

**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

THE NATIONAL REPUBLICAN TRUST PAC

ADDRESS (number and street)

2021 L ST NW

STE 101-340

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20036-4909

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00455378

3. IS THIS  
REPORTNEW  
(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

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

C

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

04

01

2022

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

30

2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

PETERSON, FREDERICK, A, , III

Type or Print Name of Treasurer

Signature of Treasurer

PETERSON, FREDERICK, A, , III

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

07

2022

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

THE NATIONAL REPUBLICAN TRUST 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="2022"/>		<input type="text" value="1491.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="986.90"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11240.48"/>	<input type="text" value="19966.48"/>
(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="12227.38"/>	<input type="text" value="21457.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11840.32"/>	<input type="text" value="21070.66"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="387.06"/>	<input type="text" value="387.06"/>
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="26494.05"/>	

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

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**THE NATIONAL REPUBLICAN TRUST PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	2

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).....	3835.00	6760.00
(ii) Unitemized .....	6027.76	10793.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9862.76	17553.76
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9862.76	17553.76
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).....	5.00	5.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1372.72	2407.72
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)) .....	11240.48	19966.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11240.48	19966.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	10297.52	17955.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10297.52	17955.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1542.80	3115.34
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)) ..	11840.32	21070.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11840.32	21070.66

**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) .....	9862.76	17553.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9862.76	17553.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	10297.52	17955.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	5.00	5.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	10292.52	17950.32

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

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

FOR LINE NUMBER: PAGE 6 OF 32  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. BARRY, DONALD, E, MR.,**

Mailing Address 42 HIGHBUSH COURT

City  
SPRING

State  
TX

Zip Code  
77381

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 ▼

320.00

Date of Receipt

MM / DD / YYYY  
04 / 03 / 2022

Transaction ID : AFEDB611CE08A4EDCAD

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. BARRY, DONALD, E, MR.,**

Mailing Address 42 HIGHBUSH COURT

City  
SPRING

State  
TX

Zip Code  
77381

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 ▼

420.00

Date of Receipt

MM / DD / YYYY  
05 / 18 / 2022

Transaction ID : A6011850FB58D4451ACF

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. BARRY, DONALD, E, MR.,**

Mailing Address 42 HIGHBUSH COURT

City  
SPRING

State  
TX

Zip Code  
77381

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 ▼

470.00

Date of Receipt

MM / DD / YYYY  
05 / 26 / 2022

Transaction ID : A8D3BEE5EC4884582951

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

170.00

# **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 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

A. BARRY, DONALD, E, MR.,

Mailing Address 42 HIGHBUSH COURT

City  
SPRING

State  
TX

Zip Code  
77381

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 ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2022

Transaction ID : AE133737120EB494BAF2

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. BRYAN, ROBERT, L, MR.,

Mailing Address PO BOZ 1112

City  
WETUMPKA

State  
AL

Zip Code  
36092

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2022

Transaction ID : A652A3A2718024FF29FB

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. CAMPBELL, ED, , MR.,

Mailing Address 300 LETTERMAN ROAD

City  
KNOXVILLE

State  
TN

Zip Code  
37919

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 / D D / Y Y Y Y Y Y  
04 / 08 / 2022

Transaction ID : A2B6163929C7046958D3

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

385.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

A. CAMPBELL, ED, , MR.,

Mailing Address 300 LETTERMAN ROAD

City  
KNOXVILLE

State  
TN

Zip Code  
37919

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2022

Transaction ID : AC3BD6DA78A4E4AB1A3;

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. CAMPBELL, ED, , MR.,

Mailing Address 300 LETTERMAN ROAD

City  
KNOXVILLE

State  
TN

Zip Code  
37919

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

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2022

Transaction ID : A0A11222F5959403AA37

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. DOOLEY, DAVID, , DR.,

Mailing Address 100 WORTH AVENUE  
APT 511

City  
PALM BEACH

State  
FL

Zip Code  
33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MJW CORPORATION

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2022

Transaction ID : A6674EA41F33A42089A1

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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 PageFOR LINE NUMBER: PAGE 9 OF 32  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. EGAN, SHOSHANA, , ,**

