

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) **204 S. MONROE ST.STE 201-A**
Check if different than previously reported. (ACC) **TALLAHASSEE FL 32301**

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 / / 2018 through / / 2018

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

Signature of Treasurer DOZIER, JULIE, , , [Electronically Filed] Date / / 2018

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)

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="2018"/>		899966.98
(b) Cash on Hand at Beginning of Reporting Period.....	1904094.61	
(c) Total Receipts (from Line 19)	7071341.65	8371167.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8975436.26	9271134.56
7. Total Disbursements (from Line 31).....	5690549.52	5986247.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3284886.74	3284886.74
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NEW REPUBLICAN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

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).....	7067385.65	8268099.33
(ii) Unitemized	1456.00	49568.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7068841.65	8317667.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7068841.65	8318667.58
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2500.00	52500.00
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)).....▶	7071341.65	8371167.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7071341.65	8371167.58

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	368009.42	663707.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	368009.42	663707.72
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)	5322540.10	5322540.10
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	0.00
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)) ..	5690549.52	5986247.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5690549.52	5986247.82

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)	7068841.65	8318667.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7068841.65	8318667.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	368009.42	663707.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	368009.42	663707.72

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 82
	(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

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. ALLEN, CARL, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5215 NORTH O'CONNOR BOULEVARD
 City IRVING State TX Zip Code 75039-3713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALLEN EXPLORATION, LLC Occupation (for Individual) OWNER/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 06 / 27 / 2018
Transaction ID : SA11A.2363
 Amount of Each Receipt this Period 50000.00
 Memo Item
 CONTRIBUTION

B. BECKWITH, GEORGE, NICHOLAS, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 LITTLE LANE
 City PITTSBURGH State PA Zip Code 15215-1552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARCH STREET MANAGEMENT, LLC Occupation (for Individual) CHAIRMAN/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 05 / 17 / 2018
Transaction ID : SA11A.2285
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION

C. BEDENKO, JAMES, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18310 VICENZA WAY
 City MIROMAR LAKES State FL Zip Code 33913-8923
 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 04 / 17 / 2018
Transaction ID : SA11A.2252
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	61000.00
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 7 OF 82
(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. BEREN, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1739 N DUCKCROSS COVE
 City WICHITA State KS Zip Code 67206-3323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEREXCO LLC Occupation (for Individual) PRESIDENT
 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
 05 / 31 / 2018
Transaction ID : SA11A.2333
 Amount of Each Receipt this Period
 10000.00
 Memo Item
CONTRIBUTION

B. BRYAN, THOMAS, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6247 ORTEGA FARMS BLVD
 City JACKSONVILLE State FL Zip Code 32244-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TERRA CAPITAL HOLDINGS INC. Occupation (for Individual) INVESTMENTS
 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
 06 / 30 / 2018
Transaction ID : SA11A.2372
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

C. BRYAN, TIMOTHY, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 EXECUTIVE DRIVE
 City SOMERSET State NJ Zip Code 08873-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GALAXE SOLUTIONS Occupation (for Individual) CEO
 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
 04 / 16 / 2018
Transaction ID : SA11A.2239
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 11500.00
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 82
	(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. BUCKLEY, WALTER, W., , JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11450 TURTLE BEACH ROAD

City NORTH PALM BEACH	State FL	Zip Code 33408-3343
--------------------------	-------------	------------------------

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 ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : SA11A.2366

Amount of Each Receipt this Period
50000.00

Memo Item CONTRIBUTION

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

Mailing Address 3561 SHORE LANE

City BOCA GRANDE	State FL	Zip Code 33921
---------------------	-------------	-------------------

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 ▼
200000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2018

Transaction ID : SA11A.2280

Amount of Each Receipt this Period
200000.00

Memo Item CONTRIBUTION

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

Mailing Address 258 KAPPA DRIVE

City PITTSBURGH	State PA	Zip Code 15238-2818
--------------------	-------------	------------------------

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

Name of Employer (for Individual) JENNMAR	Occupation (for Individual) PRESIDENT
--	--

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	/	17	/	2018

Transaction ID : SA11A.2284

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	251000.00
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 82
	(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. CARLSON, BRUCE, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1243 AQUILA LOOP

City KISSIMMEE	State FL	Zip Code 34747-4005
-------------------	-------------	------------------------

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

Name of Employer (for Individual) IMAGINATION REALTY INC	Occupation (for Individual) REALTOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2018

Transaction ID : SA11A.2282

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 139 PONTE VEDRA BLVD

City PONTE VEDRA BEACH	State FL	Zip Code 32082-
---------------------------	-------------	--------------------

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

Name of Employer (for Individual) ACOSTA INC.	Occupation (for Individual) EXECUTIVE
--	--

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
06		29		2018

Transaction ID : SA11A.2378

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

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

Mailing Address 30 GREYLOCK ROAD

City WELLESLEY HILLS	State MA	Zip Code 02481-1323
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) THE BAUPOST GROUP	Occupation (for Individual) PARTNER
--	--

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
06		06		2018

Transaction ID : SA11A.2340

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	55100.00
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 82
	<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. COPELAND, GERRETT, , , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 SOUTH WASHINGTON BLVD
 City SARASOTA State FL Zip Code 34236-6943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TERREG MANAGEMENT Occupation (for Individual) MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6900.00

Date of Receipt **04 / 13 / 2018**
Transaction ID : SA11A.2237
 Amount of Each Receipt this Period 6900.00
 Memo Item
 CONTRIBUTION

B. COTO, JULIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 AVILA CT
 City CASSELBERRY State FL Zip Code 32708-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EXCEL ENGINEERING Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 26 / 2018**
Transaction ID : SA11A.2267
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. COTO, JULIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 AVILA CT
 City CASSELBERRY State FL Zip Code 32708-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EXCEL ENGINEERING Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 26 / 2018**
Transaction ID : SA11A.2295
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	7000.00
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 82
	<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. COTO, JULIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 AVILA CT
 City CASSELBERRY State FL Zip Code 32708-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EXCEL ENGINEERING Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 26 / 2018
Transaction ID : SA11A.2362
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. CURREY, BROWNLEE, O., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 SNEED RD W
 City FRANKLIN State TN Zip Code 37069-6939
 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 ▼ 3000.00

Date of Receipt 05 / 31 / 2018
Transaction ID : SA11A.2338
 Amount of Each Receipt this Period 3000.00
 Memo Item CONTRIBUTION

