

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NEW REPUBLICAN PAC**

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

## **A. COMPREHENSIVE CARE GROUP, INC**

Mailing Address 8600 NW 41 ST

City  
DORAL

State  
FL

Zip Code  
33166-6202

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 / 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

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TALLAHASSEE COMMUNITY COLLEGE

Occupation (for Individual)

PROFESSOR OF LAW AND APPLIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / 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

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AG HILL PARTNERS LLC

Occupation (for Individual)

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / 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)..... ►

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

260500.00