Mailing Address 3758 VIA DEL CONQUISTADOR

City  
SAN DIEGOState  
CAZip Code  
92117-5741FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2022

Transaction ID : AB3D6E478CC3D437BB05

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. GIBSON, GARY, C, ,**

Mailing Address 1422 CRESCENT DR

City  
BATON ROUGEState  
LAZip Code  
70806-8613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENTERGYOccupation (for Individual)  
NUCLEAR REPAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2022

Transaction ID : A749E21424BE2459985E

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. GRAMZOW, NORMA, E, MRS.,**

Mailing Address 6497 RD. 16

City  
GOODLANDState  
KSZip Code  
67735FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2022

Transaction ID : A3FD4EDB102EE4161BD7

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1045.00

**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 PageFOR LINE NUMBER: PAGE 10 OF 32  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. HAMMANN, PAUL, , MR.,**

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUPState  
WAZip Code  
98371FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2022

Transaction ID : AE9B68127905C452CA1C

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. HAMMANN, PAUL, , MR.,**

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUPState  
WAZip Code  
98371FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2022

Transaction ID : AA239BD70FBDB4B60919

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. HAMMANN, PAUL, , MR.,**

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUPState  
WAZip Code  
98371FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2022

Transaction ID : AB7659CB8CF37443BAF0

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

175.00

# 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 11 OF 32

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

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NAME OF COMMITTEE (In Full)

THE NATIONAL REPUBLICAN TRUST PAC

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

A. HAMMANN, PAUL, , MR.,

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 29 / 2022

Transaction ID : A0DED45193D3D457E808

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. HAMMANN, PAUL, , MR.,

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 03 / 2022

Transaction ID : A3CD8923E77554AA2BFC

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. HAMMANN, PAUL, , MR.,

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

05 / 17 / 2022

Transaction ID : A92DF876A2BF64B83997

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 32

<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)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. HAMMANN, PAUL, , MR.,**

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUPState  
WAZip Code  
98371FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
05 / 27 / 2022

Transaction ID : A346C1518B05A447EA44

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. HAMMANN, PAUL, , MR.,**

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUPState  
WAZip Code  
98371FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
06 / 09 / 2022

Transaction ID : AD2685F714D0C435EA23

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. HAMMANN, PAUL, , MR.,**

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUPState  
WAZip Code  
98371FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
06 / 20 / 2022

Transaction ID : A81205020B3AF4BA2805

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 32

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. HAMMANN, PAUL, , MR.,**

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2022

Transaction ID : A3C9E4CBA182A4F70AEC

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. JONES, JUDITH, , MS.,**

Mailing Address 1001 S MEADOWS PKWY  
APT 212

City  
RENO

State  
NV

Zip Code  
89521

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2022

Transaction ID : AA60D141EBB4E47789E2

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. JONES, JUDITH, , MS.,**

Mailing Address 1001 S MEADOWS PKWY  
APT 212

City  
RENO

State  
NV

Zip Code  
89521

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2022

Transaction ID : A08F3749C306345B0812

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

100.00

# **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 14 OF 32

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. LOMBARDI, JAMES, , MR.,**

Mailing Address 1 FAIRHAVEN DR EAST

City  
LONGMEADOW

State  
MA

Zip Code  
01028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RUSS ELECTRIC

Occupation (for Individual)  
FIELD SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2022

**Transaction ID : A5E48C471753C440A9F3**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. LOMBARDI, JAMES, , MR.,**

Mailing Address 1 FAIRHAVEN DR EAST

City  
LONGMEADOW

State  
MA

Zip Code  
01028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RUSS ELECTRIC

Occupation (for Individual)  
FIELD SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2022

**Transaction ID : A602B80376B7E4E91BBB**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. LOMBARDI, JAMES, , MR.,**

Mailing Address 1 FAIRHAVEN DR EAST

City  
LONGMEADOW

State  
MA

Zip Code  
01028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RUSS ELECTRIC

Occupation (for Individual)  
FIELD SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2022