C. DEGEORGE, LAWRENCE, F., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 INTRACOASTAL POINTE DRIVE SUITE 410
 City JUPITER State FL Zip Code 33477-5094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CONCENTRIC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 04 / 24 / 2018
Transaction ID : SA11A.2266
 Amount of Each Receipt this Period 150000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	153050.00
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 12 OF 82
	(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GEISSINGER, FREDERICK, , MR.,			Date of Receipt
Mailing Address 8712 WHETSTONE RD			<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2018"/>
City EVANSVILLE	State IN	Zip Code 47725-1444	Transaction ID : SA11A.2358
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	<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="5000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GORDON, MICHAEL, , ,			Date of Receipt
Mailing Address 120 IRVINE COVE PLACE			<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2018"/>
City LAGUNA BEACH	State CA	Zip Code 92651-1042	Transaction ID : SA11A.2346
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	<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="1000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GRATZ, KATHLEEN, , ,			Date of Receipt
Mailing Address 5151 STEVENS DR			<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2018"/>
City SARASOTA	State FL	Zip Code 34234-2727	Transaction ID : SA11A.2255
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1500.00"/>
Name of Employer (for Individual) CBIZ INSURANCE		Occupation (for Individual) VICE PRESIDENT	<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="1500.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
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: (check only one)	PAGE 13 OF 82
	<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. GRIFFIN, KEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 S DEARBORN ST
 City CHICAGO State IL Zip Code 60603-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CITADEL GROUP Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000000.00

Date of Receipt 06 / 08 / 2018
Transaction ID : SA11A.2345
 Amount of Each Receipt this Period 5000000.00
 Memo Item
CONTRIBUTION

B. GUTIERREZ, JOE, M., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11614 VERSAILLES LAKES LN.
 City HOUSTON State TX Zip Code 77082-6843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOVI VENTURES Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 06 / 27 / 2018
Transaction ID : SA11A.2364
 Amount of Each Receipt this Period 100000.00
 Memo Item
CONTRIBUTION

C. HAGENBECK, JUDY, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4253 BUCK POINT RD
 City JACKSONVILLE State FL Zip Code 32210-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11A.2371
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	5100500.00
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 14 OF 82
	(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. HAMM, EDWARD, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 243 S BEACH RD
 City HOBE SOUND State FL Zip Code 33455-2512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACOMA OIL Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 03 / 2018**
Transaction ID : SA11A.2314
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. HARRIS, CHARLES, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 CASPIAN ST
 City TAMPA State FL Zip Code 33606-3637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACCENTURE Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **04 / 17 / 2018**
Transaction ID : SA11A.2247
 Amount of Each Receipt this Period 1500.00
 Memo Item
CONTRIBUTION

C. HEAVENER, JAMES, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 731 PINE TREE RD
 City WINTER PARK State FL Zip Code 32789-
 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 ▼ 100000.00

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11A.2370
 Amount of Each Receipt this Period 100000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	102500.00
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 15 OF 82
	<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. HICKS, THOMAS, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2200 ROSS AVE
 FIFTIETH FLOOR

City DALLAS State TX Zip Code 75201-2708

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

Name of Employer (for Individual) HICKS HOLDINGS LLC Occupation (for Individual) PRIVATE INVESTMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11A.2365

Amount of Each Receipt this Period 50000.00

Memo Item CONTRIBUTION

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

Mailing Address 36 WESTWOOD LANE

City WOODBURY State NY Zip Code 11797-2622

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

Name of Employer (for Individual) GLOBAL CREDIT ADVISERS, LLC Occupation (for Individual) CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 06 / 27 / 2018
Transaction ID : SA11A.2361

Amount of Each Receipt this Period 15000.00

Memo Item CONTRIBUTION

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

Mailing Address 1643 SPRING CREEK DRIVE

City SARASOTA State FL Zip Code 34239-5046

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 16 / 2018
Transaction ID : SA11A.2242

Amount of Each Receipt this Period 1500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 66500.00

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 16 OF 82
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. INFANTI, MICHAEL, , ,

Mailing Address 1643 SPRING CREEK DRIVE

City SARASOTA	State FL	Zip Code 34239-5046
------------------	-------------	------------------------

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

Name of Employer (for Individual) NHLS LAW	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2018

Transaction ID : SA11A.2243

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

Mailing Address 2655 NORTHWINDS PARKWAY

City ALPHARETTA	State GA	Zip Code 30009-2280
--------------------	-------------	------------------------

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

Name of Employer (for Individual) JACKSON HEALTHCARE, LLC	Occupation (for Individual) CHAIRMAN/CEO
--	---

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
04		05		2018

Transaction ID : SA11A.2073

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

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

Mailing Address 2655 NORTHWINDS PARKWAY

City ALPHARETTA	State GA	Zip Code 30009-2280
--------------------	-------------	------------------------

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

Name of Employer (for Individual) JACKSON HEALTHCARE, LLC	Occupation (for Individual) CHAIRMAN/CEO
--	---

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
06		12		2018

Transaction ID : SA11A.2347

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	51500.00
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 82
	(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. KHOURY, AMIN, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 CORPORATE CENTER WAY
 City WELLINGTON State FL Zip Code 33414-8599
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BE AEROSPACE, INC. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 14 / 2018
Transaction ID : SA11A.2348
 Amount of Each Receipt this Period 10000.00
 Memo Item
CONTRIBUTION

B. KNOPIK, STEPHEN, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6891 WEBBER RD
 City SARASOTA State FL Zip Code 34240-9346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEALL'S, INC. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 04 / 17 / 2018
Transaction ID : SA11A.2253
 Amount of Each Receipt this Period 3000.00
 Memo Item
CONTRIBUTION

C. KOHLHEPP, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 W RIVERCENTER BLVD PH 1B
 City COVINGTON State KY Zip Code 41011-5816
 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 ▼ 10000.00

Date of Receipt 06 / 18 / 2018
Transaction ID : SA11A.2351
 Amount of Each Receipt this Period 10000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	23000.00
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 18 OF 82
	(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. KURZIUS, LAWRENCE, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4985 MORVEN RD
 City JACKSONVILLE State FL Zip Code 32210-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCCORMICK CORPORATION Occupation (for Individual) CONSUMER GOODS EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11A.2373
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. LANGONE, KENNETH, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 375 PARK AVE STE 2205
 City NEW YORK State NY Zip Code 10152-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INVEMED ASSOCIATES, LLC Occupation (for Individual) BUSINESSMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11A.2376
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

