

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
NEW REPUBLICAN PAC

ADDRESS (number and street) **224 E 6TH AVE**
 Check if different than previously reported. (ACC) **TALLAHASSEE FL 32303**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00544544 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2017 through / / 2017

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

Signature of Treasurer HOSSEINI, MORI, , , [Electronically Filed] Date / / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NEW REPUBLICAN PAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2017"/> | | 32168.92 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 32168.92 | |
| (c) Total Receipts (from Line 19) | 270515.29 | 270530.29 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 302684.21 | 302699.21 |
| 7. Total Disbursements (from Line 31)..... | 49751.99 | 54181.42 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 252932.22 | 248517.79 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 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

Write or Type Committee Name

NEW REPUBLICAN PAC

Report Covering the Period: From: 05 / 01 / 2017 To: 06 / 30 / 2017

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 235000.00 | 235000.00 |
| (ii) Unitemized | 515.29 | 515.29 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 235515.29 | 235515.29 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 35000.00 | 35000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 270515.29 | 270515.29 |
| 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.)..... | 0.00 | 0.00 |
| 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)).....▶ | 270515.29 | 270530.29 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 270515.29 | 270530.29 |

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 | 49751.99 | 49751.99 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 49751.99 | 49751.99 |
| 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)) .. | 49751.99 | 54181.42 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 49751.99 | 54181.42 |

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) | 270515.29 | 270515.29 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 270515.29 | 270515.29 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 49751.99 | 49751.99 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 15.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 49751.99 | 49736.99 |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 6 OF 32 |
| | (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. TUCK, ANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 563

| | | |
|-----------------|-------------|-------------------|
| City SEBRING | State FL | Zip Code 33870 |
|-----------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) NATURAL AG SOLUTIONS, LLC | Occupation (for Individual) FERTILIZER MANUFACTURE |
|--|---|

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
 05 / 12 / 2017

Transaction ID : SA11A.74

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. PANTIN, LESLIE V., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 741 SUNSET ROAD

| | | |
|----------------------|-------------|-------------------|
| City CORAL GABLES | State FL | Zip Code 33143 |
|----------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) THE PANTIN PARTNERSHIP | Occupation (for Individual) PUBLIC RELATIONS |
|---|---|

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
 05 / 23 / 2017

Transaction ID : SA11A.68

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. CAVE, J PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 PINE NEEDLE WAY

| | | |
|--------------------------|-------------|-------------------|
| City SANTA ROSA BEACH | State FL | Zip Code 32459 |
|--------------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) CYPRESS GROUP | Occupation (for Individual) CONSULTANT |
|--|---|

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
 05 / 25 / 2017

Transaction ID : SA11A.67

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 32 |
| | <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. HERTOG, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 5TH AVE
 City NEW YORK State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HERTOG FOUNDATION Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 05 / 31 / 2017
Transaction ID : SA11A.45
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

B. RICHARDSON, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 E 72ND ST
 City NEW YORK State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F.E. RICHARDSON & CO INC. Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 12 / 2017
Transaction ID : SA11A.46
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

C. WAGNER, THOMAS, A, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 CENTRAL PARK W APT 4D
 City NEW YORK State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KNIGHTHEAD CAPITAL MANAGEMENT Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 06 / 12 / 2017
Transaction ID : SA11A.78
 Amount of Each Receipt this Period 7500.00
 Memo Item CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 57500.00 |
| 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 8 OF 32 |
| | (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. KLINSKY, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 787 7TH AVE
 49TH FLR
 City NEW YORK State NY Zip Code 10019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEW MOUNTAIN CAPITAL Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 19 / 2017
Transaction ID : SA11A.47
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. HERZOG CONTRACTING CORP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1089
 City ST JOSEPH State MO Zip Code 64502
 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 ▼ 5000.00

Date of Receipt 06 / 21 / 2017
Transaction ID : SA11C.50
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. THE HOLDING COMPANY OF THE VILLAGES INC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1020 LAKE SUMTER LANDING
 City THE VILLAGES State FL Zip Code 32162
 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 ▼ 100000.00

