

# 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 [09] / [01] / [2020] through [09] / [30] / [2020]

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 [10] / [20] / [2020]

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="2020"/>		197602.10
(b) Cash on Hand at Beginning of Reporting Period.....	58680.36	
(c) Total Receipts (from Line 19) .....	43917.25	329479.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102597.61	527081.40
7. Total Disbursements (from Line 31).....	53088.09	477571.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	49509.52	49509.52
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Republican Majority Fund**

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2020 To: M M / D D / Y Y Y Y 09 / 30 / 2020

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).....	23000.00	148750.00
(ii) Unitemized .....	385.00	2125.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23385.00	150875.11
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	28680.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	30885.00	179555.11
12. Transfers From Affiliated/Other Party Committees.....	13032.25	149187.39
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	736.80
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	43917.25	329479.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	43917.25	329479.30

**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 .....	35588.09	323571.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	35588.09	323571.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	109000.00
24. Independent Expenditures (use Schedule E) .....	0.00	32500.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	12500.00
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)) ..	53088.09	477571.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53088.09	477571.88

**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) .....	30885.00	179555.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30885.00	179555.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	35588.09	323571.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	736.80
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35588.09	322835.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. WOOD, ANTHONY, , ,**  
 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 09 / 08 / 2020  
**Transaction ID : SA11A.232365**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7083.61

Date of Receipt 09 / 08 / 2020  
**Transaction ID : SA11C.2331514**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. SCHNITT, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11596 E. DESERT WILLOW DR.  
 City SCOTTSDALE State AZ Zip Code 85255-8234  
 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 ▼ 2250.00

Date of Receipt 09 / 02 / 2020  
**Transaction ID : SA11A.233152**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5250.00
<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 7 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7083.61

Date of Receipt  
09 / 15 / 2020  
**Transaction ID : SA11C.2347968**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B. SCHNITT, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 11596 E. DESERT WILLOW DR.

City SCOTTSDALE	State AZ	Zip Code 85255-8234
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
09 / 06 / 2020  
**Transaction ID : SA11A.234798**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
7083.61

Date of Receipt  
09 / 15 / 2020  
**Transaction ID : SA11C.2347969**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<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 8 OF 25
<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)  
**Republican Majority Fund**

**A. HOUSER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11918 HERITAGE  
 City HOUSTON State TX Zip Code 77024-5021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF TEXAS SYSTEM Occupation (for Individual) CEO UNIVERSITY LANDS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2020  
**Transaction ID : SA11A.234799**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7083.61

Date of Receipt 09 / 21 / 2020  
**Transaction ID : SA11C.23823812**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. MARTIN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1306 RIGGS ST NW  
 City WASHINGTON State DC Zip Code 20009-4325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CRISPR THERAPEUTICS Occupation (for Individual) BIOTECH  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2020  
**Transaction ID : SA11A.238239**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 9 OF 25
<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)  
**Republican Majority Fund**

**A. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
FEC ID number of contributing federal political committee. <b>C</b> C00694323		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 7083.61

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2020  
**Transaction ID : SA11C.23823813**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B. SCHNITT, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 11596 E. DESERT WILLOW DR.

City SCOTTSDALE	State AZ	Zip Code 85255-8234
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2020  
**Transaction ID : SA11A.238240**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
FEC ID number of contributing federal political committee. <b>C</b> C00694323		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 7083.61

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2020  
**Transaction ID : SA11C.23823814**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<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 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SCHNITT, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11596 E. DESERT WILLOW DR.  
 City SCOTTSDALE State AZ Zip Code 85255-8234  
 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 ▼ 2250.00

Date of Receipt 09 / 14 / 2020  
**Transaction ID : SA11A.238241**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**B. BLALOCK, WILLIAM, K. , MR. ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 609 WEST BRADDOCK ROAD  
 City ALEXANDRIA State VA Zip Code 22302-4104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIERCE GOVERNMENT RELATIONS Occupation (for Individual) GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 22 / 2020  
**Transaction ID : SA11A.239363**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. SCHEMMER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 EUSTON STREET  
 City BROOKLINE State MA Zip Code 02446-4017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 22 / 2020  
**Transaction ID : SA11A.240035**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION  
 REATTRIBUTION / REDESIGNATION REQUESTED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12750.00
<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: PAGE 11 OF 25  
(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)  
**Republican Majority Fund**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BRENNAN, JIM, F., MR., JR.**

Mailing Address 1220 PARK AVENUE #5D

City NEW YORK	State NY	Zip Code 10128-1733
------------------	-------------	------------------------

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

Name of Employer (for Individual) BCG	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		23		2020

**Transaction ID : SA11A.240585**

Amount of Each Receipt this Period  
2500.00

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	/	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).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	23000.00

**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 12 OF 25
<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. WINDSTREAM CORPORATION POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4001 RODNEY PARHAM ROAD  
 City LITTLE ROCK State AR Zip Code 72212-2459  
 FEC ID number of contributing federal political committee. **C** C00425975  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 09 / 02 / 2020  
**Transaction ID : SA11C.232304**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1919 M ST NW, 5TH FLOOR  
 City WASHINGTON State DC Zip Code 20036-3572  
 FEC ID number of contributing federal political committee. **C** C00004812  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 23 / 2020  
**Transaction ID : SA11C.242759**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7500.00

**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 25
<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 ▼  
149187.39