**Transaction ID : ADA4D36573A244EA3A24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. LOMBARDI, JAMES, , MR.,**

Mailing Address 1 FAIRHAVEN DR EAST

City  
LONGMEADOWState  
MAZip Code  
01028FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RUSS ELECTRICOccupation (for Individual)  
FIELD SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 10 / 2022

Transaction ID : A7C1EBA3A80D04BC2806

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. LOMBARDI, JAMES, , MR.,**

Mailing Address 1 FAIRHAVEN DR EAST

City  
LONGMEADOWState  
MAZip Code  
01028FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RUSS ELECTRICOccupation (for Individual)  
FIELD SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2022

Transaction ID : AC88D57EA347E4FE0B94

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. LOMBARDI, JAMES, , MR.,**

Mailing Address 1 FAIRHAVEN DR EAST

City  
LONGMEADOWState  
MAZip Code  
01028FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RUSS ELECTRICOccupation (for Individual)  
FIELD SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2022

Transaction ID : ABC9263EA0F25482B992

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. LOMBARDI, JAMES, , MR.,**

Mailing Address 1 FAIRHAVEN DR EAST

City  
LONGMEADOWState  
MAZip Code  
01028FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RUSS ELECTRICOccupation (for Individual)  
FIELD SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	D D	Y Y Y Y
06	26	2022

**Transaction ID : AF2F69B5A729443AF818**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. SALTZMAN, MARTIN, L, ,**

Mailing Address 177 TANTALLON LN

City  
INVERNESSState  
ILZip Code  
60067-8015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AIM SPECIALTY HEALTHOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
05	28	2022

**Transaction ID : A7472D704D3FC4432B02**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. SALTZMAN, MARTIN, L, ,**

Mailing Address 177 TANTALLON LN

City  
INVERNESSState  
ILZip Code  
60067-8015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AIM SPECIALTY HEALTHOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
06	28	2022

**Transaction ID : A0FBB3CC415064995B83**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

150.00

**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 17 OF 32

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. TROTTER, MIKE, , MR.,**

Mailing Address 9530 HAGEMAN ROAD  
SUITE B333

City  
BAKERSFIELD

State  
CA

Zip Code  
93312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2022

**Transaction ID : A41513DA42C924AECA97**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. WITTIG, MALCOLM, , MR.,**

Mailing Address HC 60 BOX 50

City  
WELLS

State  
NV

Zip Code  
89835

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2022

**Transaction ID : A559A10A6048341F5A10**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

500.00

3835.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 32

<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)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 1340 POYDRAS ST  
STE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2022

FEC Identification Number

**C****Transaction ID : B162B913B7!**

Amount of Each Disbursement this Period

465.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 3 DUPONT CIRCLE, NW

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	07	/	2022

FEC Identification Number

**C****Transaction ID : B7B0C4905C!**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

City  
IRVINEState  
CAZip Code  
92618-4645Purpose of Disbursement  
TELEPHONE SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	25	/	2022

FEC Identification Number

**C****Transaction ID : BD862FBEF!**

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).....▶

535.01

# **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)

PAGE 19 OF 32

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

## **A. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

City  
IRVINE

State  
CA

Zip Code  
92618-4645

Purpose of Disbursement  
TELEPHONE SERVICES

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 / 27 / 2022

FEC Identification Number

C

**Transaction ID : BAAA66F3B7**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

City  
IRVINE

State  
CA

Zip Code  
92618-4645

Purpose of Disbursement  
TELEPHONE SERVICES

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  
05 / 25 / 2022

FEC Identification Number

C

**Transaction ID : B71B724963A**

Amount of Each Disbursement this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

City  
IRVINE

State  
CA

Zip Code  
92618-4645

Purpose of Disbursement  
TELEPHONE SERVICES

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  
05 / 31 / 2022

FEC Identification Number

C

**Transaction ID : BD5E15AD71**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

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

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

125.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 32

<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

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)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD, SUITE 329

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		18		2022

FEC Identification Number

**C****Transaction ID : B23EB3ABDI**

Amount of Each Disbursement this Period

238.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD, SUITE 329

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2022

FEC Identification Number

**C****Transaction ID : B05D7F4155I**

Amount of Each Disbursement this Period

238.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD, SUITE 329

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2022

FEC Identification Number

**C****Transaction ID : BBA0450BDI**

Amount of Each Disbursement this Period

238.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

715.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 32

<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)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. GODADDY.COM**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2022