C. LEACH, HOWARD, H., AMB.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 ROYAL PALM WAY SUITE 401
 City PALM BEACH State FL Zip Code 33480-4308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 05 / 31 / 2018
Transaction ID : SA11A.2334
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	126000.00
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 19 OF 82
	<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. MARLIER, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9525 EAST CHUCKWAGON LANE
 City SCOTTSDALE State AZ Zip Code 85262-1128
 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 ▼ 1500.00

Date of Receipt 04 / 16 / 2018
Transaction ID : SA11A.2244
 Amount of Each Receipt this Period 1500.00
 Memo Item CONTRIBUTION

B. MARTELLA, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13210 PALMERS CREEK TER
 City LAKEWOOD RANCH State FL Zip Code 34202-5009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2018
Transaction ID : SA11A.2250
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. MCCORMACK, ROBERT, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 SOUTH BEACH ROAD
 City HOBE SOUND State FL Zip Code 33455-2508
 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 ▼ 5000.00

Date of Receipt 05 / 24 / 2018
Transaction ID : SA11A.2292
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	7500.00
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 20 OF 82
(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. MCGILL, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 MCCORMICK DRIVE
 SUITE 200
 City CLEARWATER State FL Zip Code 33759-1029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARINEMAX, INC. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 05 / 11 / 2018
Transaction ID : SA11A.2281
 Amount of Each Receipt this Period 10000.00
 Memo Item
CONTRIBUTION

B. MICHAELS, J PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 E KENNEDY BLVD STE 3300
 City TAMPA State FL Zip Code 33602-5151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COMMUNITY EQUITY ASSOCIATES Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 17 / 2018
Transaction ID : SA11A.2246
 Amount of Each Receipt this Period 1500.00
 Memo Item
CONTRIBUTION

C. PINKERTON, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 570 N RIVER RD
 City VENICE State FL Zip Code 34293-4708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROTARY FUTURES Occupation (for Individual) COLLEGE ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 05 / 24 / 2018
Transaction ID : SA11A.2291
 Amount of Each Receipt this Period 1300.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 12800.00
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 21 OF 82
	(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. QUINN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 10TH AVE S
 UNIT 213
 City NAPLES State FL Zip Code 34102-8226
 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : SA11A.2337
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. ROUSE, THOMAS, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3319 CORNELL AVE
 City DALLAS State TX Zip Code 75205-2935
 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 ▼
 39200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2018
Transaction ID : SA11A.2273
 Amount of Each Receipt this Period
 39200.00
 Memo Item
 CONTRIBUTION

C. RUFFIN, PHIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 LAS VEGAS BLVD. S.
 City LAS VEGAS State NV Zip Code 89109-8916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TREASURE ISLAND HOTEL AND CASINO Occupation (for Individual) OWNER
 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
 06 / 22 / 2018
Transaction ID : SA11A.2354
 Amount of Each Receipt this Period
 25000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	65200.00
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 22 OF 82
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. SACK, BURTON, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 L'AMBIANCE DR. (PH-D)
 City LONGBOAT KEY State FL Zip Code 34228-3916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 04 / 16 / 2018
Transaction ID : SA11A.2245
 Amount of Each Receipt this Period 3000.00
 Memo Item CONTRIBUTION

B. SCHOLZ, CLIFFORD, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 S ORANGE AVE
 City SARASOTA State FL Zip Code 34236-6804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLIFFORD M SCHOLZ ARCHITECTS Occupation (for Individual) ARCHITECTURE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 17 / 2018
Transaction ID : SA11A.2254
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. SIMMONS, HARDWICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83 HAMMETT'S COVE ROAD
 City MARION State MA Zip Code 02738-2305
 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 06 / 22 / 2018
Transaction ID : SA11A.2355
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4250.00
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 23 OF 82
	(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. SINQUEFIELD, REX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4512 WEST PINE BLVD
 City SAINT LOUIS State MO Zip Code 63108-2186
 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 ▼ 50000.00

Date of Receipt 06 / 26 / 2018
Transaction ID : SA11A.2359
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

B. SMITH, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19950 BEACH RD APT 7S
 City TEQUESTA State FL Zip Code 33469-2878
 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 06 / 07 / 2018
Transaction ID : SA11A.2341
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. STYSLINGER, LEE, , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 INVERNESS CENTER DRIVE
 City BIRMINGHAM State AL Zip Code 35242-4834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALTEC, INC. Occupation (for Individual) CHAIRMAN/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 18 / 2018
Transaction ID : SA11A.2349
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	61000.00
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 24 OF 82
	<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. TAUBMAN, NICHOLAS, F., AMBASSADOR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2965 COLONNADE DR.
STE 300

City ROANOKE State VA Zip Code 24018-3541

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

Name of Employer (for Individual) MOZART INVESTMENTS Occupation (for Individual) PRESIDENT

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 08 / 2018
Transaction ID : SA11A.2342

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

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

Mailing Address 212 TREASURE PLACE

City JUPITER State FL Zip Code 33469-3517

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) EXECUTIVE

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 25 / 2018
Transaction ID : SA11A.2356

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

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

Mailing Address 1382 HARBOR DRIVE

City SARASOTA State FL Zip Code 34239-2012

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 04 / 17 / 2018
Transaction ID : SA11A.2249

Amount of Each Receipt this Period 3000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 13000.00

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 25 OF 82
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. VANDEWATER, DAVID, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4405 IROQUOIS AVE
 City NASHVILLE State TN Zip Code 37205-3831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARDENT HEALTH SERVICES Occupation (for Individual) PRESIDENT AND CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 04 / 13 / 2018
Transaction ID : SA11A.2236
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

B. WARE, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1
 City AMARILLO State TX Zip Code 79105-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMARILLO NATIONAL BANK Occupation (for Individual) BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 17 / 2018
Transaction ID : SA11A.2248
 Amount of Each Receipt this Period 1500.00
 Memo Item CONTRIBUTION

C. WARREN, KELCY, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8111 WESTCHESTER DR. STE 700
 City DALLAS State TX Zip Code 75225-6143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ENERGY TRANSFER Occupation (for Individual) CEO & CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 06 / 26 / 2018
Transaction ID : SA11A.2360
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	76500.00
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 26 OF 82
	<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. WRIGHT, KAREN, BUCHWALD, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 243
 City MOUNT VERNON State OH Zip Code 43050-0243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARIEL CORPORATION Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 04 / 12 / 2018
Transaction ID : SA11A.2240
 Amount of Each Receipt this Period 250000.00
 Memo Item
CONTRIBUTION

