

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

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

FOR LINE NUMBER: PAGE 15 OF 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NEW REPUBLICAN PAC**

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

**A. BARRETT, BARBARA, , AMB.,**

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

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

**B. BARRY, THOMAS, , MR.,**

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

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

**C. BURGESS, SHERMON C., , ,**

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)..... ►

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

1350.00