Date of Receipt 06 / 21 / 2017
Transaction ID : SA11C.49
 Amount of Each Receipt this Period 100000.00
 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: | PAGE 9 OF 32 |
| | (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. JUNE, ROHLAND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10846 DOWN YONDER LANE
 City WINDERMERE State FL Zip Code 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JUNE ENGINEERING CONSULTANTS Occupation (for Individual) CIVIL ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2017
Transaction ID : SA11A.62
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. DOSAL TOBACCO CORP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4775 NW 132ND ST
 City OPA LOCKA State FL Zip Code 33054
 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 06 / 30 / 2017
Transaction ID : SA11C.59
 Amount of Each Receipt this Period 25000.00
 Memo Item
 CONTRIBUTION

C. GULF COAST HEALTH CARE HUD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 S PALAFOX PL STE 400
 City PENSACOLA State FL Zip Code 32502
 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 ▼ 40000.00

Date of Receipt 06 / 30 / 2017
Transaction ID : SA11C.51
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 30500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 32 |
| | <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. GULF COAST HEALTH CARE HUD | | Date of Receipt |
| Mailing Address 40 S PALAFOX PL STE 400 | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/> |
| City PENSACOLA | State FL | Zip Code 32502 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11C.52 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="5000.00"/> |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="40000.00"/> | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GULF COAST HEALTH CARE HUD | | Date of Receipt |
| Mailing Address 40 S PALAFOX PL STE 400 | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/> |
| City PENSACOLA | State FL | Zip Code 32502 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11C.53 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="5000.00"/> |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="40000.00"/> | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GULF COAST HEALTH CARE HUD | | Date of Receipt |
| Mailing Address 40 S PALAFOX PL STE 400 | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/> |
| City PENSACOLA | State FL | Zip Code 32502 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11C.54 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="5000.00"/> |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="40000.00"/> | |

| | |
|---|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text" value="15000.00"/> |
| TOTAL This Period (last page this line number only)..... | <input type="text"/> |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 32
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GULF COAST HEALTH CARE HUD

Mailing Address 40 S PALAFOX PL
STE 400

City PENSACOLA State FL Zip Code 32502

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 ▼
40000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2017

Transaction ID : SA11C.58

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 235000.00 |

**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 13 OF 32 |
| <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. FRIENDS OF MIKE H
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 S BOULEVARD

| | | |
|---------------|-------------|-------------------|
| City TAMPA | State FL | Zip Code 33606 |
|---------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00492231

| | |
|-----------------------------------|-----------------------------|
| 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 |
| 05 | | 31 | | 2017 |

Transaction ID : SA11C.44

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

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

Mailing Address 4 OLD ROUND HILL LN

| | | |
|-------------------|-------------|-------------------|
| City GREENWICH | State CT | Zip Code 06831 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00514919

| | |
|-----------------------------------|-----------------------------|
| 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 |
| 06 | | 21 | | 2017 |

Transaction ID : SA11C.48

Amount of Each Receipt this Period
10000.00

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)..... | 35000.00 |
| TOTAL This Period (last page this line number only)..... | 35000.00 |

**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

A. VERIZON

Full Name (Last, First, Middle Initial)
Mailing Address P.O. 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: 05 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB29.187

Amount of Each Disbursement this Period: 522.21

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 12 / 2017

FEC Identification Number: C

Transaction ID : 1001

Amount of Each Disbursement this Period: 2.28

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 15 / 2017

FEC Identification Number: C

Transaction ID : 1002

Amount of Each Disbursement this Period: 20.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 544.79

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 | Y | Y |
| 0 | 5 | | 1 | 9 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C []

Transaction ID : 1003

Amount of Each Disbursement this Period

[] 4.34 []

Memo Item

Full Name (Last, First, Middle Initial)

B. GLOBAL PRINTING

Mailing Address 3670 WHEELER AVENUE

City
ALEXANDRIA

State
VA

Zip Code
22304

Purpose of Disbursement
PRINTING

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 | Y | Y |
| 0 | 5 | | 2 | 2 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C []

Transaction ID : 1016

Amount of Each Disbursement this Period

[] 124.02 []

Memo Item

Full Name (Last, First, Middle Initial)

C. GLOBAL PRINTING

Mailing Address 3670 WHEELER AVENUE

City
ALEXANDRIA

State
VA

Zip Code
22304

Purpose of Disbursement
PRINTING

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 | Y | Y |
| 0 | 5 | | 2 | 2 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C []