B. A. DUDA & SONS, INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 620257
 City OVIEDO State FL Zip Code 32762-
 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 ▼ 15000.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11A.2377
 Amount of Each Receipt this Period 15000.00
 Memo Item
CONTRIBUTION

C. CALDWELL TRUST COMPANY
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 CENTER ROAD
 City VENICE State FL Zip Code 34292-3801
 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 ▼ 2500.00

Date of Receipt 05 / 24 / 2018
Transaction ID : SA11A.2293
 Amount of Each Receipt this Period 2500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	267500.00
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 27 OF 82
	(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. CITY CAB COMPANY OF ORLANDO INC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 3227

City ORLANDO	State FL	Zip Code 32802-3227
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2018
Transaction ID : SA11A.2289

Amount of Each Receipt this Period
 2500.00

Memo Item
CONTRIBUTION

B. CLARKE COMPANY
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 560 HARBOR POINT RD

City LONGBOAT KEY	State FL	Zip Code 34228-3504
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2018
Transaction ID : SA11A.2251

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. GEO ACQUISITION II, INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 NW 53RD STREET
 STE. 700

City BOCA RATON	State FL	Zip Code 33487-8242
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 125000.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2018
Transaction ID : SA11A.2271

Amount of Each Receipt this Period
 125000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	128500.00
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 28 OF 82
	<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. GMS MINE REPAIR & MAINTENANCE INC.

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

Mailing Address PO BOX 2446

City MT LAKE PARK State MD Zip Code 21550-0846

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 ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2018

Transaction ID : SA11A.2344

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

B. LAW OFFICES OF HOFFMAN & HOFFMAN, P.A.

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

Mailing Address 66 W FLAGLER #200

City MIAMI State FL Zip Code 33130-1876

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 ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018

Transaction ID : SA11A.2335

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

C. MCARTHUR FAMILY 2012 TRUST

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

Mailing Address 569 EDGEWOOD AVE S

City JACKSONVILLE State FL Zip Code 32205-

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
 06 / 30 / 2018

Transaction ID : SA11A.2375

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	31000.00
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 29 OF 82
	<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. MEARS DESTINATION SERVICES, INC.

Mailing Address PO BOX 3227

City ORLANDO	State FL	Zip Code 32802-3227
-----------------	-------------	------------------------

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 ▼
3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2018

Transaction ID : SA11A.2290

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MILLENNIUM PHYSICIAN GROUP, LLC

Mailing Address 1620 TAMIAMI TRAIL
STE 402

City PORT CHARLOTTE	State FL	Zip Code 33948-4020
------------------------	-------------	------------------------

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 ▼
20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2018

Transaction ID : SA11A.2277

Amount of Each Receipt this Period
20000.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 4273

City SARASOTA	State FL	Zip Code 34230-4273
------------------	-------------	------------------------

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 ▼
10800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2018

Transaction ID : SA11A.2256

Amount of Each Receipt this Period
10800.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	33300.00
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 30 OF 82
	<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. N. G. WADE INVESTMENT COMPANY

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

Mailing Address 569 EDGEWOOD AVENUE SOUTH

City JACKSONVILLE	State FL	Zip Code 32205-
----------------------	-------------	--------------------

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
06		30		2018

Transaction ID : SA11A.2374

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. PRIDEROCK CAPITAL PARTNERS

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

Mailing Address 525 OKEECHOBEE BLVD
SUITE 1650

City WEST PALM BEACH	State FL	Zip Code 33401-6327
-------------------------	-------------	------------------------

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 ▼
20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2018

Transaction ID : SA11A.2257

Amount of Each Receipt this Period
20000.00

Memo Item
CONTRIBUTION

C. PRUITTHEALTH

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

Mailing Address 1626 JEURGENS COURT

City NORCROSS	State GA	Zip Code 30093-2219
------------------	-------------	------------------------

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 ▼
15285.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2018

Transaction ID : SA11A.2264

Amount of Each Receipt this Period
285.65

Memo Item
IN-KIND CONTRIBUTION - FOOD/BEVERAGE

SUBTOTAL of Receipts This Page (optional).....	45285.65
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 31 OF 82
	<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. RING POWER CORPORATION

Mailing Address 500 WORLD COMMERCE PARKWAY

City ST AUGUSTINE	State FL	Zip Code 32092-3788
----------------------	-------------	------------------------

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
04		23		2018

Transaction ID : SA11A.2263

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SOUTHERN GLAZER'S WINE AND SPIRITS, LLC

Mailing Address 2400 SW 145TH AVE STE 300

City MIRAMAR	State FL	Zip Code 33027-4230
-----------------	-------------	------------------------

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
06		30		2018

Transaction ID : SA11A.2368

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

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

Mailing Address 2608 SMITHTOWN ROAD

City MORGANTOWN	State WV	Zip Code 26508-2494
--------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : SA11A.2343

Amount of Each Receipt this Period
5000.00

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: (check only one)	PAGE 32 OF 82
	<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. TEM

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

Mailing Address 6321 DANIELS PARKWAY
STE 200

City FORT MYERS State FL Zip Code 33912-4773

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
 05 / 08 / 2018

Transaction ID : SA11A.2278

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. 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 32162-2699

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
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018

Transaction ID : SA11C.2369

Amount of Each Receipt this Period
100000.00

Memo Item
CONTRIBUTION

C. THERIAC MANAGEMENT ASSOCIATES, LLC

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

Mailing Address 13221 PONDEROSA WAY

City FORT MYERS State FL Zip Code 33907-7851

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 ▼
60000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2018

Transaction ID : SA11A.2276

Amount of Each Receipt this Period
60000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	170000.00
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 33 OF 82
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. VALIDUS GROUP

Mailing Address 3504 CRAGMONT DRIVE

City TAMPA	State FL	Zip Code 33619-8336
---------------	-------------	------------------------

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 ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2018

Transaction ID : SA11A.2350

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

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

Mailing Address 6751 FORUM DR. STE 200

City ORLANDO	State FL	Zip Code 32821-8089
-----------------	-------------	------------------------

