

# 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**  
Republican Majority Fund

ADDRESS (number and street) 901 N Washington St, Ste 700  
Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00296640 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 [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 11 / 29 / 2022 through [MM] / [DD] / [YYYY] 12 / 31 / 2022

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

Signature of Treasurer Koch, Theodore, , , [Electronically Filed] Date [MM] / [DD] / [YYYY] 01 / 13 / 2023

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

**Republican Majority Fund**

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="2022"/>	<input type="text" value="204575.68"/>	<input type="text" value="204575.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45231.99"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="36283.96"/>	<input type="text" value="539375.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="81515.95"/>	<input type="text" value="743950.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="53699.83"/>	<input type="text" value="716134.66"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27816.12"/>	<input type="text" value="27816.12"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Republican Majority Fund**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5000.00	101900.00
(ii) Unitemized .....	0.00	313.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5000.00	102213.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	12000.00	84935.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	17000.00	187148.50
12. Transfers From Affiliated/Other Party Committees.....	19283.96	349726.60
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	36283.96	539375.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36283.96	539375.10

**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 .....	53699.83	573234.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	53699.83	573234.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	142500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	400.00
(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	400.00
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)) ..	53699.83	716134.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53699.83	716134.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17000.00	187148.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17000.00	186748.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	53699.83	573234.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	53699.83	573234.66

# 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 21  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CHILDS, JOHN, W., MR.,

Mailing Address 116 HUNTINGTON AVENUE

City BOSTON State MA Zip Code 02116-5749

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

Name of Employer (for Individual) J.W. CHILDS ASSOCIATES Occupation (for Individual) CHAIRMAN

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  
12 / 22 / 2022

**Transaction ID : SA11A.390456**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

**A. UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 700 13TH STREET NW STE. 350

City WASHINGTON	State DC	Zip Code 20005-6621
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FEC ID number of contributing federal political committee. **C** C00010470

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
12	/	16	/	2022

**Transaction ID : SA11C.390393**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. UNITEDHEALTH GROUP INCORPORATED PAC (UNITEDHEALTH)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 701 PENNSYLVANIA AVE, NW SUITE 200

City WASHINGTON	State DC	Zip Code 20004-3610
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FEC ID number of contributing federal political committee. **C** C00274431

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
12	/	16	/	2022

**Transaction ID : SA11C.390392**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. AMERICAN HOSPITAL ASSOCIATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 800 TENTH STREET NW STE. 400 TOWN CITY CENTER

City WASHINGTON	State DC	Zip Code 20001-5189
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FEC ID number of contributing federal political committee. **C** C00106146

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2022

**Transaction ID : SA11C.390543**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Republican Majority Fund**

**A. COTTON VICTORY**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 N WASHINGTON ST  
SUITE 700

City ALEXANDRIA State VA Zip Code 22314-1535

FEC ID number of contributing federal political committee. **C** C00571018

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
313181.17

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2022

**Transaction ID : SA12.390827**

Amount of Each Receipt this Period  
19283.96

Memo Item  
TRANSFER

**B. BERGER, ROBIN, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6869 SOUTHEAST NORTH MARINA WAY

City STUART State FL Zip Code 34996-1949

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

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

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  
11 / 08 / 2022

**Transaction ID : SA.388930.1.q422**

Amount of Each Receipt this Period  
2100.00

Memo Item  
TRANSFER  
TRANSFER FROM COTTON VICTORY

**C. BROWN, REGINALD, J., MR. ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 317 MANSION DRIVE

City ALEXANDRIA State VA Zip Code 22302-2904

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

Name of Employer (for Individual) Occupation (for Individual)  
KIRKLAND & ELLIS LLP 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  
11 / 04 / 2022

**Transaction ID : SA.386586.1.q422**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM COTTON VICTORY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	19283.96
<b>TOTAL</b> 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 9 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Republican Majority Fund**

**A. COX, CHRISTOPHER, N., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 E 70TH ST  
 City NEW YORK State NY Zip Code 10021-4963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 11 / 11 / 2022  
**Transaction ID : SA.387171.1.q422**  
 Amount of Each Receipt this Period 2900.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

**B. FREEMAN, JERRY, W., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1800 E AIRPORT FWY.  
 City IRVING State TX Zip Code 75062-4827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FREEMAN AUTO GROUP Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 24 / 2022  
**Transaction ID : SA.384560.1.q422**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

**C. GREEN, RAMONA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 7008  
 City PINE BLUFF State AR Zip Code 71611-7008  
 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 ▼ 1300.00

Date of Receipt 10 / 12 / 2022  
**Transaction ID : SA.388926.1.q422**  
 Amount of Each Receipt this Period 1300.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> 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 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Republican Majority Fund**

**A. HALEY, DAVID, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 ALTA DRIVE

City FORT WORTH	State TX	Zip Code 76107-1526
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HBK CAPITAL MANAGEMENT	Occupation (for Individual) INVESTMENT MANAGER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2022