Transaction ID : 1017

Amount of Each Disbursement this Period

[] 140.98 []

Memo Item

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

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

[] 269.34 []

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

**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. VERIZON

Mailing Address PO BOX 660720

City
DALLAS

State
TX

Zip Code
75266

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 2 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C []

Transaction ID : 1011

Amount of Each Disbursement this Period

[] 380.38 []

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 |
| 0 | 5 | | 2 | 3 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C []

Transaction ID : 1004

Amount of Each Disbursement this Period

[] 19.80 []

Memo Item

Full Name (Last, First, Middle Initial)

C. CAVALRY STRATEGIES, LLC

Mailing Address 224 E. 6TH AVE.

City
TALLAHASSEE

State
FL

Zip Code
32303

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 4 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C []

Transaction ID : 1012

Amount of Each Disbursement this Period

[] 7000.00 []

Memo Item

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

[] 7400.18 []

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 05 / 24 / 2017 | |
| Mailing Address 224 E. 6TH AVE. | | FEC Identification Number C [] Transaction ID : 1018 Amount of Each Disbursement this Period [] 6510.65 | |
| City TALLAHASSEE | State FL | Zip Code 32303 | Category/ Type [] |
| Purpose of Disbursement TRAVEL | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | <input type="checkbox"/> Memo Item |

| | | | |
|---|--|--|------------------------------------|
| Full Name (Last, First, Middle Initial) B. TRACTION CAPITAL LLC | | Date of Disbursement MM / DD / YYYY 05 / 24 / 2017 | |
| Mailing Address 4142 FOUR OAKS BLVD. | | FEC Identification Number C [] Transaction ID : 1014 Amount of Each Disbursement this Period [] 4000.00 | |
| City TALLAHASSEE | State FL | Zip Code 32311 | 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) ▼ | State: District: | <input type="checkbox"/> Memo Item |

| | | | |
|---|--|--|------------------------------------|
| Full Name (Last, First, Middle Initial) C. TRACTION CAPITAL LLC | | Date of Disbursement MM / DD / YYYY 05 / 24 / 2017 | |
| Mailing Address 4142 FOUR OAKS BLVD. | | FEC Identification Number C [] Transaction ID : 1021 Amount of Each Disbursement this Period [] 2476.44 | |
| City TALLAHASSEE | State FL | Zip Code 32311 | Category/ Type [] |
| Purpose of Disbursement TRAVEL | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | <input type="checkbox"/> Memo Item |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 12987.09 |
| 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 |
| 0 | 5 | | 2 | 5 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C []

Transaction ID : 1005

Amount of Each Disbursement this Period

[] 39.30 []

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:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 3 | 0 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C []

Transaction ID : 1006

Amount of Each Disbursement this Period

[] 4.20 []

Memo Item

Full Name (Last, First, Middle Initial)

C. CROSBY OTTENHOFF GROUP

Mailing Address 611 PENNSYLVANIA AVE SE #267

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 8 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C []

Transaction ID : 1000

Amount of Each Disbursement this Period

[] 2911.36 []

Memo Item

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

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

[] 2954.86 []

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

**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 LLP | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2017 |
| Mailing Address C/O SHANNON BAIRD 2647 JACKSON DRIVE | | FEC Identification Number C [REDACTED] Transaction ID : 1020 Amount of Each Disbursement this Period [REDACTED] 7322.83 |
| City FALLS CHURCH | State VA | Zip Code 22043 |
| Purpose of Disbursement TRAVEL | | Category/ Type [REDACTED] |
| 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. CMDI | | Date of Disbursement MM / DD / YYYY 06 / 16 / 2017 |
| Mailing Address 1593 SPRING HILL RD, STE 400 | | FEC Identification Number C [REDACTED] Transaction ID : 1010 Amount of Each Disbursement this Period [REDACTED] 1500.00 |
| City TYSONS CORNER | State VA | Zip Code 22182 |
| Purpose of Disbursement DATABASE MANAGEMENT | | Category/ Type [REDACTED] |
| 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. LAVERACK, WILLIAM, , , JR | | Date of Disbursement MM / DD / YYYY 06 / 19 / 2017 |
| Mailing Address 141 BRISCOE RD | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.43 Amount of Each Disbursement this Period [REDACTED] 130.29 |
| City NEW CANAAN | State CT | Zip Code 06840- |
| Purpose of Disbursement IN-KIND OFFSET - CATERING | | Category/ Type [REDACTED] |
| 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)..... ▶