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
05	/	31	/	2018

Transaction ID : SA11A.2332

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55400.00
TOTAL This Period (last page this line number only).....▶	7067385.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 OF 82
(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. REBUILD FLORIDA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8567 CORAL WAY UNIT 374
 City MIAMI State FL Zip Code 33155-2335
 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 ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : SA11C.2367
 Amount of Each Receipt this Period
 2500.00
 Memo Item
CONTRIBUTION - NON FEDERAL COMMITTEE

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
 M M / D D / Y Y Y Y Y Y
 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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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. EINISMAN, PETER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 414 SEWARD SQUARE SE #205

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 23 / 2018

FEC Identification Number: C

Transaction ID : 1175

Amount of Each Disbursement this Period: 418.82

Memo Item

B. EINISMAN, PETER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 414 SEWARD SQUARE SE #205

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 09 / 2018

FEC Identification Number: C

Transaction ID : 1176

Amount of Each Disbursement this Period: 728.00

Memo Item

C. EINISMAN, PETER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 414 SEWARD SQUARE SE #205

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 23 / 2018

FEC Identification Number: C

Transaction ID : 1177

Amount of Each Disbursement this Period: 728.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1874.82

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. EINISMAN, PETER, , ,		Date of Disbursement MM / DD / YYYY 06 / 18 / 2018	
Mailing Address 414 SEWARD SQUARE SE #205			
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FUNDRAISING 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:			
		FEC Identification Number C <input type="text"/> Transaction ID : 1178 Amount of Each Disbursement this Period <input type="text"/> 616.00 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. EINISMAN, PETER, , ,		Date of Disbursement MM / DD / YYYY 06 / 29 / 2018	
Mailing Address 414 SEWARD SQUARE SE #205			
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FUNDRAISING 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:			
		FEC Identification Number C <input type="text"/> Transaction ID : 1179 Amount of Each Disbursement this Period <input type="text"/> 1288.00 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NOONAN, DANIEL, , ,		Date of Disbursement MM / DD / YYYY 06 / 04 / 2018	
Mailing Address 1426 BRANDON DRIVE			
City WHEATON	State IL	Zip Code 60189	
Purpose of Disbursement STIPEND		<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:			
		FEC Identification Number C <input type="text"/> Transaction ID : 1155 Amount of Each Disbursement this Period <input type="text"/> 600.00 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶	<input type="text"/> 2504.00
TOTAL This Period (last page this line number only)..... ▶	<input type="text"/>

**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. WALKER, AVERY, , ,		Date of Disbursement MM / DD / YYYY 04 / 26 / 2018	
Mailing Address 1228 INDEPENDENCE AVE SE		FEC Identification Number C [] Transaction ID : 1125 Amount of Each Disbursement this Period [] 3937.00	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type []
Purpose of Disbursement FUNDRAISING CONSULTING / PHONE EXPENSE		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:	ITEMIZED TOTALS ALL UNDER <input type="checkbox"/> Memo Item \$200		

Full Name (Last, First, Middle Initial) B. WALKER, AVERY, , ,		Date of Disbursement MM / DD / YYYY 05 / 30 / 2018	
Mailing Address 1228 INDEPENDENCE AVE SE		FEC Identification Number C [] Transaction ID : 1126 Amount of Each Disbursement this Period [] 3952.00	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type []
Purpose of Disbursement FUNDRAISING CONSULTING / PHONE EXPENSE / BANK CHARGES		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:	ITEMIZED TOTALS ALL UNDER <input type="checkbox"/> Memo Item \$200		

Full Name (Last, First, Middle Initial) C. WALKER, AVERY, , ,		Date of Disbursement MM / DD / YYYY 06 / 25 / 2018	
Mailing Address 1228 INDEPENDENCE AVE SE		FEC Identification Number C [] Transaction ID : 1127 Amount of Each Disbursement this Period [] 3952.00	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type []
Purpose of Disbursement FUNDRAISING CONSULTING / PHONE EXPENSE / BANK CHARGES		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:	ITEMIZED TOTALS ALL UNDER <input type="checkbox"/> Memo Item \$200		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 11841.00
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. AMERICA RISING LLC		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018
Mailing Address 1500 WILSON BLVD 5TH FLOOR		FEC Identification Number C [] Transaction ID : 1090 Amount of Each Disbursement this Period [] 21000.00
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement RESEARCH 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. AMERICA RISING LLC		Date of Disbursement MM / DD / YYYY 06 / 07 / 2018
Mailing Address 1500 WILSON BLVD 5TH FLOOR		FEC Identification Number C [] Transaction ID : 1091 Amount of Each Disbursement this Period [] 14000.00
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement RESEARCH 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 04 / 05 / 2018
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 1092 Amount of Each Disbursement this Period [] 975.30
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).....▶	[] 35975.30
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: 04 / 13 / 2018

FEC Identification Number: C

Transaction ID : 1093

Amount of Each Disbursement this Period: 270.68

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: 04 / 14 / 2018

FEC Identification Number: C

Transaction ID : 1094

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: 04 / 16 / 2018

FEC Identification Number: C

Transaction ID : 1095

Amount of Each Disbursement this Period: 39.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 310.48

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		Date of Disbursement MM / DD / YYYY 04 / 16 / 2018
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 1096 Amount of Each Disbursement this Period [] 293.70 <input type="checkbox"/> Memo Item
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 04 / 18 / 2018
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 1097 Amount of Each Disbursement this Period [] 3.06 <input type="checkbox"/> Memo Item
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 1098 Amount of Each Disbursement this Period [] 0.89 <input type="checkbox"/> Memo Item
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 297.65
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: 04 / 21 / 2018

FEC Identification Number: C

Transaction ID : 1099

Amount of Each Disbursement this Period: 1.28

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: 04 / 23 / 2018

FEC Identification Number: C

Transaction ID : 1100

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: 04 / 26 / 2018

FEC Identification Number: C

Transaction ID : 1101

Amount of Each Disbursement this Period: 2.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4.81

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

Full Name (Last, First, Middle Initial)
A. ANEDOT

Date of Disbursement
MM / DD / YYYY
04 / 27 / 2018

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:

FEC Identification Number
C
Transaction ID : 1102
Amount of Each Disbursement this Period
5.48

Memo Item

Full Name (Last, First, Middle Initial)
B. ANEDOT

Date of Disbursement
MM / DD / YYYY
04 / 28 / 2018

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:

FEC Identification Number
C
Transaction ID : 1103
Amount of Each Disbursement this Period
1.28