**Transaction ID : SA.382121.1.q422**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM COTTON VICTORY

**B. HALL, FRED, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9225 LAKE HEFNER PKWY SUITE 200

City OKLAHOMA CITY	State OK	Zip Code 73120-2061
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HALL CAPITAL	Occupation (for Individual) CHAIRMAN & CEO
---	---

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
12	/	21	/	2022

**Transaction ID : SA.390436.1.q422**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM COTTON VICTORY

**C. HOBSON, H., LEE, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4237 ARMSTRONG PKWY

City DALLAS	State TX	Zip Code 75205-3715
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HIGHSIDE CAPITAL MANAGEMENT	Occupation (for Individual) INVESTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2022

**Transaction ID : SA.384561.1.q422**

Amount of Each Receipt this Period  
2900.00

Memo Item  
TRANSFER  
TRANSFER FROM COTTON VICTORY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> 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 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Republican Majority Fund**

**A. KAMINS, SCOTT, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3417 HIDDEN RIVER VIEW RD  
 City ANNAPOLIS State MD Zip Code 21403-5025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PRIME POLICY GROUP Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2022  
**Transaction ID : SA.389350.1.q422**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 TRANSFER  
 PARTNERSHIP ATTRIB: TRANSNATIONAL SOLUTIONS, LLC

**B. MCGEORGE, SCOTT, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 7008  
 City PINE BLUFF State AR Zip Code 71611-7008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PINE BLUFF SAND & GRAVEL COMPANY Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 12 / 2022  
**Transaction ID : SA.388927.1.q422**  
 Amount of Each Receipt this Period 2900.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

**C. PERLES, STEVE, , MR. ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5700 COLLINS AVE PH-A  
 City MIAMI BEACH State FL Zip Code 33140-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRANSNATIONAL SOLUTIONS, LLC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2022  
**Transaction ID : SA.389349.1.q422**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 TRANSFER  
 PARTNERSHIP ATTRIB: TRANSNATIONAL SOLUTIONS, LLC

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Republican Majority Fund**

**A. RAGUKONIS, THOMAS, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 WEST CENTURY ROAD  
 City PARAMUS State NJ Zip Code 07652-1466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 10 / 25 / 2022  
**Transaction ID : SA.384562.1.q422**  
 Amount of Each Receipt this Period 2900.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

**B. READ, STEVEN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2025 4TH ST  
 City BERKELEY State CA Zip Code 94710-1912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) READ INVESTMENTS Occupation (for Individual) FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 26 / 2022  
**Transaction ID : SA.384709.1.q422**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

**C. RIEDEL, CHRIS, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 FORRESTER RD  
 City LOS GATOS State CA Zip Code 95032-6508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) AUTHOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 10 / 19 / 2022  
**Transaction ID : SA.383752.1.q422**  
 Amount of Each Receipt this Period 2900.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> 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 13 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Republican Majority Fund**

**A. RUDDY, CHRIS, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 560 VILLAGE BOULEVARD  
 City WEST PALM BEACH State FL Zip Code 33409-1945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEWSMAX Occupation (for Individual) CEO AND FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 11 / 16 / 2022  
**Transaction ID : SA.388276.1.q422**  
 Amount of Each Receipt this Period 2900.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

**B. WOOD, ANTHONY, , MR. ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 PRIMROSE WAY  
 City PALO ALTO State CA Zip Code 94303-3047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRIGHTSIGN Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 03 / 2022  
**Transaction ID : SA.386585.1.q422**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

**C. GROWING GEORGIA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 824 S MILLEDGE AVE STE 101  
 City ATHENS State GA Zip Code 30605-1369  
 FEC ID number of contributing federal political committee. **C** C00734822  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 14 / 2022  
**Transaction ID : SA.388239.1.q422**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Republican Majority Fund**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**TRANSNATIONAL SOLUTIONS, LLC**

Mailing Address 5700 COLLINS AVE PH-A

City MIAMI BEACH	State FL	Zip Code 33140-
---------------------	-------------	--------------------

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 ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	15	/	2022

**Transaction ID : SA.389324.1.q422**

Amount of Each Receipt this Period  
600.00

Memo Item  
TRANSFER

SEE PARTNERSHIP ATTRIB

**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
-----	---	-----	---	---------

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	19283.96

**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)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial)  
**A. TABLER, CAROLINE, , ,**

Mailing Address **2003 GLEN DRIVE**

City **ALEXANDRIA** State **VA** Zip Code **22307**

Purpose of Disbursement **PAC POLITICAL/STRATEGY CONSULTING**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **11 / 30 / 2022**

FEC Identification Number: **C**  
**Transaction ID : SB21B.I2223**  
Amount of Each Disbursement this Period: **4940.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. KOCH & HOOS, LLC**

Mailing Address **901 N WASHINGTON ST STE 700**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement **PAC ACCOUNTING/COMPLIANCE SERVICES**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **12 / 01 / 2022**

