

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

5. Covering Period / / 07 01 2017 through / / 12 31 2017

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

Signature of Treasurer **HOSSEINI, MORI, , ,** [Electronically Filed] Date / / 02 22 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)

Page 2

Write or Type Committee Name

NEW REPUBLICAN PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="36583.35"/>	<input type="text" value="36583.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="252932.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="906773.25"/>	<input type="text" value="1177303.54"/>
(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="1159705.47"/>	<input type="text" value="1213886.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="259738.49"/>	<input type="text" value="313919.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="899966.98"/>	<input type="text" value="899966.98"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NEW REPUBLICAN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

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).....	840900.00	1075900.00
(ii) Unitemized	28873.25	29388.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	869773.25	1105288.54
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	27000.00	62000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	896773.25	1167288.54
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	15.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	10000.00	10000.00
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)).....▶	906773.25	1177303.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	906773.25	1177303.54

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	259738.49	309490.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	259738.49	309490.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	4429.43
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)) ..	259738.49	313919.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	259738.49	313919.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	896773.25	1167288.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	896773.25	1167288.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	259738.49	309490.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	15.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	259738.49	309475.48

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This report amends the report originally filed on January 31, 2018 to include activity related to an additional bank account established by a mail vendor that was previously unknown to the committee's compliance officers. This amendment includes receipts from that account, and the committee has also filed an amended Form 1 that lists the additional account on Line 9.

Form/Schedule:
Transaction ID:

**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 81
	<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. ALTMED, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1451 GLOBAL CT
 City SARASOTA State FL Zip Code 34240-7859
 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
 07 / 11 / 2017
Transaction ID : SA11A.79
 Amount of Each Receipt this Period
 50000.00
 Memo Item
CONTRIBUTION

B. MCNA HEALTHCARE HOLDINGS, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 W CYPRESS CREEK RD, STE 500
 City FT LAUDERDALE State FL Zip Code 33309-2338
 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
 07 / 17 / 2017
Transaction ID : SA11A.81
 Amount of Each Receipt this Period
 50000.00
 Memo Item
CONTRIBUTION

C. CARSON, RUSSELL, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 5TH AVE, APT 20A
 City NEW YORK State NY Zip Code 10021-2680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 THE CARSON FAMILY CHARITABLE TRUST PHILANTHROPY
 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 / 21 / 2017
Transaction ID : SA11A.102
 Amount of Each Receipt this Period
 10000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	110000.00
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 8 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. CONSERVATION & ENVIRONMENTAL RESOURCES

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

Mailing Address 10070 DANIELS INTERSTATE CT, STE 1

City FT MYERS	State FL	Zip Code 33913-7876
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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 ▼
50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2017

Transaction ID : SA11A.101

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

B. GULF COAST HEALTH CARE LLC.

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

Mailing Address 40 PALAFOX PL STE 400

City PENSACOLA	State FL	Zip Code 32502-5626
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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 / 21 / 2017

Transaction ID : SA11A.103

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. GULF COAST HEALTH CARE LLC.

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

Mailing Address 40 PALAFOX PL STE 400

City PENSACOLA	State FL	Zip Code 32502-5626
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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 / 21 / 2017

Transaction ID : SA11A.104

Amount of Each Receipt this Period
5000.00

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 9 OF 81
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. COMPREHENSIVE CARE GROUP, INC

Mailing Address 8600 NW 41 ST

City DORAL	State FL	Zip Code 33166-6202
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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 ▼
250000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2017

Transaction ID : SA11A.105

Amount of Each Receipt this Period
250000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. VASILINDA, MICHELLE, , ,

Mailing Address 3018 BRANDEMERE DRIVE

City TALLAHASSEE	State FL	Zip Code 32312-2438
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
TALLAHASSEE COMMUNITY COLLEGE PROFESSOR OF LAW AND APPLIED

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
08		02		2017

Transaction ID : SA11A.96

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HILL, AL, G., , JR.

Mailing Address 47 HIGHLAND PARK VILLAGE, STE 200

City DALLAS	State TX	Zip Code 75205-2786
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
AG HILL PARTNERS LLC INVESTMENTS

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
08		05		2017

Transaction ID : SA11A.106

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	260500.00
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 81
	<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. DOUGHERTY, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 N. PENINSULA AVE., # 242

City NEW SMYRNA BEACH	State FL	Zip Code 32169-2093
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 ▼ 1000.00

Date of Receipt
08 / 07 / 2017
Transaction ID : SA11A.95
 Amount of Each Receipt this Period
1000.00
 Memo Item
 CONTRIBUTION

B. CUERVO, RAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 SE 2ND ST, SUITE 4200

City MIAMI	State FL	Zip Code 33131-2113
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) CARLTON FIELDS JORDEN BURT		Occupation (for Individual) LAWYER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 09 / 2017
Transaction ID : SA11A.94
 Amount of Each Receipt this Period
500.00
 Memo Item
 CONTRIBUTION

C. HEARD, ELAINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 NEBRASKA AVE

City NASHVILLE	State TN	Zip Code 37209-4936
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF		Occupation (for Individual) ATTORNEY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
08 / 10 / 2017
Transaction ID : SA11A.93
 Amount of Each Receipt this Period
5000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 81
	<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. ADVANI, GURMIT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 CENTERVIEW DR. STE. 155
 City BRENTWOOD State TN Zip Code 37027-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GHS Occupation (for Individual) HOTELIER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 08 / 16 / 2017
Transaction ID : SA11A.92
 Amount of Each Receipt this Period 15000.00
 Memo Item
CONTRIBUTION

B. HUIZENGA, H, WAYNE, , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7900 GLADES RD, STE 402
 City BOCA RATON State FL Zip Code 33434-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUIZENGA HOLDINGS, INC Occupation (for Individual) PRESIDENT/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 08 / 19 / 2017
Transaction ID : SA11A.108
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION

C. YGRENE ENERGY FUND INC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 S MCDOWELL BLVD
 City PETALUMA State CA Zip Code 94954-6902
 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 08 / 19 / 2017
Transaction ID : SA11A.107
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	65000.00
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 81
	<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. BEAMAN, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1525 BROADWAY

