

**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="848416.00"/>	<input type="text" value="1118946.29"/>
(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="1101348.22"/>	<input type="text" value="1155529.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="245835.43"/>	<input type="text" value="300016.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="855512.79"/>	<input type="text" value="855512.79"/>
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)

Page 3

Write or Type Committee Name

NEW REPUBLICAN PAC

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

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).....	810500.00	1045500.00
(ii) Unitemized	916.00	1431.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	811416.00	1046931.29
(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)	838416.00	1108931.29
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)).....▶	848416.00	1118946.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	848416.00	1118946.29

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	245835.43	295587.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	245835.43	295587.42
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)) ..	245835.43	300016.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	245835.43	300016.85

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)	838416.00	1108931.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	838416.00	1108931.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	245835.43	295587.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	15.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	245835.43	295572.42

**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 6 OF 63
	<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	

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
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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		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) THE CARSON FAMILY CHARITABLE TRUST	Occupation (for Individual) 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 7 OF 63
	<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. 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
------------------	-------------	------------------------

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 8 OF 63
	<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
---------------	-------------	------------------------

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
---------------------	-------------	------------------------

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 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
----------------	-------------	------------------------

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

Name of Employer (for Individual) AG HILL PARTNERS LLC	Occupation (for Individual) INVESTMENTS
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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:	PAGE 9 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. 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: Primary General 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: Primary General 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: Primary General 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:	PAGE 10 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GHS	Occupation (for Individual) HOTELIER
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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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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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 11 OF 63
	<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. 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
 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 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
 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 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
 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 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 12 OF 63
	<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. 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
---------------	-------------	------------------------

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
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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
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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: PAGE 13 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 PO 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 14 OF 63
	<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 11 / 27 / 2017
Transaction ID : SA11A.125
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. REYES, J., CHRISTOPHER, ,
 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 11 / 27 / 2017
Transaction ID : SA11A.138
 Amount of Each Receipt this Period 25000.00
 Memo Item
 CONTRIBUTION

C. 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 11 / 27 / 2017
Transaction ID : SA11A.137
 Amount of Each Receipt this Period 25000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	51000.00
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: PAGE 15 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. 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 11 / 28 / 2017
Transaction ID : SA11A.136
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. 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

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

SUBTOTAL of Receipts This Page (optional).....▶ 30000.00
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 63
	<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. 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. 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

C. 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 12 / 14 / 2017
Transaction ID : SA11A.141
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	50500.00
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: PAGE 17 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2017
Transaction ID : SA11A.143
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

B. 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

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).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	810500.00

**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 18 OF 63
<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

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

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

M M M	/	D D D	/	Y Y Y Y Y Y
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: PAGE 19 OF 63
(check only one)

<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GREAT AMERICA COMMITTEE

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	/	D D	/	Y Y Y Y
12	/	12	/	2017

Transaction ID : SA11C.147

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

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

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	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

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

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	/	D D	/	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 20 OF 63
<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

A. RAAMPAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 158213

City NASHVILLE	State TN	Zip Code 37215-8213
-------------------	-------------	------------------------

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
08		26		2017

Transaction ID : SA11C.109

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION - NON-FEDERAL PAC

B. RAAMPAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 158213

City NASHVILLE	State TN	Zip Code 37215-8213
-------------------	-------------	------------------------

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
08		26		2017

Transaction ID : SA11C.110

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION - NON-FEDERAL PAC

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).....	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

A. 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: 07 / 12 / 2017

FEC Identification Number: C

Transaction ID : 2003
Amount of Each Disbursement this Period: 7200.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 17 / 2017

FEC Identification Number: C

Transaction ID : 2004
Amount of Each Disbursement this Period: 1500.00

Memo Item

C. VERIZON

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 660720

City DALLAS State TX Zip Code 75266

Purpose of Disbursement PHONE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 17 / 2017

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	1	7		

FEC Identification Number

C []

Transaction ID : 2006

Amount of Each Disbursement this Period

[] 1.78

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	1	7		

FEC Identification Number

C []

Transaction ID : 2007

Amount of Each Disbursement this Period

[] 7000.00

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	1	7		

FEC Identification Number

C []

Transaction ID : 2008

Amount of Each Disbursement this Period

[] 319.66

Memo Item

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

[] 7321.44

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 Transaction ID : 2009 Amount of Each Disbursement this Period 2005.70
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement TRAVEL	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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 07 / 24 / 2017
Mailing Address PO BOX 84314		FEC Identification Number C Transaction ID : 2010 Amount of Each Disbursement this Period 1.38
City BATON ROUGE	State LA	
Zip Code 70884	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. TRACTION CAPITAL LLC		Date of Disbursement MM / DD / YYYY 07 / 28 / 2017
Mailing Address 1435 CRESTVIEW AVE.		FEC Identification Number C Transaction ID : 2011 Amount of Each Disbursement this Period 4000.00
City TALLAHASSEE	State FL	
Zip Code 32303	Purpose of Disbursement FUNDRAISING CONSULTING	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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)..... ▶