FEC Identification Number: **C**  
**Transaction ID : SB21B.I2224**  
Amount of Each Disbursement this Period: **4000.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. O'DONNELL AND ASSOCIATES, LTD.**

Mailing Address **829 EMERALD DRIVE**

City **ALEXANDRIA** State **VA** Zip Code **22308**

Purpose of Disbursement **PAC COMMUNICATIONS/POLITICAL CONSULTING**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **12 / 07 / 2022**

FEC Identification Number: **C**  
**Transaction ID : SB21B.I2224**  
Amount of Each Disbursement this Period: **8525.84**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **17465.84**

**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)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMOS

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  
12 / 12 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2243f

Amount of Each Disbursement this Period

[REDACTED] 166.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
PAC CREDIT CARD FEES

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  
12 / 12 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2243f

Amount of Each Disbursement this Period

[REDACTED] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
PAC CREDIT CARD FEES

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  
12 / 12 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2243f

Amount of Each Disbursement this Period

[REDACTED] 50.00

Memo Item

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

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

[REDACTED] 166.99

[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)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial)  
**A. THE MORNING GROUP**

Mailing Address 5101 YUMA STREET NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
12 / 12 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.I2225'  
Amount of Each Disbursement this Period  
7500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. DOWNER, MATTHEW, P., ,**

Mailing Address 6318 JOSLYN PLACE

City CHEVERLY State MD Zip Code 20785

Purpose of Disbursement  
EXPENSE REIMBURSEMENT: SEE MEMO

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
12 / 14 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.I22443  
Amount of Each Disbursement this Period  
2430.22

Memo Item

Full Name (Last, First, Middle Initial)  
**C. MERCHOLOGY**

Mailing Address 3000 NIAGARA LN N

City PLYMOUTH State MN Zip Code 55447

Purpose of Disbursement  
PAC DONOR GIFTS/MEMENTOS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
12 / 14 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.I2244  
Amount of Each Disbursement this Period  
2430.22

Memo Item

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

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

9930.22

**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)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial)

**A. RAMAY FAMILY PARTNERSHIP**

Mailing Address 8001 FORBES PLACE, SUITE 305

City SPRINGFIELD State VA Zip Code 22151

Purpose of Disbursement  
PAC RENT

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  
12 / 19 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.I2244i  
Amount of Each Disbursement this Period  
1261.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FP1 STRATEGIES, LLC**

Mailing Address 3001 WASHINGTON BLVD.  
7TH FLOOR

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
PAC DIGITAL/GENERAL CONSULTING

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  
12 / 21 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.I2245j  
Amount of Each Disbursement this Period  
1935.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. REPUBCLICK**

Mailing Address 33 11TH STREET, NE  
UNIT 2419

City ATLANTA State GA Zip Code 30309

Purpose of Disbursement  
PAC DIGITAL CONSULTING

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  
12 / 21 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.I2245k  
Amount of Each Disbursement this Period  
3000.00

Memo Item

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

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

6196.48

**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)  
**Republican Majority Fund**

**A. TABLER, CAROLINE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2003 GLEN DRIVE

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement PAC POLITICAL/STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 22 / 2022

FEC Identification Number: C

Transaction ID : SB21B.I2246!

Amount of Each Disbursement this Period: 4940.00

Memo Item

**B. KOCH & HOOS, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 901 N WASHINGTON ST STE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PAC ACCOUNTING/COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 22 / 2022

FEC Identification Number: C

Transaction ID : SB21B.I2246!

Amount of Each Disbursement this Period: 4000.00

Memo Item

**C. THE MORNING GROUP**

Full Name (Last, First, Middle Initial)

Mailing Address 5101 YUMA STREET NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 22 / 2022

FEC Identification Number: C

Transaction ID : SB21B.I2246!

Amount of Each Disbursement this Period: 850.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9790.00

**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)  
**Republican Majority Fund**

**A. DEOUDES, JONI, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9040 CABIN COURT

City OWINGS State MD Zip Code 20736

Purpose of Disbursement PAC POLITICAL/STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 27 / 2022

FEC Identification Number: C

Transaction ID : SB21B.I2247

Amount of Each Disbursement this Period: 2450.00

Memo Item

**B. ANEDOT, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS STREET SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement PAC CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB21B.I2248

Amount of Each Disbursement this Period: 200.30

Memo Item

**C. THE MORNING GROUP**

Full Name (Last, First, Middle Initial)

Mailing Address 5101 YUMA STREET NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 29 / 2022

FEC Identification Number: C

Transaction ID : SB21B.I2246

Amount of Each Disbursement this Period: 7500.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10150.30
<b>TOTAL</b> This Period (last page this line number only).....▶	53699.83

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 21
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Tabler, Caroline, , ,</b>			Nature of Debt (Purpose): PAC Political/Strategy Consulting
Mailing Address 2003 Glen Drive			
City Alexandria	State VA	Zip Code 22307	

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.4383</b>	
4940.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	4940.00	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	