City NASHVILLE	State TN	Zip Code 37203-3121
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BEAMAN AUTOMOTIVE GROUP	Occupation (for Individual) AUTO DEALER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2017

Transaction ID : SA11A.113

Amount of Each Receipt this Period
6500.00

Memo Item
CONTRIBUTION

B. COHEN, ARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 CLAPBOARD RIDGE RD

City GREENWICH	State CT	Zip Code 06830-3433
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KNIGHTHEAD CAPITAL	Occupation (for Individual) MANAGING PARTNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2017

Transaction ID : SA11A.88

Amount of Each Receipt this Period
7500.00

Memo Item
CONTRIBUTION

C. KIRTLEY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 E KENNEDY BLVD STE 3925

City TAMPA	State FL	Zip Code 33602-5812
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KLH CAPITAL	Occupation (for Individual) PRINCIPAL & FOUNDER
--	--

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
 09 / 21 / 2017

Transaction ID : SA11A.83

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	19000.00
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 81
	<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. WINDHAVEN INSURANCE COMPANY

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

Mailing Address 8550 NW 33RD ST, STE 400

City DORAL	State FL	Zip Code 33122-1941
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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 ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2017

Transaction ID : SA11A.114

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. KATZ, BRIAN, , ,

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

Mailing Address 100 N TAMPA ST
SUITE 2835

City TAMPA	State FL	Zip Code 33602-5810
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KATZ CAPITAL MANAGEMENT LLC	Occupation (for Individual) MANAGING MEMBER
--	--

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
 10 / 20 / 2017

Transaction ID : SA11A.120

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. KIMMELMAN, DOUGLAS, , ,

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

Mailing Address 130 OVERLEIGH RD

City BERNARDSVILLE	State NJ	Zip Code 07924-1519
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ENERGY CAPITAL PARTNERS	Occupation (for Individual) INVESTMENT MANAGER
--	---

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
 11 / 01 / 2017

Transaction ID : SA11A.117

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	80000.00
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 81
	<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. HEAVENER, JAMES, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 UNIVERSITY BLVD # 218
 City WINTER PARK State FL Zip Code 32792-7435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FULL SAIL UNIVERSITY Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 11 / 02 / 2017
Transaction ID : SA11A.115
 Amount of Each Receipt this Period 50000.00
 Memo Item
CONTRIBUTION

B. RACETRAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 105035
 City ATLANTA State GA Zip Code 30348-5035
 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 11 / 02 / 2017
Transaction ID : SA11A.116
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION

C. BERMANT, DON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12021 HIDDEN VALLEY CLUB DRIVE
 City SANDY State UT Zip Code 84092-5823
 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 11 / 09 / 2017
Transaction ID : SA11A.134
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	76000.00
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 81
	<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. BARRETT, BARBARA, , AMB.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4617 E OCOTILLO ROAD

City PARADISE VALLEY	State AZ	Zip Code 85253-4032
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TRIPLE CREEK RANCH	Occupation (for Individual) OWNER
---	--------------------------------------

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
11 / 27 / 2017

Transaction ID : SA11A.125

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. BARRY, THOMAS, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 604 MOUNT OLYMPUS BLVD

City NEW SMYRNA BEACH	State FL	Zip Code 32168-2416
--------------------------	-------------	------------------------

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 ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2017

Transaction ID : SA11A.228

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. BURGESS, SHERMON C., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4815 MAID MARIAN LN

City JACKSONVILLE	State FL	Zip Code 32210-8107
----------------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2017

Transaction ID : SA11A.260

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 81
	<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. FRAHM, DONALD, R., ,		Date of Receipt MM / DD / YYYY 11 / 27 / 2017
Mailing Address 7 AVENUE DE LA MER APT 1006		Transaction ID : SA11A.222
City PALM COAST	State FL	Zip Code 32137-1208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HORNER, LORENZO, , MR.,		Date of Receipt MM / DD / YYYY 11 / 27 / 2017
Mailing Address 925 ORCHID POINT WAY		Transaction ID : SA11A.223
City VERO BEACH	State FL	Zip Code 32963-9518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. REYES, J., CHRISTOPHER, ,		Date of Receipt MM / DD / YYYY 11 / 27 / 2017
Mailing Address 777 S FLAGLER DR STE 1500		Transaction ID : SA11A.138
City WEST PALM BEACH	State FL	Zip Code 33401-6157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25000.00
Name of Employer (for Individual) REYES HOLDINGS, LLC	Occupation (for Individual) EXECUTIVE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 25000.00	

SUBTOTAL of Receipts This Page (optional).....▶	26000.00
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 81
	<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. REYES, M., JUDE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 S FLAGLER DR
 STE 1500
 City WEST PALM BEACH State FL Zip Code 33401-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REYES HOLDINGS, LLC Occupation (for Individual) EXECUTIVE
 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
 11 / 27 / 2017
Transaction ID : SA11A.137
 Amount of Each Receipt this Period
 25000.00
 Memo Item
 CONTRIBUTION

B. WEIHENMAYER, ED, , MR., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 OCEAN CLUB CT
 City FERNANDINA BEACH State FL Zip Code 32034-6564
 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
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2017
Transaction ID : SA11A.246
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. BONNER, STEPHEN, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 N WABASH AVE
 STE 85F
 City CHICAGO State IL Zip Code 60611-4005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CTCA Occupation (for Individual) CEO
 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
 11 / 28 / 2017
Transaction ID : SA11A.136
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	30500.00
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 18 OF 81
	<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. CAMPBELL, MARY, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1873 WIND WILLOW RD
 City BELLE ISLE State FL Zip Code 32809-6859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2017
Transaction ID : SA11A.315
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. MALLIAH, LENKALA, R., DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 N MANGOUSTINE AVE
 City SANFORD State FL Zip Code 32771-1098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MID FLORIDA GASTROENTEROLOGY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 28 / 2017
Transaction ID : SA11A.306
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. WHEELER, RICHARD, L., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 PINECREST DR.
 City MIAMI SPRINGS State FL Zip Code 33166-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FLORIDA TURNPIKE SERVICES LLC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 29 / 2017
Transaction ID : SA11A.344
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 19 OF 81
	<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. WOODSBY, CHARLES, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1260 CENTRAL FLORIDA PKWY

