

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

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

FOR LINE NUMBER: PAGE 13 OF 81  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NEW REPUBLICAN PAC**

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

## **A. WINDHAVEN INSURANCE COMPANY**

Mailing Address 8550 NW 33RD ST, STE 400

City  
DORAL

State  
FL

Zip Code  
33122-1941

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 / 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

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

## **B. KATZ, BRIAN, , ,**

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 / 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

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

## **C. KIMMELMAN, DOUGLAS, , ,**

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 / 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)..... ►

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

80000.00