Mailing Address 14455 N HAYDEN RD  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260Purpose of Disbursement  
WEBSITE SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : BD4F9C6D81**

Amount of Each Disbursement this Period

190.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MAILCHIMP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2022

Mailing Address 512 MEANS ST  
SUITE 404City  
ATLANTAState  
GAZip Code  
30318Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : B1CF84E200f**

Amount of Each Disbursement this Period

201.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MAILCHIMP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		25		2022

Mailing Address 512 MEANS ST  
SUITE 404City  
ATLANTAState  
GAZip Code  
30318Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : B2EA9194E4**

Amount of Each Disbursement this Period

201.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

593.47

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 32

<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)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. MAILCHIMP**Mailing Address 512 MEANS ST  
SUITE 404City  
ATLANTAState  
GAZip Code  
30318Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2022

FEC Identification Number

**C****Transaction ID : B5FA0E3B32**

Amount of Each Disbursement this Period

201.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PETERSON, FREDERICK A., , ,**

Mailing Address 14000 CABELLS MILL DR

City  
CENTREVILLEState  
VAZip Code  
20120Purpose of Disbursement  
PAC COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2022

FEC Identification Number

**C****Transaction ID : BD127310584**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WALL STREET JOURNAL**Mailing Address 1350 BROADWAY  
SUITE 2400City  
NEW YORKState  
NYZip Code  
10018Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2022

FEC Identification Number

**C****Transaction ID : B8A115582C**

Amount of Each Disbursement this Period

59.99

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

761.39

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 32

<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

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)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. WALL STREET JOURNAL**Mailing Address 1350 BROADWAY  
SUITE 2400City  
NEW YORKState  
NYZip Code  
10018Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2022

FEC Identification Number

**C**

Transaction ID : BF5D447A14

Amount of Each Disbursement this Period

59.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WALL STREET JOURNAL**Mailing Address 1350 BROADWAY  
SUITE 2400City  
NEW YORKState  
NYZip Code  
10018Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2022

FEC Identification Number

**C**

Transaction ID : B42C7C95FD

Amount of Each Disbursement this Period

59.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2022

FEC Identification Number

**C**

Transaction ID : B372AFF4EE

Amount of Each Disbursement this Period

1400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1519.98

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 32

<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)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2022

FEC Identification Number

**C** **Transaction ID : BC454EA2C4**

Amount of Each Disbursement this Period

 400.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2022

FEC Identification Number

**C** **Transaction ID : B7EE1209CD**

Amount of Each Disbursement this Period

 150.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2022

FEC Identification Number

**C** **Transaction ID : B0DCDCB94**

Amount of Each Disbursement this Period

 500.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 1050.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 32

<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)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		03		2022

FEC Identification Number

**C****Transaction ID : B2D71A7481!**

Amount of Each Disbursement this Period

680.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2022

FEC Identification Number

**C****Transaction ID : B69578BCE5!**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2022

FEC Identification Number

**C****Transaction ID : B191CC7D9C**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2680.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 32

<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)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2022

FEC Identification Number

**C** **Transaction ID : B5A28CA7C**

Amount of Each Disbursement this Period

 500.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

FEC Identification Number

**C** **Transaction ID : B4DFF5F14F**

Amount of Each Disbursement this Period

 1600.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** 

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 2100.00 10080.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 32

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 3 DUPONT CIRCLE, NW

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
CAREY ACCOUNT: BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	5		2	7		2	0	2	2		

FEC Identification Number

**C****Transaction ID : BA79512CD3**

Amount of Each Disbursement this Period

16.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 3 DUPONT CIRCLE, NW

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
CAREY ACCOUNT: BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	2	2		

FEC Identification Number

**C****Transaction ID : B619DEA712I**

Amount of Each Disbursement this Period

16.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
CAREY ACCOUNT: PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	4		0	4		2	0	2	2		