City ORLANDO	State FL	Zip Code 32837-9259
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TALK OF THE TOWN RESTAURANT, INC.	Occupation (for Individual) RESTAURANTUER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017

Transaction ID : SA11A.353

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. 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 ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2017

Transaction ID : SA11A.391

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. BARRY, THOMAS, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 604 MOUNT OLYMPUS BLVD

City NEW SMYRNA BEACH	State FL	Zip Code 32168-2416
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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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2017

Transaction ID : SA11A.452

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 81
	<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. CROMPTON, PIERCE, K., MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3966 SE OLD SAINT LUCIE BLVD

City STUART	State FL	Zip Code 34996-5119
----------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : SA11A.425

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. MARLIN, LAWRENCE, P., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4798 HAMPTON CT

City OLDSMAR	State FL	Zip Code 34677-1971
-----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2017

Transaction ID : SA11A.500

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

C. O'REILLY, MICHAEL, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6001 HIGHWAY A1A # 8327

City VERO BEACH	State FL	Zip Code 32963-1014
--------------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2017

Transaction ID : SA11A.505

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 21 OF 81
	<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. TUMMONS, JOHN, , DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4648 DESTINY WAY
 City DESTIN State FL Zip Code 32541-3789
 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 ▼ 250.00

Date of Receipt 12 / 06 / 2017
Transaction ID : SA11A.491
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. ALLYN, WILLIAM, F., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 GULF SHORE BLVD N
 City NAPLES State FL Zip Code 34102-5550
 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 12 / 07 / 2017
Transaction ID : SA11A.555
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. CHOATE, ARTHUR, B., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 07 / 2017
Transaction ID : SA11A.541
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 22 OF 81
	<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. HONC, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 804 CAPE VIEW DR.
 City FORT MYERS State FL Zip Code 33919-6005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HONC MARINE Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2017
Transaction ID : SA11A.551
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. JONES, CHARLES, H., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 PENDLETON AVE
 City PALM BEACH State FL Zip Code 33480-6118
 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 ▼ 5000.00

Date of Receipt 12 / 07 / 2017
Transaction ID : SA11A.542
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

C. UNITED HOIST EQUIPMENT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 N 40TH ST
 City TAMPA State FL Zip Code 33610-6703
 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 ▼ 250.00

Date of Receipt 12 / 07 / 2017
Transaction ID : SA11A.565
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
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 23 OF 81
	<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. KING, JEFFREY, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1602
 City NOKOMIS State FL Zip Code 34274-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KING PLASTIC CORP Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2017
Transaction ID : SA11A.584
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. PIZZARELLI, RONALD, ROBERT, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 TAPATIO LN
 City KISSIMMEE State FL Zip Code 34759-3619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARISTA REALTY GROUP Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2017
Transaction ID : SA11A.588
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. ZUSCHLAG, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 ASTORIA LOOP
 City LAFAYETTE State LA Zip Code 70508-7302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACADIAN AMBULANCE Occupation (for Individual) CHAIRMAN & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 12 / 12 / 2017
Transaction ID : SA11A.146
 Amount of Each Receipt this Period 12500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	13750.00
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 24 OF 81
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ACADIAN AMBULANCE SERVICE

Mailing Address **PO BOX 9800**

City LAFAYETTE	State LA	Zip Code 70509-
--------------------------	--------------------	---------------------------

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 ▼
12500.00

Date of Receipt
12 / 12 / 2017

Transaction ID : SA11A.145

Amount of Each Receipt this Period
12500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ARENA, ANGELO R., , MR.,

Mailing Address **649 GALLEON DR.**

City NAPLES	State FL	Zip Code 34102-7641
-----------------------	--------------------	-------------------------------

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 ▼
250.00

Date of Receipt
12 / 13 / 2017

Transaction ID : SA11A.608

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. FRAHM, DONALD, R., ,

Mailing Address **7 AVENUE DE LA MER APT 1006**

City PALM COAST	State FL	Zip Code 32137-1208
---------------------------	--------------------	-------------------------------

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 ▼
750.00

Date of Receipt
12 / 13 / 2017

Transaction ID : SA11A.649

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 25 OF 81
	<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. GOSKO, GEORGE, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9301 PARKWOOD CT

City FORT MYERS	State FL	Zip Code 33908-2862
--------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

Transaction ID : SA11A.629

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

B. HARRIS, STEPHEN, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1508 SEAGULL DR. APT 209

City PALM HARBOR	State FL	Zip Code 34685-2452
---------------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

Transaction ID : SA11A.627

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

C. ROGERS, M., WELDON, MR., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 442

City BOCA GRANDE	State FL	Zip Code 33921-0442
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

Transaction ID : SA11A.661

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 26 OF 81
	<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. ROTHMAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 173559
 City TAMPA State FL Zip Code 33672-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLACK DIAMOND CAPITAL Occupation (for Individual) PRIVATE INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 12 / 13 / 2017
Transaction ID : SA11A.148
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

B. TROMBLEY, JOHN, PETER, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2310 NE 12TH CT
 City FORT LAUDERDALE State FL Zip Code 33304-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUDSON ASSOCIATES Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 13 / 2017
Transaction ID : SA11A.644
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. YGRENE ENERGY FUND INC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 S MCDOWELL BLVD
 City PETALUMA State CA Zip Code 94954-6902
 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 12 / 13 / 2017
Transaction ID : SA11A.149
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 50250.00
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 27 OF 81
	<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. BARNES, WILLIAM, GORDON, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10064 ORCHID RIDGE LN
 City ESTERO State FL Zip Code 34135-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2017
Transaction ID : SA11A.666
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. WOOD, CORINNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1155 LAKE HOUSE DR.
 City NORTH PALM BEACH State FL Zip Code 33408-3368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY
 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
 12 / 14 / 2017
Transaction ID : SA11A.141
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. BARGER, MICHAEL, E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 BRIGHTWATERS BLVD NE
 City SAINT PETERSBURG State FL Zip Code 33704-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MIDA-GROUP Occupation (for Individual) HOME DEVELOPER
 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
 12 / 15 / 2017
Transaction ID : SA11A.683
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 28 OF 81
	<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. SADLER, DANNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 875 LAKE MATTIE RD.
 City AUBURNDALE State FL Zip Code 33823-9489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DSI Occupation (for Individual) HOME BUILDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 16 / 2017
Transaction ID : SA11A.143
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. TORTELLI, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 PORTO MAR APT 603
 City PALM COAST State FL Zip Code 32137-2393
 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 12 / 18 / 2017
Transaction ID : SA11A.693
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. BUSH, JOHN, P., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9850 ATLANTIC BLVD
 City JACKSONVILLE State FL Zip Code 32225-6536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TOM BUSH REGENCY MOTORS Occupation (for Individual) AUTO DEALER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2017
Transaction ID : SA11A.713
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 29 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 ▼ 2000.00