Memo Item

Full Name (Last, First, Middle Initial)
C. ANEDOT

Date of Disbursement
MM / DD / YYYY
04 / 30 / 2018

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:

FEC Identification Number
C
Transaction ID : 1104
Amount of Each Disbursement this Period
0.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7.26

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: 05 / 03 / 2018

FEC Identification Number: C

Transaction ID : 1105

Amount of Each Disbursement this Period: 1.28

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: 05 / 06 / 2018

FEC Identification Number: C

Transaction ID : 1106

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: 05 / 11 / 2018

FEC Identification Number: C

Transaction ID : 1107

Amount of Each Disbursement this Period: 390.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 392.86

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

/ /

FEC Identification Number

Transaction ID : 1108

Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

Transaction ID : 1109

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 1110

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

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: 05 / 24 / 2018

FEC Identification Number: C

Transaction ID : 1111

Amount of Each Disbursement this Period: 2.25

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: 05 / 26 / 2018

FEC Identification Number: C

Transaction ID : 1112

Amount of Each Disbursement this Period: 2.25

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: 05 / 31 / 2018

FEC Identification Number: C

Transaction ID : 1113

Amount of Each Disbursement this Period: 39.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 43.80

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: 06 / 03 / 2018

FEC Identification Number: C

Transaction ID : 1114

Amount of Each Disbursement this Period: 1.28

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: 06 / 06 / 2018

FEC Identification Number: C

Transaction ID : 1115

Amount of Each Disbursement this Period: 195.30

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: 06 / 07 / 2018

FEC Identification Number: C

Transaction ID : 1116

Amount of Each Disbursement this Period: 39.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 235.88

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		Date of Disbursement MM / DD / YYYY 06 / 11 / 2018	
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 1117 Amount of Each Disbursement this Period [] 39.30	
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) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 06 / 12 / 2018	
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 1118 Amount of Each Disbursement this Period [] 975.30	
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) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 06 / 18 / 2018	
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : 1119 Amount of Each Disbursement this Period [] 1.78	
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) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1016.38
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

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		2	2		2	0	1	8

FEC Identification Number

C []

Transaction ID : 1120

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	6		2	5		2	0	1	8

FEC Identification Number

C []

Transaction ID : 1121

Amount of Each Disbursement this Period

[] 195.30 []

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	8

FEC Identification Number

C []

Transaction ID : 1122

Amount of Each Disbursement this Period

[] 2.25 []

Memo Item

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

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

[] 236.85 []

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

**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		2	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 1123

Amount of Each Disbursement this Period

[REDACTED] 2535.60

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	6		2	9		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 1124

Amount of Each Disbursement this Period

[REDACTED] 1950.30

Memo Item

Full Name (Last, First, Middle Initial)

C. CAVALRY STRATEGIES, LLC

Mailing Address 204 S. MONROE ST.
SUITE 201

City
TALLAHASSEE

State
FL

Zip Code
32301

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	4		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 1128

Amount of Each Disbursement this Period

[REDACTED] 10000.00

Memo Item

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

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

[REDACTED] 14485.90

[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. CAVALRY STRATEGIES, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 204 S. MONROE ST.
SUITE 201

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement POLITICAL STRATEGY CONSULTING / TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number: C

Transaction ID : 1129

Amount of Each Disbursement this Period: 10687.95

Memo Item

B. CAVALRY STRATEGIES, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 204 S. MONROE ST.
SUITE 201

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 07 / 2018

FEC Identification Number: C

Transaction ID : 1130

Amount of Each Disbursement this Period: 10000.00

Memo Item

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

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) ▼

Date of Disbursement: MM / DD / YYYY
04 / 25 / 2018

FEC Identification Number: C

Transaction ID : 1131

Amount of Each Disbursement this Period: 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20707.95

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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 25 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1132 Amount of Each Disbursement this Period [] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 02 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1133 Amount of Each Disbursement this Period [] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1134 Amount of Each Disbursement this Period [] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		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)..... ▶

[] 60.00

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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 07 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1135 Amount of Each Disbursement this Period [] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 09 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1136 Amount of Each Disbursement this Period [] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 16 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1137 Amount of Each Disbursement this Period [] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		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).....▶	[] 60.00
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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 31 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1138 Amount of Each Disbursement this Period [] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type []
Purpose of Disbursement BANK CHARGES		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) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 07 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1139 Amount of Each Disbursement this Period [] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type []
Purpose of Disbursement BANK CHARGES		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) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1140 Amount of Each Disbursement this Period [] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type []
Purpose of Disbursement BANK CHARGES		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) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 60.00
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

A. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 12 / 2018

FEC Identification Number: C

Transaction ID : 1141

Amount of Each Disbursement this Period: 20.00

Memo Item

B. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 14 / 2018

FEC Identification Number: C

Transaction ID : 1142

Amount of Each Disbursement this Period: 20.00

Memo Item

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 21 / 2018

FEC Identification Number: C

Transaction ID : 1143

Amount of Each Disbursement this Period: 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 60.00

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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 25 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1144 Amount of Each Disbursement this Period [] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 28 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : 1145 Amount of Each Disbursement this Period [] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		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. CHISMAN CREEK LLC		Date of Disbursement MM / DD / YYYY 04 / 12 / 2018
Mailing Address 611 PENNSYLVANIA AVE. SE #489		FEC Identification Number C [] Transaction ID : 1146 Amount of Each Disbursement this Period [] 5000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement RESEARCH 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).....▶	[] 5040.00
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

A. CHISMAN CREEK LLC

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE. SE #489

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement RESEARCH CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 04 / 2018

FEC Identification Number: C

Transaction ID : 1147

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. CHISMAN CREEK LLC

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE. SE #489

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement RESEARCH CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2018

FEC Identification Number: C

Transaction ID : 1148

Amount of Each Disbursement this Period: 5000.00

Memo Item

C. 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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 17 / 2018

FEC Identification Number: C

Transaction ID : 1149

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11500.00

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

A. 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: MM / DD / YYYY
05 / 16 / 2018

FEC Identification Number: C

Transaction ID : 1150

Amount of Each Disbursement this Period: 1500.00

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: MM / DD / YYYY
06 / 19 / 2018

FEC Identification Number: C

Transaction ID : 1151

Amount of Each Disbursement this Period: 1500.00

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 / POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 09 / 2018

FEC Identification Number: C

Transaction ID : 1152

Amount of Each Disbursement this Period: 3275.34

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6275.34

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. 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 / POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 02 / 2018