FEC Identification Number

**C****Transaction ID : B305719A40I**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

282.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 32

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
CAREY ACCOUNT: PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2022

FEC Identification Number

**C** 

Transaction ID : BE6BE86EA9

Amount of Each Disbursement this Period

 100.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
CAREY ACCOUNT: PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2022

FEC Identification Number

**C** 

Transaction ID : B2FD642E154

Amount of Each Disbursement this Period

 100.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
CAREY ACCOUNT: PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2022

FEC Identification Number

**C** 

Transaction ID : BD726971A5

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 350.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 32

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
CAREY ACCOUNT: PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

FEC Identification Number

**C** **Transaction ID : BE3EA1F95C**

Amount of Each Disbursement this Period

 250.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
CAREY ACCOUNT: PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2022

FEC Identification Number

**C** **Transaction ID : B73067F6AE7**

Amount of Each Disbursement this Period

 50.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WHEELER, ANGELA, , ,**

Mailing Address 2319 TROTT AVENUE

City  
VIENNAState  
VAZip Code  
22181Purpose of Disbursement  
CAREY ACCOUNT: PAC RESEARCH/COMMS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2022

FEC Identification Number

**C** **Transaction ID : B07051E053**

Amount of Each Disbursement this Period

 500.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶ 800.00**TOTAL** This Period (last page this line number only).....▶ 1432.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 OF 32

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ACTIVE ENGAGEMENT**

Nature of Debt (Purpose):

PAC EMAIL COMMUNICATION

Mailing Address 44084 RIVERSIDE PKWY, SUITE 350

City

LEESBURG

State

VA

Zip Code

20176

Outstanding Balance Beginning This Period

840.00

Transaction ID : D9C0B70D8209542CC9DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

840.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DB CAPITOL STRATEGIES PLLC**

Nature of Debt (Purpose):

PAC LEGAL FEES

Mailing Address 717 KING ST, STE 300

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

2000.00

Transaction ID : DFBEEC2F084A641DA905

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**KOCH & HOOS, LLC**

Nature of Debt (Purpose):

PAC ACCOUNTING CONSULTING

Mailing Address P.O. BOX 1154

City

ALEXANDRIA

State

VA

Zip Code

22313-1154

Outstanding Balance Beginning This Period

19064.60

Transaction ID : DB6C379F8530A4FA9912

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19064.60

1) **SUBTOTALS** This Period This Page (optional)..... ►

21904.60

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 31 OF 32

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LEXISNEXIS**Nature of Debt (Purpose):  
PAC SUBSCRIPTION

Mailing Address P.O. BOX 7247-7090

City

PHILADELPHIA

State

PA

Zip Code

19170

Outstanding Balance Beginning This Period

1356.80

Transaction ID : D0121370A31684390970

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1356.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MAELSTROM TECHNOLOGIES SOLUTIONS**Nature of Debt (Purpose):  
PAC CREDIT CARD PROCESSING

Mailing Address PO BOX 44

City

SUSSEX

State

WI

Zip Code

53089-0044

Outstanding Balance Beginning This Period

240.00

Transaction ID : D5C95E0A1195241F7A37

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**PR NEWswire**Nature of Debt (Purpose):  
PAC PRESS RELEASES

Mailing Address G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Outstanding Balance Beginning This Period

1722.50

Transaction ID : DD6F3BF0120F847BBADA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1722.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

3319.30

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 32 OF 32

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SPECTRUM COMMUNICATIONS**

Nature of Debt (Purpose):

PAC TELEPHONE EXPENSE

Mailing Address 125 N EXECUTIVE DR, STE. 300

City

BROOKFIELD

State

WI

Zip Code

53005-6035

Outstanding Balance Beginning This Period

750.15

Transaction ID : D42583FA7204D4613A60

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**THE POLITICAL INSIDER, LLC**

Nature of Debt (Purpose):

IE EMAIL COMMUNICATION

Mailing Address P.O. BOX 25574

City

ALEXANDRIA

State

VA

Zip Code

22313-5574

Outstanding Balance Beginning This Period

520.00

Transaction ID : D5F263575A27941F2943

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

520.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1270.15

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

26494.05

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

26494.05