Date of Receipt 12 / 19 / 2017
Transaction ID : SA11A.695
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. SCHULTE, FRED, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 490 PALM CIR W
 City NAPLES State FL Zip Code 34102-5561
 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 12 / 19 / 2017
Transaction ID : SA11A.694
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. HARRIS, STUART, I., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SEMINOLE ST
 City MIAMI State FL Zip Code 33133-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEAVIEW RESEARCH, INC. Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 20 / 2017
Transaction ID : SA11A.726
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 30 OF 81
	<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. SIERRA, MICHAEL, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 703 W SWANN AVE

City TAMPA	State FL	Zip Code 33606-2729
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) ATTORNEY
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

Transaction ID : SA11A.747

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. WILLIAMS, LEONARD, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 536175

City ORLANDO	State FL	Zip Code 32853-6175
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WAYNE DENSCH, INC.	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

Transaction ID : SA11A.718

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. GASKINS, TOM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1073 COUNCIL RD

City VENUS	State FL	Zip Code 33960-2217
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2017

Transaction ID : SA11A.759

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 31 OF 81
	<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. PULITO, DIANE, K., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15295 CORSINI LN
 City NAPLES State FL Zip Code 34110-2707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2017
Transaction ID : SA11A.764
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. SCHNEEBECK, ROBERT, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 741 N MANASOTA KEY RD
 City ENGLEWOOD State FL Zip Code 34223-9758
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2017
Transaction ID : SA11A.769
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. NEFF, THOMAS, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1084 PALM WAY RD
 City N PALM BCH State FL Zip Code 33408-2929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPENCER STUART Occupation (for Individual) CHAIRMAN
 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
 12 / 24 / 2017
Transaction ID : SA11A.151
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 32 OF 81
	<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. CALVANESE, DENNIS, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5555 HERON POINT DR. PH 1
 City NAPLES State FL Zip Code 34108-2785
 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 12 / 26 / 2017
Transaction ID : SA11A.770
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. HERRIG, STEVEN, F., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6280 RIVERVIEW BLVD
 City BRADENTON State FL Zip Code 34209-1345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNZ INSURANCE COMPANY Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 26 / 2017
Transaction ID : SA11A.771
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. COOK, THOMAS, A., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4591 SANDERLING CIR W
 City BOYNTON BEACH State FL Zip Code 33436-5145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BROWN & BROWN INC Occupation (for Individual) INSURANCE BROKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 27 / 2017
Transaction ID : SA11A.783
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 33 OF 81
	<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. EWERS, RONALD, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 SE 22ND AVE
 City Ocala State FL Zip Code 34471-2652
 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 ▼ 250.00

Date of Receipt 12 / 28 / 2017
Transaction ID : SA11A.861
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. LEVISON, MICHAEL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1038
 City MARCO ISLAND State FL Zip Code 34146-1038
 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 12 / 28 / 2017
Transaction ID : SA11A.852
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. MAHONY, CAROL, S., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 LAKE DR.
 City VERO BEACH State FL Zip Code 32963-2165
 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 ▼ 250.00

Date of Receipt 12 / 28 / 2017
Transaction ID : SA11A.789
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 34 OF 81
	<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. MANDEVILLE, MAURICE, J., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 460 SHERWOOD AVE
 City SATELLITE BEACH State FL Zip Code 32937-3052
 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 12 / 28 / 2017
Transaction ID : SA11A.823
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. MORGAN, EDWARD, A., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1449 SW SHORELINE DR.
 City PALM CITY State FL Zip Code 34990-4533
 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 ▼ 250.00

Date of Receipt 12 / 28 / 2017
Transaction ID : SA11A.859
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. MOSSBERG, ALAN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 873 2ND AVE S
 City TIERRA VERDE State FL Zip Code 33715-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) O. F. MOSSBERG & SONS Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2017
Transaction ID : SA11A.785
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 35 OF 81
	<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. REESE, JOAN, M., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15736 GLENISLE WAY

City FORT MYERS	State FL	Zip Code 33912-3922
--------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2017

Transaction ID : SA11A.834

Amount of Each Receipt this Period
300.00

Memo Item CONTRIBUTION

B. SMITH, EDWARD, J., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4160 N HIGHWAY A1A APT 606

City HUTCHINSON ISLAND	State FL	Zip Code 34949-8504
---------------------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2017

Transaction ID : SA11A.790

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

C. UURANNIEMI, JAAKKO, O., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 N OCEAN BLVD APT 501

City BOCA RATON	State FL	Zip Code 33432-5154
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EXDEL INC	Occupation (for Individual) PRESIDENT
--	--

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
12		29		2017

Transaction ID : SA11A.873

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	840900.00

**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 36 OF 81
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. MAXIMUS INC PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1891 METRO CENTER DR.
City RESTON State VA Zip Code 20190-5287
FEC ID number of contributing federal political committee. **C** C00343707
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **07 / 17 / 2017**
Transaction ID : SA11C.80
Amount of Each Receipt this Period 2000.00
 Memo Item
CONTRIBUTION

B. ACADIA HEALTHCARE COMPANY INC PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6100 TOWER CIR, STE 1000
City FRANKLIN State TN Zip Code 37067-1509
FEC ID number of contributing federal political committee. **C** C00496919
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **08 / 26 / 2017**
Transaction ID : SA11C.111
Amount of Each Receipt this Period 10000.00
 Memo Item
CONTRIBUTION

C. NATIONAL HEALTH CORPORATION PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 100 VINE ST
City MURFREESBORO State TN Zip Code 37130-3734
FEC ID number of contributing federal political committee. **C** C00153445
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **08 / 26 / 2017**
Transaction ID : SA11C.112
Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 17000.00
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 37 OF 81
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. GREAT AMERICA COMMITTEE

