/Type <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:			
		FEC Identification Number C Transaction ID : 1221 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018	
Mailing Address 1593 SPRING HILL RD STE 400			
City TYSONS CORNER	State VA	Zip Code 22182	
Purpose of Disbursement DATABASE MANAGEMENT		Category/Type <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:			
		FEC Identification Number C Transaction ID : 1222 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CROSBY OTTENHOFF GROUP		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018	
Mailing Address 611 PENNSYLVANIA AVE SE #267			
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement COMPLIANCE CONSULTING / POSTAGE		Category/Type <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:			
		FEC Identification Number C Transaction ID : 1223 Amount of Each Disbursement this Period 5204.84 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....	11704.84
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

Mailing Address 611 PENNSYLVANIA AVE SE #267

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
COMPLIANCE CONSULTING / POSTAGE

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
08	/	08	/	2018

FEC Identification Number

C []

Transaction ID : 1224

Amount of Each Disbursement this Period

[] 5592.10

Memo Item

Full Name (Last, First, Middle Initial)

B. CROSS SCREEN MEDIA

Mailing Address 127 SOUTH PEYTON STREET
SUITE 301

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL CONSULTING

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
07	/	11	/	2018

FEC Identification Number

C []

Transaction ID : 1225

Amount of Each Disbursement this Period

[] 10500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CROSS SCREEN MEDIA

Mailing Address 127 SOUTH PEYTON STREET
SUITE 301

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL CONSULTING

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
08	/	08	/	2018

FEC Identification Number

C []

Transaction ID : 1226

Amount of Each Disbursement this Period

[] 10500.00

Memo Item

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

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

[] 26592.10

[]

**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. DT CLIENT SERVICES, LLC		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018
Mailing Address 1101 14TH STREET NW SUITE 650		FEC Identification Number C [REDACTED] Transaction ID : 1227 Amount of Each Disbursement this Period [REDACTED] 375.00
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement LIST RENTAL		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. ENLIGHTEN SOLUTIONS LLC		Date of Disbursement MM / DD / YYYY 08 / 08 / 2018
Mailing Address 4311 WEST ADAMS SUITE 209		FEC Identification Number C [REDACTED] Transaction ID : 1228 Amount of Each Disbursement this Period [REDACTED] 9183.50
City TEMPLE	State TX	Zip Code 76504
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) C. GRASSROOTS TARGETING		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018
Mailing Address 707 PRINCE ST		FEC Identification Number C [REDACTED] Transaction ID : 1229 Amount of Each Disbursement this Period [REDACTED] 13721.39
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement POLITICAL STRATEGY CONSULTING / TRAVEL / OFFICE SUPPLIES		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)..... ▶

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

[REDACTED] 23279.89
[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

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 07 / 31 / 2018	
Mailing Address 45 NORTH HILL DRIVE STE 100			
City WARRENTON	State VA	Zip Code 20186	
Purpose of Disbursement LEGAL CONSULTING / TRAVEL		FEC Identification Number C	
Candidate Name		Transaction ID : 1230 Amount of Each Disbursement this Period 52034.23	
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. LILLY & COMPANY		Date of Disbursement MM / DD / YYYY 08 / 08 / 2018	
Mailing Address 1005 CONGRESS AVE. STE. 400			
City AUSTIN	State TX	Zip Code 78701	
Purpose of Disbursement FUNDRAISING CONSULTING / CATERING / POSTAGE		FEC Identification Number C	
Candidate Name		Transaction ID : 1231 Amount of Each Disbursement this Period 7651.00	
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. MCLAUGHLIN & ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 08 / 08 / 2018	
Mailing Address 566 S. ROUTE 303			
City BLAUVELT	State NY	Zip Code 10913	
Purpose of Disbursement SURVEY RESEARCH		FEC Identification Number C	
Candidate Name		Transaction ID : 1232 Amount of Each Disbursement this Period 51400.00	
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)..... ▶

111085.23

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. SRCP MEDIA

Mailing Address 201 N. UNION ST.
SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

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 Y Y
07 / 11 / 2018

FEC Identification Number

C []

Transaction ID : 1233

Amount of Each Disbursement this Period

[] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SRCP MEDIA

Mailing Address 201 N. UNION ST.
SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

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 Y Y
08 / 08 / 2018

FEC Identification Number

C []

Transaction ID : 1234

Amount of Each Disbursement this Period

[] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 25 / 2018

FEC Identification Number

C []

Transaction ID : 1235

Amount of Each Disbursement this Period

[] 1852.93

Memo Item

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

[] 11852.93

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. THE ARCHMANN GROUP		Date of Disbursement MM / DD / YYYY 07 / 18 / 2018
Mailing Address 6618 HEARTLAND CIRCLE		FEC Identification Number C [] Transaction ID : 1236 Amount of Each Disbursement this Period [] 4269.38
City TALLAHASSEE	State FL	Zip Code 32312
Purpose of Disbursement FUNDRAISING CONSULTING / TRAVEL		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. THREE ARBOR INSURANCE, INC		Date of Disbursement MM / DD / YYYY 07 / 12 / 2018
Mailing Address 421 OFFICE PARK DRIVE		FEC Identification Number C [] Transaction ID : 1237 Amount of Each Disbursement this Period [] 88054.08
City BIRMINGHAM	State AL	Zip Code 35223
Purpose of Disbursement INSURANCE		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.		Date of Disbursement MM / DD / YYYY [] / [] / []
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement		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).....▶	92323.46
TOTAL This Period (last page this line number only).....▶	314455.99

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 36 OF 43
	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 37 OF 43
	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 2117.29	Transaction ID : SD10.4622	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 904.12	Transaction ID : SD10.4641	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 2640.03	Transaction ID : SD10.4642	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2640.03

1) SUBTOTALS This Period This Page (optional)..... ▶	5661.44
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 38 OF 43
	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 <input type="text" value="1352.72"/>	Transaction ID : SD10.4651	
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="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 <input type="text" value="2377.72"/>	Transaction ID : SD10.4650	
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="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 <input type="text" value="20833.34"/>	Transaction ID : SD10.4679	
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="24563.78"/>
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 39 OF 43
	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 20833.34	Transaction ID : SD10.4682	
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 1667.73	Transaction ID : SD10.4683	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 20833.34	Transaction ID : SD10.4693	
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)..... ▶	43334.41
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 40 OF 43
	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 41 OF 43
	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 <input type="text" value="20833.34"/>	Transaction ID : SD10.4717	
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="341.96"/>	Transaction ID : SD10.4718	
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="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 <input type="text" value="123.76"/>	Transaction ID : SD10.4728	
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="123.76"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="21299.06"/>
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 42 OF 43
	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 43 OF 43
	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" value="171752.42"/>
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="191752.42"/>