6007.08

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. TRACTION CAPITAL LLC		Date of Disbursement MM / DD / YYYY 07 / 28 / 2017	
Mailing Address 1435 CRESTVIEW AVE.			
City TALLAHASSEE	State FL	Zip Code 32303	
Purpose of Disbursement TRAVEL		<input type="text"/>	
Candidate Name		Category/Type	
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		

FEC Identification Number
C
Transaction ID : 2012
Amount of Each Disbursement this Period
 3094.56

Full Name (Last, First, Middle Initial) B. ONMESSAGE INC.		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017	
Mailing Address 705 MELVIN AVE. #105			
City ANNAPOLIS	State MD	Zip Code 21401	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		<input type="text"/>	
Candidate Name		Category/Type	
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		

FEC Identification Number
C
Transaction ID : 2013
Amount of Each Disbursement this Period
 5000.00

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 08 / 02 / 2017	
Mailing Address PO BOX 84314			
City BATON ROUGE	State LA	Zip Code 70884	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		<input type="text"/>	
Candidate Name		Category/Type	
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		

FEC Identification Number
C
Transaction ID : 2014
Amount of Each Disbursement this Period
 19.80

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

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

8114.36

**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
08 / 07 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : 2015

Amount of Each Disbursement this Period

[REDACTED] 39.30

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
08 / 07 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : 2016

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DRUCKER LAWHON

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:

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : 2017

Amount of Each Disbursement this Period

[REDACTED] 3000.00

Memo Item

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

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

[REDACTED] 5539.30

[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

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 / 09 / 2017

FEC Identification Number: C

Transaction ID : 2018

Amount of Each Disbursement this Period: 19.80

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: 08 / 10 / 2017

FEC Identification Number: C

Transaction ID : 2019

Amount of Each Disbursement this Period: 195.30

Memo Item

C. 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: 08 / 13 / 2017

FEC Identification Number: C

Transaction ID : 2020

Amount of Each Disbursement this Period: 7872.00

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

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

MM / DD / YYYY
08 / 16 / 2017

FEC Identification Number

C []

Transaction ID : 2021

Amount of Each Disbursement this Period

[] 585.30

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2017

FEC Identification Number

C []

Transaction ID : 2022

Amount of Each Disbursement this Period

[] 1500.00

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:

Category/
Type

Date of Disbursement

MM / DD / YYYY
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)..... ▶

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

[] 2087.08

[]

**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 / 22 / 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 Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

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

Date of Disbursement: MM / DD / YYYY
08 / 25 / 2017

Mailing Address 1435 CRESTVIEW AVE.

City: TALLAHASSEE State: FL Zip Code: 32303

Purpose of Disbursement: FUNDRAISING CONSULTING

Candidate Name: _____

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

State: _____ District: _____

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

Date of Disbursement: MM / DD / YYYY
08 / 25 / 2017

Mailing Address 1435 CRESTVIEW AVE.

City: TALLAHASSEE State: FL Zip Code: 32303

Purpose of Disbursement: TRAVEL

Candidate Name: _____

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

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : 2026
Amount of Each Disbursement this Period: 722.66

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4723.35

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. 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) ▼		Memo Item <input type="checkbox"/>
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) ▼		Memo Item <input type="checkbox"/>
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) ▼		Memo Item <input type="checkbox"/>
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)..... ▶

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

5695.30

**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. HOLTZMAN VOGEL		Date of Disbursement MM / DD / YYYY 09 / 21 / 2017	
Mailing Address 45 NORTH HILL DRIVE, STE 100			
City WARRENTON	State VA	Zip Code 20186	
Purpose of Disbursement LEGAL CONSULTING		Category/Type <input type="checkbox"/>	
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:			
		FEC Identification Number C Transaction ID : 2036 Amount of Each Disbursement this Period 3750.00 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 09 / 22 / 2017	
Mailing Address PO BOX 84314			
City BATON ROUGE	State LA	Zip Code 70884	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type <input type="checkbox"/>	
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:			
		FEC Identification Number C Transaction ID : 2037 Amount of Each Disbursement this Period 0.69 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CAVALRY STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2017	
Mailing Address PO BOX 14684			
City TALLAHASSEE	State FL	Zip Code 32317	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/Type <input type="checkbox"/>	
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:			
		FEC Identification Number C Transaction ID : 2038 Amount of Each Disbursement this Period 7000.00 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶	10750.69
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

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

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: 09 / 29 / 2017

FEC Identification Number: C

Transaction ID : 2042

Amount of Each Disbursement this Period: 4.20

Memo Item

B. MANDERS, ROBERT, , ,

Full Name (Last, First, Middle Initial)

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: 09 / 30 / 2017

FEC Identification Number: C

Transaction ID : 2043

Amount of Each Disbursement this Period: 1070.00

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: 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)..... ▶ 4098.02