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

Mailing Address PO BOX 28022

City WASHINGTON	State DC	Zip Code 20038-8022
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00640664

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
12	/	12	/	2017

Transaction ID : SA11C.147

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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 ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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 ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	27000.00

**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 38 OF 81
<input 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 checked="" 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. RAAMPAC		Date of Receipt
Mailing Address P.O. BOX 158213		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City NASHVILLE	State TN	Zip Code 37215-8213
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11C.109
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION - NON-FEDERAL PAC
Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. RAAMPAC		Date of Receipt
Mailing Address P.O. BOX 158213		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City NASHVILLE	State TN	Zip Code 37215-8213
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11C.110
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION - NON-FEDERAL PAC
Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Aggregate Year-to-Date ▼ <input type="text"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="10000.00"/>

**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. CROSBY OTTENHOFF GROUP		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address 611 PENNSYLVANIA AVE SE #267		FEC Identification Number C [] Transaction ID : 2000 Amount of Each Disbursement this Period [] 2500.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement COMPLIANCE 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	

Full Name (Last, First, Middle Initial) B. FIRE STATION #2		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address 224 E 6TH AVENUE		FEC Identification Number C [] Transaction ID : 2001 Amount of Each Disbursement this Period [] 779.38
City TALLAHASSEE	State FL	Zip Code 32303
Purpose of Disbursement RENT		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. HOLTZMAN VOGEL		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address 45 NORTH HILL DRIVE, STE 100		FEC Identification Number C [] Transaction ID : 2002 Amount of Each Disbursement this Period [] 3750.00
City WARRENTON	State VA	Zip Code 20186
Purpose of Disbursement LEGAL 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).....▶	[] 7029.38
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. DRUCKER LAWHON

Date of Disbursement
MM / DD / YYYY
07 / 12 / 2017

Mailing Address 2647 JACKSON DRIVE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Transaction ID : 2003
Amount of Each Disbursement this Period
7200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. CMDI

Date of Disbursement
MM / DD / YYYY
07 / 17 / 2017

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Transaction ID : 2004
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. VERIZON

Date of Disbursement
MM / DD / YYYY
07 / 17 / 2017

Mailing Address PO BOX 660720

City DALLAS State TX Zip Code 75266

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Transaction ID : 2005
Amount of Each Disbursement this Period
119.48

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8819.48

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

/ /

FEC Identification Number

Transaction ID : 2006

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CAVALRY STRATEGIES, LLC

Mailing Address PO BOX 14684

City
TALLAHASSEE

State
FL

Zip Code
32317

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 2007

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. CAVALRY STRATEGIES, LLC

Mailing Address PO BOX 14684

City
TALLAHASSEE

State
FL

Zip Code
32317

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 2008

Amount of Each Disbursement this Period

Memo Item

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

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. DRUCKER LAWHON		Date of Disbursement MM / DD / YYYY 07 / 19 / 2017
Mailing Address 2647 JACKSON DRIVE		FEC Identification Number C [REDACTED]
City FALLS CHURCH	State VA	Zip Code 22043
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 2005.70	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 07 / 24 / 2017
Mailing Address PO BOX 84314		FEC Identification Number C [REDACTED]
City BATON ROUGE	State LA	Zip Code 70884
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 1.38	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. TRACTION CAPITAL LLC		Date of Disbursement MM / DD / YYYY 07 / 28 / 2017
Mailing Address 1435 CRESTVIEW AVE.		FEC Identification Number C [REDACTED]
City TALLAHASSEE	State FL	Zip Code 32303
Purpose of Disbursement FUNDRAISING CONSULTING	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 4000.00	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

[REDACTED] 6007.08

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

Full Name (Last, First, Middle Initial) A. TRACTION CAPITAL LLC		Date of Disbursement MM / DD / YYYY 07 / 28 / 2017	
Mailing Address 1435 CRESTVIEW AVE.		FEC Identification Number C [] Transaction ID : 2012 Amount of Each Disbursement this Period [] 3094.56	
City TALLAHASSEE	State FL	Zip Code 32303	Category/ Type []
Purpose of Disbursement TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. ONMESSAGE INC.		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017	
Mailing Address 705 MELVIN AVE. #105		FEC Identification Number C [] Transaction ID : 2013 Amount of Each Disbursement this Period [] 5000.00	
City ANNAPOLIS	State MD	Zip Code 21401	Category/ Type []
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 08 / 02 / 2017	
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 2014 Amount of Each Disbursement this Period [] 19.80	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

8114.36

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

Date of Disbursement: MM / DD / YYYY
08 / 07 / 2017

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: CREDIT CARD PROCESSING FEE

Candidate Name: [] Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C []
Transaction ID : 2015
Amount of Each Disbursement this Period: [] 39.30

Memo Item

Full Name (Last, First, Middle Initial)
B. CROSBY OTTENHOFF GROUP

Date of Disbursement: MM / DD / YYYY
08 / 07 / 2017

Mailing Address 611 PENNSYLVANIA AVE SE #267

City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement: COMPLIANCE CONSULTING

Candidate Name: [] Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C []
Transaction ID : 2016
Amount of Each Disbursement this Period: [] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. DRUCKER LAWHON

Date of Disbursement: MM / DD / YYYY
08 / 07 / 2017

Mailing Address 2647 JACKSON DRIVE

City: FALLS CHURCH State: VA Zip Code: 22043

Purpose of Disbursement: FUNDRAISING CONSULTING

Candidate Name: [] Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C []
Transaction ID : 2017
Amount of Each Disbursement this Period: [] 3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ [] 5539.30

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		Date of Disbursement MM / DD / YYYY 08 / 09 / 2017
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 2018 Amount of Each Disbursement this Period [] 19.80
City BATON ROUGE	State LA	Zip Code 70884
Purpose of Disbursement CREDIT CARD PROCESSING FEE		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. ANEDOT		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 2019 Amount of Each Disbursement this Period [] 195.30
City BATON ROUGE	State LA	Zip Code 70884
Purpose of Disbursement CREDIT CARD PROCESSING FEE		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. ONMESSAGE INC.		Date of Disbursement MM / DD / YYYY 08 / 13 / 2017
Mailing Address 705 MELVIN AVE. #105		FEC Identification Number C [] Transaction ID : 2020 Amount of Each Disbursement this Period [] 7872.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement POLITICAL STRATEGY 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).....▶	[] 8087.10
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

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 / 16 / 2017

FEC Identification Number: C

Transaction ID : 2021

Amount of Each Disbursement this Period: 585.30

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2017

FEC Identification Number: C

Transaction ID : 2022

Amount of Each Disbursement this Period: 1500.00

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 / 18 / 2017

FEC Identification Number: C

Transaction ID : 2023

Amount of Each Disbursement this Period: 1.78

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2087.08

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : 2024

Amount of Each Disbursement this Period

[] 0.69

Memo Item

Full Name (Last, First, Middle Initial)

B. TRACTION CAPITAL LLC

Mailing Address 1435 CRESTVIEW AVE.