[REDACTED] 8953.12

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. 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 |
| 0 | 6 | | 1 | 9 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C []

Transaction ID : 1007

Amount of Each Disbursement this Period

[] 1.78

Memo Item

Full Name (Last, First, Middle Initial)

B. CAVALRY STRATEGIES, LLC

Mailing Address 224 E. 6TH AVE.

City
TALLAHASSEE

State
FL

Zip Code
32303

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 1 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C []

Transaction ID : 1013

Amount of Each Disbursement this Period

[] 7000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CAVALRY STRATEGIES, LLC

Mailing Address 224 E. 6TH AVE.

City
TALLAHASSEE

State
FL

Zip Code
32303

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 1 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C []

Transaction ID : 1019

Amount of Each Disbursement this Period

[] 2584.98

Memo Item

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

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

[] 9586.76

[]

**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 |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C [REDACTED]

Transaction ID : 1008

Amount of Each Disbursement this Period

[REDACTED] 21.77

Memo Item

Full Name (Last, First, Middle Initial)

B. TRACTION CAPITAL LLC

Mailing Address 4142 FOUR OAKS BLVD.

City
TALLAHASSEE

State
FL

Zip Code
32311

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C [REDACTED]

Transaction ID : 1015

Amount of Each Disbursement this Period

[REDACTED] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TRACTION CAPITAL LLC

Mailing Address 4142 FOUR OAKS BLVD.

City
TALLAHASSEE

State
FL

Zip Code
32311

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C [REDACTED]

Transaction ID : 1022

Amount of Each Disbursement this Period

[REDACTED] 3029.88

Memo Item

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

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

[REDACTED] 7051.65

[REDACTED]

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 24 OF 32 |
| | 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 18012.93 | Transaction ID : SD10.4612 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 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 3769.58 | Transaction ID : SD10.4614 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 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 2248.68 | Transaction ID : SD10.4621 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2248.68 |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 24031.19 |
| 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 25 OF 32 |
| | FOR LINE NUMBER: (check only one) |
| | <input type="checkbox"/> 9 |
| | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC | | | Nature of Debt (Purpose): BOOKLET PRINTING |
| Mailing Address 815 SLATERS LANE | | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="2117.29"/> | Transaction ID : SD10.4622 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2117.29"/> |

| | | | |
|--|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC | | | Nature of Debt (Purpose): PRINTING - ADVERTISING/MARKETING BOOKLET |
| Mailing Address 815 SLATERS LANE | | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="904.12"/> | Transaction ID : SD10.4641 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="904.12"/> |

| | | | |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC | | | Nature of Debt (Purpose): TRAVEL EXPENSES |
| Mailing Address 815 SLATERS LANE | | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="2640.03"/> | Transaction ID : SD10.4642 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2640.03"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="5661.44"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 26 OF 32 |
| | 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 1352.72 | Transaction ID : SD10.4651 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 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 2377.72 | Transaction ID : SD10.4650 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 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 20833.34 | Transaction ID : SD10.4679 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 20833.34 |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 24563.78 |
| 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 27 OF 32 |
| | 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 28 OF 32 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

| | | | |
|--|-------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC | | Nature of Debt (Purpose): TRAVEL EXPENSES | |
| Mailing Address 815 SLATERS LANE | | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 610.66 | Transaction ID : SD10.4694 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 610.66 |

| | | | |
|--|-------------|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC | | Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING APRIL 2016 | |
| Mailing Address 815 SLATERS LANE | | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 20833.34 | Transaction ID : SD10.4695 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 20833.34 |

| | | | |
|--|-------------|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC | | Nature of Debt (Purpose): TRAVEL EXPENSES | |
| Mailing Address 815 SLATERS LANE | | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 602.16 | Transaction ID : SD10.4696 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 602.16 |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 22046.16 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 29 OF 32 |
| | 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 30 OF 32 |
| | 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 31 OF 32 |
| | 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 32 OF 32 |
| | 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 |