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. FIRE STATION #2

Date of Disbursement: / /

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

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

Date of Disbursement: / /

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

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

Date of Disbursement: / /

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

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)..... ▶

**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. 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
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:

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:

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

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)..... ▶ 6501.28

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. 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

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 : 2066

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. 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 : 2067

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 : 2068

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. TRACTION CAPITAL LLC		Date of Disbursement MM / DD / YYYY 11 / 20 / 2017
Mailing Address 1435 CRESTVIEW AVE.		FEC Identification Number C [] Transaction ID : 2069 Amount of Each Disbursement this Period [] 4000.00
City TALLAHASSEE	State FL	Zip Code 32303
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. HOLTZMAN VOGEL		Date of Disbursement MM / DD / YYYY 11 / 21 / 2017
Mailing Address 45 NORTH HILL DRIVE, STE 100		FEC Identification Number C [] Transaction ID : 2070 Amount of Each Disbursement this Period [] 4144.80
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	

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 11 / 22 / 2017
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 2071 Amount of Each Disbursement this Period [] 4.89
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)..... ▶

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

A. DRUCKER LAWHON

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

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 29 / 2017

FEC Identification Number: C
Transaction ID : 2075
Amount of Each Disbursement this Period: 2582.63

Memo Item

B. MANDERS, ROBERT, , ,

Full Name (Last, First, Middle Initial)
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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 01 / 2017

FEC Identification Number: C
Transaction ID : 2079
Amount of Each Disbursement this Period: 535.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 01 / 2017

FEC Identification Number: C
Transaction ID : 2076
Amount of Each Disbursement this Period: 0.69

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

Disbursement For: Primary General Other (specify) ▼

State: District:

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

Disbursement For: Primary General Other (specify) ▼

State: District:

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

Disbursement For: Primary General Other (specify) ▼

State: District:

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

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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 [] Transaction ID : 2084 Amount of Each Disbursement this Period 5010.00
City FALLS CHURCH	State VA	Zip Code 22043
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. 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 [] Transaction ID : 2085 Amount of Each Disbursement this Period 3817.43
City TALLAHASSEE	State FL	Zip Code 32301
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. TRACTION CAPITAL LLC		Date of Disbursement MM / DD / YYYY 12 / 13 / 2017
Mailing Address 1435 CRESTVIEW AVE.		FEC Identification Number C [] Transaction ID : 2086 Amount of Each Disbursement this Period 4000.00
City TALLAHASSEE	State FL	Zip Code 32303
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	

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:

Category/
Type

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. 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
12			16			2017			

FEC Identification Number

C []

Transaction ID : 2088

Amount of Each Disbursement this Period

[] 39.30 []

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2017			

FEC Identification Number

C []

Transaction ID : 2089

Amount of Each Disbursement this Period

[] 1.28 []

Memo Item

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

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

[] 60.38 []

[] [] [] [] [] [] [] [] [] []

**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

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

FEC Identification Number

C []

Transaction ID : 2090

Amount of Each Disbursement this Period

[] 1.78

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

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

FEC Identification Number

C []

Transaction ID : 2091

Amount of Each Disbursement this Period

[] 1500.00

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

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

FEC Identification Number

C []

Transaction ID : 2092

Amount of Each Disbursement this Period

[] 1.00

Memo Item

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

[] 1502.78

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

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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: 12 / 22 / 2017

FEC Identification Number: C

Transaction ID : 2093

Amount of Each Disbursement this Period: 0.69

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: 12 / 23 / 2017

FEC Identification Number: C

Transaction ID : 2094

Amount of Each Disbursement this Period: 1.28

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: 12 / 24 / 2017

FEC Identification Number: C

Transaction ID : 2095

Amount of Each Disbursement this Period: 39.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 41.27

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: MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number: C

Transaction ID : 2096

Amount of Each Disbursement this Period: 0.34

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.34

TOTAL This Period (last page this line number only)..... ▶ 245835.43

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 55 OF 63
	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 56 OF 63
	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 2117.29	Transaction ID : SD10.4622	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 904.12	Transaction ID : SD10.4641	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 2640.03	Transaction ID : SD10.4642	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2640.03

1) SUBTOTALS This Period This Page (optional)..... ▶	5661.44
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 57 OF 63
	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 58 OF 63
	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 59 OF 63
	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="610.66"/>	Transaction ID : SD10.4694	
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="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 <input type="text" value="20833.34"/>	Transaction ID : SD10.4695	
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): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="602.16"/>	Transaction ID : SD10.4696	
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="602.16"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="22046.16"/>
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 60 OF 63
	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 <input type="text" value="20833.34"/>	Transaction ID : SD10.4717	
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="341.96"/>	Transaction ID : SD10.4718	
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="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 <input type="text" value="123.76"/>	Transaction ID : SD10.4728	
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="123.76"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="21299.06"/>
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 61 OF 63
	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 62 OF 63
	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 63 OF 63
	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