City
TALLAHASSEE

State
FL

Zip Code
32303

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	5		2	0	1	7		

FEC Identification Number

C []

Transaction ID : 2025

Amount of Each Disbursement this Period

[] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TRACTION CAPITAL LLC

Mailing Address 1435 CRESTVIEW AVE.

City
TALLAHASSEE

State
FL

Zip Code
32303

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	5		2	0	1	7		

FEC Identification Number

C []

Transaction ID : 2026

Amount of Each Disbursement this Period

[] 722.66

Memo Item

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

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

[] 4723.35

[]

**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. CAVALRY STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 08 / 28 / 2017	
Mailing Address PO BOX 14684		FEC Identification Number C [] Transaction ID : 2027 Amount of Each Disbursement this Period [] 7000.00	
City TALLAHASSEE	State FL	Zip Code 32317	Category/ Type []
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. FIRE STATION #2		Date of Disbursement MM / DD / YYYY 08 / 28 / 2017	
Mailing Address 224 E 6TH AVENUE		FEC Identification Number C [] Transaction ID : 2028 Amount of Each Disbursement this Period [] 779.38	
City TALLAHASSEE	State FL	Zip Code 32303	Category/ Type []
Purpose of Disbursement RENT		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 08 / 29 / 2017	
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 2029 Amount of Each Disbursement this Period [] 297.00	
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 8076.38
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

A. SMITH, THOMAS, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4533 SHY'S HILL ROAD

City NASHVILLE State TN Zip Code 37215

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 07 / 2017

FEC Identification Number: C

Transaction ID : 2031

Amount of Each Disbursement this Period: 9079.76

Memo Item

B. FIRE STATION #2

Full Name (Last, First, Middle Initial)

Mailing Address 224 E 6TH AVENUE

City TALLAHASSEE State FL Zip Code 32303

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 07 / 2017

FEC Identification Number: C

Transaction ID : 2030

Amount of Each Disbursement this Period: 779.38

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: 09 / 18 / 2017

FEC Identification Number: C

Transaction ID : 2032

Amount of Each Disbursement this Period: 5.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9865.12

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. CMDI

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number

C

Transaction ID : 2033

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TRACTION CAPITAL LLC

Mailing Address 1435 CRESTVIEW AVE.

City TALLAHASSEE State FL Zip Code 32303

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number

C

Transaction ID : 2034

Amount of Each Disbursement this Period

4000.00

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

MM / DD / YYYY
09 / 21 / 2017

FEC Identification Number

C

Transaction ID : 2035

Amount of Each Disbursement this Period

195.30

Memo Item

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

5695.30

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

A. CAVALRY STRATEGIES, LLC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 14684

City TALLAHASSEE State FL Zip Code 32317

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 24 / 2017

FEC Identification Number: C

Transaction ID : 2039

Amount of Each Disbursement this Period: 180.43

Memo Item

B. DRUCKER LAWHON

Full Name (Last, First, Middle Initial)
Mailing Address 2647 JACKSON DRIVE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 25 / 2017

FEC Identification Number: C

Transaction ID : 2040

Amount of Each Disbursement this Period: 3000.00

Memo Item

C. FIRE STATION #2

Full Name (Last, First, Middle Initial)
Mailing Address 224 E 6TH AVENUE

City TALLAHASSEE State FL Zip Code 32303

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 28 / 2017

FEC Identification Number: C

Transaction ID : 2041

Amount of Each Disbursement this Period: 779.38

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3959.81

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

MM / DD / YYYY
09 / 29 / 2017

FEC Identification Number

C []

Transaction ID : 2042

Amount of Each Disbursement this Period

[] 4.20

Memo Item

Full Name (Last, First, Middle Initial)

B. MANDERS, ROBERT, , ,

Mailing Address 6487 JUSTIN GRANT TRL

City
TALLAHASSEE

State
FL

Zip Code
32309

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2017

FEC Identification Number

C []

Transaction ID : 2043

Amount of Each Disbursement this Period

[] 1070.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CROSBY OTTENHOFF GROUP

Mailing Address 611 PENNSYLVANIA AVE SE #267

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2017

FEC Identification Number

C []

Transaction ID : 2044

Amount of Each Disbursement this Period

[] 3023.82

Memo Item

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

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

[] 4098.02

[]

**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. FIRE STATION #2

Mailing Address 224 E 6TH AVENUE

City TALLAHASSEE State FL Zip Code 32303

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2017

FEC Identification Number

C

Transaction ID : 2045

Amount of Each Disbursement this Period

779.38

Memo Item

Full Name (Last, First, Middle Initial)

B. TRACTION CAPITAL LLC

Mailing Address 1435 CRESTVIEW AVE.

City TALLAHASSEE State FL Zip Code 32303

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2017

FEC Identification Number

C

Transaction ID : 2046

Amount of Each Disbursement this Period

2052.28

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK CHARGES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2017

FEC Identification Number

C

Transaction ID : 2047

Amount of Each Disbursement this Period

20.00

Memo Item

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

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

2851.66

**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. ONMESSAGE INC.

Full Name (Last, First, Middle Initial)

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement WEB ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2017

FEC Identification Number: C

Transaction ID : 2048

Amount of Each Disbursement this Period: 5000.00

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: 10 / 17 / 2017

FEC Identification Number: C

Transaction ID : 2049

Amount of Each Disbursement this Period: 0.50

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: 10 / 18 / 2017

FEC Identification Number: C

Transaction ID : 2050

Amount of Each Disbursement this Period: 1.78

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5002.28

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. CMDI

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 2051

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ONMESSAGE INC.