FEC Identification Number: C

Transaction ID : 1153

Amount of Each Disbursement this Period: 6245.13

Memo Item

B. 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 / POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2018

FEC Identification Number: C

Transaction ID : 1154

Amount of Each Disbursement this Period: 5330.02

Memo Item

C. DIRECT MAIL PROCESSORS, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 1150 CONRAD CT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement MAIL PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 23 / 2018

FEC Identification Number: C

Transaction ID : 1156

Amount of Each Disbursement this Period: 438.58

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12013.73

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. DIRECT MAIL PROCESSORS, INC.		Date of Disbursement MM / DD / YYYY 05 / 24 / 2018
Mailing Address 1150 CONRAD CT		FEC Identification Number C [] Transaction ID : 1157 Amount of Each Disbursement this Period [] 248.58
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement MAIL PROCESSING SERVICES		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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. DRUCKER LAWHON		Date of Disbursement MM / DD / YYYY 05 / 24 / 2018
Mailing Address 2647 JACKSON DRIVE		FEC Identification Number C [] Transaction ID : 1158 Amount of Each Disbursement this Period [] 2500.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. DRUCKER LAWHON		Date of Disbursement MM / DD / YYYY 05 / 29 / 2018
Mailing Address 2647 JACKSON DRIVE		FEC Identification Number C [] Transaction ID : 1159 Amount of Each Disbursement this Period [] 19224.81
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

[] 21973.39

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 05 / 29 / 2018
Mailing Address 2647 JACKSON DRIVE		FEC Identification Number C [] Transaction ID : 1160 Amount of Each Disbursement this Period [] 11513.50
City FALLS CHURCH	State VA	Zip Code 22043
Purpose of Disbursement TRAVEL / FOOD/BEVERAGE / DATABASE MANAGEMENT		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. DRUCKER LAWHON		Date of Disbursement MM / DD / YYYY 05 / 29 / 2018
Mailing Address 2647 JACKSON DRIVE		FEC Identification Number C [] Transaction ID : 1161 Amount of Each Disbursement this Period [] 5987.17
City FALLS CHURCH	State VA	Zip Code 22043
Purpose of Disbursement TRAVEL / FOOD/BEVERAGE		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. DRUCKER LAWHON		Date of Disbursement MM / DD / YYYY 06 / 29 / 2018
Mailing Address 2647 JACKSON DRIVE		FEC Identification Number C [] Transaction ID : 1162 Amount of Each Disbursement this Period [] 2750.00
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	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 20250.67
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 06 / 29 / 2018
Mailing Address 2647 JACKSON DRIVE		FEC Identification Number C [] Transaction ID : 1163 Amount of Each Disbursement this Period [] 1861.29
City FALLS CHURCH	State VA	Zip Code 22043
Purpose of Disbursement TRAVEL / FOOD/BEVERAGE / POSTAGE		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. DT CLIENT SERVICES, LLC		Date of Disbursement MM / DD / YYYY 06 / 25 / 2018
Mailing Address 1101 14TH STREET NW SUITE 650		FEC Identification Number C [] Transaction ID : 1164 Amount of Each Disbursement this Period [] 375.00
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement LIST RENTAL		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. ELAVON		Date of Disbursement MM / DD / YYYY 04 / 02 / 2018
Mailing Address 2 CONCOURSE PKWY STE 800		FEC Identification Number C [] Transaction ID : 1165 Amount of Each Disbursement this Period [] 93.10
City ATLANTA	State GA	Zip Code 30328
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).....▶	[] 2329.39
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. ELAVON

Mailing Address 2 CONCOURSE PKWY
STE 800

City ATLANTA State GA Zip Code 30328

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

M M / D D / Y Y Y Y Y Y
05 / 02 / 2018

FEC Identification Number

C []

Transaction ID : 1166

Amount of Each Disbursement this Period

[] 27.50

Memo Item

Full Name (Last, First, Middle Initial)

B. ENLIGHTEN SOLUTIONS LLC

Mailing Address 4311 WEST ADAMS
SUITE 209

City TEMPLE State TX Zip Code 76504

Purpose of Disbursement
PRINTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 17 / 2018

FEC Identification Number

C []

Transaction ID : 1167

Amount of Each Disbursement this Period

[] 10625.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ENLIGHTEN SOLUTIONS LLC

Mailing Address 4311 WEST ADAMS
SUITE 209

City TEMPLE State TX Zip Code 76504

Purpose of Disbursement
PRINTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

FEC Identification Number

C []

Transaction ID : 1168

Amount of Each Disbursement this Period

[] 55.00

Memo Item

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

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

[] 10707.50

[]

**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. 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 / OFFICE SUPPLIES / POSTAGE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2018

FEC Identification Number

C
Transaction ID : 1169
 Amount of Each Disbursement this Period
 20903.76

Memo Item

B. 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 / TRAVEL / POSTAGE / OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C
Transaction ID : 1170
 Amount of Each Disbursement this Period
 18207.00

Memo Item

C. 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 / TRAVEL / POSTAGE / OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2018

FEC Identification Number

C
Transaction ID : 1171
 Amount of Each Disbursement this Period
 17755.30

Memo Item

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

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

56866.06

**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. INTEGRATED WEB STRATEGY

Full Name (Last, First, Middle Initial)

Mailing Address 5330 N. 12TH STREET

City PHOENIX State AZ Zip Code 85014

Purpose of Disbursement
WEB SERVICE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2018

FEC Identification Number

C []

Transaction ID : 1173
Amount of Each Disbursement this Period

[] 125.00

Memo Item

B. MCLAUGHLIN & ASSOCIATES, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 566 S. ROUTE 303

City BLAUVELT State NY Zip Code 10913

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2018

FEC Identification Number

C []

Transaction ID : 1174
Amount of Each Disbursement this Period

[] 49900.00

Memo Item

C. PRUITTHEALTH

Full Name (Last, First, Middle Initial)

Mailing Address 1626 JEURGENS CT.

