

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 91

(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. CHOATE, ARTHUR, B., MR.,

Mailing Address 1390 S DIXIE HWY STE 2221

City
CORAL GABLES

State
FL

Zip Code
33146-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARTMARINE INC

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2018

Transaction ID : SA11A.1536

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. CHOATE, ARTHUR, B., MR.,

Mailing Address 1390 S DIXIE HWY STE 2221

City
CORAL GABLES

State
FL

Zip Code
33146-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARTMARINE INC

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2018

Transaction ID : SA11A.2184

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. CLARK, JAMES, H., ,

Mailing Address 4245 STORY RD

City
ST. CLOUD

State
FL

Zip Code
34772-9099

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2018

Transaction ID : SA11A.178

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

1600.00

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