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 2052

Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

Transaction ID : 2053

Amount of Each Disbursement this Period

Memo Item

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

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2017			

FEC Identification Number

C []

Transaction ID : 2054

Amount of Each Disbursement this Period

[] 0.50

Memo Item

Full Name (Last, First, Middle Initial)

B. MANDERS, ROBERT, , ,

Mailing Address 6487 JUSTIN GRANT TRL

City
TALLAHASSEE

State
FL

Zip Code
32309

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2017			

FEC Identification Number

C []

Transaction ID : 2057

Amount of Each Disbursement this Period

[] 535.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TRACTION CAPITAL LLC

Mailing Address 1435 CRESTVIEW AVE.

City
TALLAHASSEE

State
FL

Zip Code
32303

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2017			

FEC Identification Number

C []

Transaction ID : 2055

Amount of Each Disbursement this Period

[] 4000.00

Memo Item

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

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

[] 4535.50

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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. TRACTION CAPITAL LLC

Date of Disbursement: MM / DD / YYYY
10 / 28 / 2017

Mailing Address 1435 CRESTVIEW AVE.

City TALLAHASSEE State FL Zip Code 32303

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : 2056
Amount of Each Disbursement this Period: 1495.71

Memo Item

Full Name (Last, First, Middle Initial)
B. ANEDOT

Date of Disbursement: MM / DD / YYYY
11 / 01 / 2017

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:

FEC Identification Number: C
Transaction ID : 2058
Amount of Each Disbursement this Period: 1950.30

Memo Item

Full Name (Last, First, Middle Initial)
C. CAVALRY STRATEGIES, LLC

Date of Disbursement: MM / DD / YYYY
11 / 06 / 2017

Mailing Address PO BOX 14684

City TALLAHASSEE State FL Zip Code 32317

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : 2059
Amount of Each Disbursement this Period: 7000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10446.01

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

A. ONMESSAGE INC.

Full Name (Last, First, Middle Initial)

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 06 / 2017

FEC Identification Number: C

Transaction ID : 2060

Amount of Each Disbursement this Period: 5000.00

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: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : 2061

Amount of Each Disbursement this Period: 1.28

Memo Item

C. CROSBY OTTENHOFF GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE SE #267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : 2062

Amount of Each Disbursement this Period: 1500.00

Memo Item

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

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

6501.28

**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: 11 / 09 / 2017

FEC Identification Number: C

Transaction ID : 2063

Amount of Each Disbursement this Period: 39.30

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: 11 / 10 / 2017

FEC Identification Number: C

Transaction ID : 2064

Amount of Each Disbursement this Period: 0.50

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: 11 / 15 / 2017

FEC Identification Number: C

Transaction ID : 2065

Amount of Each Disbursement this Period: 4.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 44.00

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

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: 11 / 16 / 2017

FEC Identification Number: C

Transaction ID : 2066

Amount of Each Disbursement this Period: 0.50

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 17 / 2017

FEC Identification Number: C

Transaction ID : 2067

Amount of Each Disbursement this Period: 1500.00

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: 11 / 18 / 2017

FEC Identification Number: C

Transaction ID : 2068

Amount of Each Disbursement this Period: 1.78

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1502.28

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

A. TRACTION CAPITAL LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1435 CRESTVIEW AVE.

City TALLAHASSEE State FL Zip Code 32303

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 20 / 2017

FEC Identification Number: C

Transaction ID : 2069

Amount of Each Disbursement this Period: 4000.00

Memo Item

B. HOLTZMAN VOGEL

Full Name (Last, First, Middle Initial)

Mailing Address 45 NORTH HILL DRIVE, STE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2017

FEC Identification Number: C

Transaction ID : 2070

Amount of Each Disbursement this Period: 4144.80

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: 11 / 22 / 2017

FEC Identification Number: C

Transaction ID : 2071

Amount of Each Disbursement this Period: 4.89

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8149.69

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. DEBORAH ALEKSANDER LLC		Date of Disbursement MM / DD / YYYY 11 / 26 / 2017
Mailing Address 3583 MOSSY CREEK LANE		FEC Identification Number C [] Transaction ID : 2072 Amount of Each Disbursement this Period [] 18750.00
City TALLAHASSEE	State FL	Zip Code 32311
Purpose of Disbursement FUNDRAISING 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	

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 11 / 27 / 2017
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 2073 Amount of Each Disbursement this Period [] 41.55
City BATON ROUGE	State LA	Zip Code 70884
Purpose of Disbursement CREDIT CARD PROCESSING FEE		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. ONMESSAGE INC.		Date of Disbursement MM / DD / YYYY 11 / 27 / 2017
Mailing Address 705 MELVIN AVE. #105		FEC Identification Number C [] Transaction ID : 2074 Amount of Each Disbursement this Period [] 10000.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement WEB ADVERTISING		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)..... ▶

28791.55

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. DRUCKER LAWHON		Date of Disbursement MM / DD / YYYY 11 / 29 / 2017
Mailing Address 2647 JACKSON DRIVE		FEC Identification Number C [] Transaction ID : 2075 Amount of Each Disbursement this Period 2582.63
City FALLS CHURCH	State VA	Zip Code 22043
Purpose of Disbursement 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. MANDERS, ROBERT, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017
Mailing Address 6487 JUSTIN GRANT TRL		FEC Identification Number C [] Transaction ID : 2079 Amount of Each Disbursement this Period 535.00
City TALLAHASSEE	State FL	Zip Code 32309
Purpose of Disbursement FUNDRAISING 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	

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 2076 Amount of Each Disbursement this Period 0.69
City BATON ROUGE	State LA	Zip Code 70884
Purpose of Disbursement CREDIT CARD PROCESSING FEE		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)..... ▶

3118.32

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

A. FIRE STATION #2

Full Name (Last, First, Middle Initial)
Mailing Address 224 E 6TH AVENUE

City TALLAHASSEE State FL Zip Code 32303

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 01 / 2017

FEC Identification Number: C
Transaction ID : 2077
Amount of Each Disbursement this Period: 779.38