City NORCROSS State GA Zip Code 30093

Purpose of Disbursement
IN-KIND OFFSET

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2018

FEC Identification Number

C []

Transaction ID : 1172
Amount of Each Disbursement this Period

[] 285.65

Memo Item

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

[] 50310.65

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. SRCP MEDIA

Date of Disbursement: / /

Mailing Address: 201 N. UNION ST.
SUITE 200

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement: POLITICAL STRATEGY CONSULTING

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type:

FEC Identification Number:

Transaction ID : 1180

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)
B. SRCP MEDIA

Date of Disbursement: / /

Mailing Address: 201 N. UNION ST.
SUITE 200

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement: POLITICAL STRATEGY CONSULTING

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type:

FEC Identification Number:

Transaction ID : 1181

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)
C. SRCP MEDIA

Date of Disbursement: / /

Mailing Address: 201 N. UNION ST.
SUITE 200

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement: PRODUCTION COST - DID NOT AIR

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type:

FEC Identification Number:

Transaction ID : 1182

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. SRCP MEDIA

Mailing Address 201 N. UNION ST.
SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PRODUCTION COST - DID NOT AIR

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
04 / 25 / 2018

FEC Identification Number

C

Transaction ID : 1183

Amount of Each Disbursement this Period

23220.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SRCP MEDIA

Mailing Address 201 N. UNION ST.
SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

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
06 / 07 / 2018

FEC Identification Number

C

Transaction ID : 1184

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TAG REAL ESTATE HOLDINGS, LLC

Mailing Address 204 S MONROE ST
STE A

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
RENT

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
04 / 26 / 2018

FEC Identification Number

C

Transaction ID : 1185

Amount of Each Disbursement this Period

1726.87

Memo Item

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

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

34946.87

**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. TAG REAL ESTATE HOLDINGS, LLC		Date of Disbursement MM / DD / YYYY 05 / 23 / 2018
Mailing Address 204 S MONROE ST STE A		FEC Identification Number C [] Transaction ID : 1186 Amount of Each Disbursement this Period [] 1726.87
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) B. TAG REAL ESTATE HOLDINGS, LLC		Date of Disbursement MM / DD / YYYY 06 / 26 / 2018
Mailing Address 204 S MONROE ST STE A		FEC Identification Number C [] Transaction ID : 1187 Amount of Each Disbursement this Period [] 2609.05
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. THE ARCHMANN GROUP		Date of Disbursement MM / DD / YYYY 05 / 24 / 2018
Mailing Address 6618 HEARTLAND CIRCLE		FEC Identification Number C [] Transaction ID : 1188 Amount of Each Disbursement this Period [] 8438.00
City TALLAHASSEE	State FL	Zip Code 32312
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)..... ▶

12773.92

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. UNITED BANK

Mailing Address 500 VIRGINIA ST E

City
CHARLESTON

State
WV

Zip Code
25322

Purpose of Disbursement
BANK CHARGES

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	4		1	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 1189

Amount of Each Disbursement this Period

[REDACTED] 14.47

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED BANK

Mailing Address 500 VIRGINIA ST E

City
CHARLESTON

State
WV

Zip Code
25322

Purpose of Disbursement
BANK CHARGES

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		1	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 1190

Amount of Each Disbursement this Period

[REDACTED] 19.88

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

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

[REDACTED] 34.35

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

[REDACTED] 368009.42

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 70 OF 82
	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 71 OF 82
	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 72 OF 82
	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 73 OF 82
	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 74 OF 82
	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 75 OF 82
	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 76 OF 82
	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 2198.24	Transaction ID : SD10.4729	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 20833.34	Transaction ID : SD10.4730	
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): SHIPPING AND NEW REPUBLICAN MERCHANDISE
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 4420.95	Transaction ID : SD10.4752	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4420.95

1) SUBTOTALS This Period This Page (optional)..... ▶	27452.53
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 77 OF 82
	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" value="171752.42"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="20000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="191752.42"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER
C C00544544

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: NELSON, BILL, ,
Calendar Year-To-Date Per Election for Office Sought 821696.00
Date of Public Distribution/Dissemination 05/07/2018
Amount 806320.00
Transaction ID : 1191
Date of Disbursement or Obligation 05/02/2018
Office Sought: Senate State: FL
Disbursement For: General 2018

Full Name of Payee SRCP MEDIA
Mailing Address 201 N. UNION ST. SUITE 200
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: NELSON, BILL, ,
Calendar Year-To-Date Per Election for Office Sought 821696.00
Date of Public Distribution/Dissemination 05/07/2018
Amount 15376.00
Transaction ID : 1192
Date of Disbursement or Obligation 05/07/2018
Office Sought: Senate State: FL
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 821696.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, , [Electronically Filed] Date 07/15/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER
C C00544544

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 05/14/2018
Amount 821148.85
Transaction ID : 1193
Date of Disbursement or Obligation 05/09/2018

Name of Federal Candidate: NELSON, BILL, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 05/21/2018
Amount 566757.58
Transaction ID : 1194
Date of Disbursement or Obligation 05/16/2018

Name of Federal Candidate: NELSON, BILL, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1387906.43
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, ,

[Electronically Filed]

Date 07/15/2018

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC	FEC IDENTIFICATION NUMBER ▼ C C00544544
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item MATSON MEDIA LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1201 HAMPTON STREET SUITE 3B	Amount <input type="text"/> 768526.00 Transaction ID : 1195 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code COLUMBIA SC 29201	
Purpose of Expenditure MEDIA PLACEMENT	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose NELSON, BILL, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2996883.43	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item SRCP MEDIA	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 201 N. UNION ST. SUITE 200	Amount <input type="text"/> 18755.00 Transaction ID : 1196 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MEDIA PRODUCTION	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose NELSON, BILL, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2996883.43	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 787281.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, , ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER
C C00544544

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: NELSON, BILL, ,
Calendar Year-To-Date Per Election for Office Sought 3767246.17
Date of Public Distribution/Dissemination 06/18/2018
Amount 770362.74
Transaction ID : 1197
Date of Disbursement or Obligation 06/14/2018
Office Sought: Senate State: FL
Disbursement For: General 2018

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: NELSON, BILL, ,
Calendar Year-To-Date Per Election for Office Sought 4551145.06
Date of Public Distribution/Dissemination 06/25/2018
Amount 783898.89
Transaction ID : 1198
Date of Disbursement or Obligation 06/21/2018
Office Sought: Senate State: FL
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1554261.63
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, ,

[Electronically Filed]

Date 07/15/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER
C C00544544

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 07/02/2018
Amount 771395.04
Transaction ID : 1199
Date of Disbursement or Obligation 06/28/2018

Name of Federal Candidate: NELSON, BILL, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 5322540.10

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 771395.04, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 5322540.10

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, ,

[Electronically Filed]

Date

07/15/2018

Signature