Memo Item

B. HOLTZMAN VOGEL

Full Name (Last, First, Middle Initial)
Mailing Address 45 NORTH HILL DRIVE, STE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 01 / 2017

FEC Identification Number: C
Transaction ID : 2078
Amount of Each Disbursement this Period: 11262.40

Memo Item

C. CAVALRY STRATEGIES, LLC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 14684

City TALLAHASSEE State FL Zip Code 32317

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 04 / 2017

FEC Identification Number: C
Transaction ID : 2080
Amount of Each Disbursement this Period: 10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 22041.78

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

A. GRASSROOTS TARGETING

Full Name (Last, First, Middle Initial)

Mailing Address 707 PRINCE ST

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: 12 / 04 / 2017

FEC Identification Number: C

Transaction ID : 2081

Amount of Each Disbursement this Period: 20000.00

Memo Item

B. ONMESSAGE INC.

Full Name (Last, First, Middle Initial)

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2017

FEC Identification Number: C

Transaction ID : 2082

Amount of Each Disbursement this Period: 5000.00

Memo Item

C. CROSBY OTTENHOFF GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE SE #267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2017

FEC Identification Number: C

Transaction ID : 2083

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 26500.00

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. DRUCKER LAWHON		Date of Disbursement MM / DD / YYYY 12 / 13 / 2017
Mailing Address 2647 JACKSON DRIVE		FEC Identification Number C
City FALLS CHURCH	State VA	
Purpose of Disbursement FUNDRAISING CONSULTING	Zip Code 22043	Transaction ID : 2084
Candidate Name	Category/Type	Amount of Each Disbursement this Period 5010.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. TAG REAL ESTATE HOLDINGS, LLC		Date of Disbursement MM / DD / YYYY 12 / 13 / 2017
Mailing Address 204 S MONROE ST, STE A		FEC Identification Number C
City TALLAHASSEE	State FL	
Purpose of Disbursement RENT	Zip Code 32301	Transaction ID : 2085
Candidate Name	Category/Type	Amount of Each Disbursement this Period 3817.43
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. TRACTION CAPITAL LLC		Date of Disbursement MM / DD / YYYY 12 / 13 / 2017
Mailing Address 1435 CRESTVIEW AVE.		FEC Identification Number C
City TALLAHASSEE	State FL	
Purpose of Disbursement FUNDRAISING CONSULTING	Zip Code 32303	Transaction ID : 2086
Candidate Name	Category/Type	Amount of Each Disbursement this Period 4000.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	12827.43
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
12			14			2017			

FEC Identification Number

C []

Transaction ID : 2087

Amount of Each Disbursement this Period

[] 19.80

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED BANK

Mailing Address 500 VIRGINIA ST E

City
CHARLESTON

State
WV

Zip Code
25322

Purpose of Disbursement
BANK 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
12			15			2017			

FEC Identification Number

C []

Transaction ID : 4000

Amount of Each Disbursement this Period

[] 9.00

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	/	D	D	/	Y	Y	Y	Y
12			16			2017			

FEC Identification Number

C []

Transaction ID : 2088

Amount of Each Disbursement this Period

[] 39.30

Memo Item

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

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

[] 68.10

[]

**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. 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

/ /

FEC Identification Number

Transaction ID : 2092

Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

Transaction ID : 2093

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHWEST PUBLISHING AND MAILING

Mailing Address 4000 SE Adams St

City **TOPEKA** State **KS** Zip Code **66609**

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 4001

Amount of Each Disbursement this Period

Memo Item

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

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		Date of Disbursement MM / DD / YYYY 12 / 23 / 2017	
Mailing Address PO BOX 84314		FEC Identification Number C [REDACTED]	
City BATON ROUGE	State LA	Zip Code 70884	Transaction ID : 2094
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Amount of Each Disbursement this Period 1.28
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 12 / 24 / 2017	
Mailing Address PO BOX 84314		FEC Identification Number C [REDACTED]	
City BATON ROUGE	State LA	Zip Code 70884	Transaction ID : 2095
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Amount of Each Disbursement this Period 39.30
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 12 / 26 / 2017	
Mailing Address PO BOX 84314		FEC Identification Number C [REDACTED]	
City BATON ROUGE	State LA	Zip Code 70884	Transaction ID : 2096
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Amount of Each Disbursement this Period 0.34
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	40.92
TOTAL This Period (last page this line number only).....▶	259738.49

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 73 OF 81
	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 <input type="text" value="18012.93"/>	Transaction ID : SD10.4612	
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="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 <input type="text" value="3769.58"/>	Transaction ID : SD10.4614	
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="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 <input type="text" value="2248.68"/>	Transaction ID : SD10.4621	
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="2248.68"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="24031.19"/>
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 74 OF 81
	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 <input type="text" value="2117.29"/>	Transaction ID : SD10.4622	
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="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 <input type="text" value="904.12"/>	Transaction ID : SD10.4641	
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="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 <input type="text" value="2640.03"/>	Transaction ID : SD10.4642	
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="2640.03"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5661.44"/>
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 75 OF 81
	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 76 OF 81
	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 <input type="text" value="20833.34"/>	Transaction ID : SD10.4682	
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="1667.73"/>	Transaction ID : SD10.4683	
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="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 <input type="text" value="20833.34"/>	Transaction ID : SD10.4693	
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="43334.41"/>
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 77 OF 81
	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 610.66	Transaction ID : SD10.4694	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 20833.34	Transaction ID : SD10.4695	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 602.16	Transaction ID : SD10.4696	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 602.16

1) SUBTOTALS This Period This Page (optional)..... ▶	22046.16
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 78 OF 81
	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 20833.34	Transaction ID : SD10.4717	
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 341.96	Transaction ID : SD10.4718	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 123.76	Transaction ID : SD10.4728	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 123.76

1) SUBTOTALS This Period This Page (optional)..... ▶	21299.06
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 79 OF 81
	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 80 OF 81
	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"/>
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 81 OF 81
	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 VERIZON			Nature of Debt (Purpose): PHONE
Mailing Address PO BOX 660720			
City DALLAS	State TX	Zip Code 75266-0720	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4814	
522.21			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	522.21	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	171752.42
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	20000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	191752.42