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2020

**Transaction ID : SA12.246910**

Amount of Each Receipt this Period  
13032.25

Memo Item  
TRANSFER

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

Mailing Address 945 SAN MARINO AVE

City SAN MARINO State CA Zip Code 91108-1222

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2019

**Transaction ID : SA.130862.1.Q320**

Amount of Each Receipt this Period  
1000.00

Memo Item  
TRANSFER

2019 AGGREGATE; TRANSFER FROM COTTON VICTORY

**C. FISCHER, DAVID, T., AMBASSADOR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 MAPLELAWN DRIVE

City TROY State MI Zip Code 48084-4609

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

Name of Employer (for Individual) Occupation (for Individual)  
U.S. STATE DEPARTMENT U.S. AMBASSADOR

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  
09 / 22 / 2020

**Transaction ID : SA.239364.1.Q320**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

TRANSFER FROM COTTON VICTORY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13032.25
<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 25
<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. GLAZER, ED, , MR. ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10250 CONSTELLATION BOULEVARD  
 SUITE 2850  
 City LOS ANGELES State CA Zip Code 90067-6245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TAMPA BAY BUCCANEERS Occupation (for Individual) OWNER AND CO-CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 21 / 2020  
**Transaction ID : SA.209729.1.Q320**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

**B. GLAZER, SHARI, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10250 CONSTELLATION BOULEVARD  
 SUITE 2850  
 City LOS ANGELES State CA Zip Code 90067-6200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TAMPA BAY BUCCANEERS Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 21 / 2020  
**Transaction ID : SA.209730.1.Q320**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

**C. HANSON, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25201 DERBYHILL DRIVE  
 City LAGUNA HILLS State CA Zip Code 92653-5894  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN HEALTHCARE INVESTORS Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : SA.200345.1.Q320**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 25
<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. MARSHALL, BARBARA, GRIMM, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7158 BUENA VISTA ROAD  
 City BAKERSFIELD State CA Zip Code 93311-9425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GRIMMWAY FARMS Occupation (for Individual) FOUNDER AND CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : SA.200890.1.Q320**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

**B. STUCKER, MARYANN, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 PARK SHORE DRIVE #601  
 City NAPLES State FL Zip Code 34103-3441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : SA.207188.1.Q320**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM COTTON VICTORY

**C. STUCKER, ROBERT, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4501 GULF SHORE BLVD. N. #1001  
 City NAPLES State FL Zip Code 34103-2763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : SA.207189.1.Q320**  
 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 16 OF 25
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. WOLFE, JODY, , ,</b>			Date of Receipt MM / DD / YYYY 02 / 27 / 2019
Mailing Address 5255 N KENDALL DR			<b>Transaction ID : SA.127535.1.Q320</b>
City MIAMI	State FL	Zip Code 33156-2123	Amount of Each Receipt this Period 800.00
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	2019 AGGREGATE; TRANSFER FROM COTTON VICTORY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B.</b>			Date of Receipt MM / DD / YYYY
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>			Date of Receipt MM / DD / YYYY
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	13032.25



**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. COLAS, BRIAN, , ,**

Mailing Address 4009 23RD STREET N

City  
ARLINGTON

State  
VA

Zip Code  
22207

Purpose of Disbursement  
PAC MANAGEMENT/POLITICAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.I7430

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. MACLEAN, AARON, , ,**

Mailing Address 19 E REED AVENUE

City  
ALEXANDRIA

State  
VA

Zip Code  
22305

Purpose of Disbursement  
PAC POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.I7431

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD.  
SUITE 530

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
PAC CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.I7627

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ANEDOT, INC.**

Mailing Address 1340 POYDRAS STREET  
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement  
PAC CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2020

FEC Identification Number

C

Transaction ID : SB21B.I7631  
Amount of Each Disbursement this Period

200.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
PAC FOOD & BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2020

FEC Identification Number

C

Transaction ID : SB21B.I7486  
Amount of Each Disbursement this Period

115.92

Memo Item

Full Name (Last, First, Middle Initial)

**C. KOCH & HOOS, LLC**

Mailing Address 901 N WASHINGTON ST STE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC ACCOUNTING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2020

FEC Identification Number

C

Transaction ID : SB21B.I7445  
Amount of Each Disbursement this Period

3563.00

Memo Item

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

3879.22

**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. THE MORNING GROUP**

Full Name (Last, First, Middle Initial)

Mailing Address 421 SHEPHERD STREET NW

City  
WASHINGTON

State  
DC

Zip Code  
20011

Purpose of Disbursement  
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2020

FEC Identification Number

C

Transaction ID : SB21B.I7447

Amount of Each Disbursement this Period

5000.00

Memo Item

**B. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD.  
SUITE 530

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
PAC CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2020

FEC Identification Number

C

Transaction ID : SB21B.I7628

Amount of Each Disbursement this Period

48.35

Memo Item

**C. THE RIZZO DUKES GROUP**

Full Name (Last, First, Middle Initial)

Mailing Address 2625 SLEDDING HILL ROAD

City  
OAKTON

State  
VA

Zip Code  
22124

Purpose of Disbursement  
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2020

FEC Identification Number

C

Transaction ID : SB21B.I7453

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)..... ▶

5548.35

**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. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD.  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAC CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B.I7629

Amount of Each Disbursement this Period: 59.95

Memo Item

**B. UNISOURCE DIRECT, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 82

City WATERTOWN State WI Zip Code 53094

Purpose of Disbursement PAC DIRECT MAIL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 23 / 2020

FEC Identification Number: C

Transaction ID : SB21B.I7454

Amount of Each Disbursement this Period: 75.18

Memo Item

**C. 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 FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2020

FEC Identification Number: C

Transaction ID : SB21B.I7632

Amount of Each Disbursement this Period: 73.00

Memo Item

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

208.13

**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. FITZGERALD PROPERTIES REAL ESTATE MANAGEMENT LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	5		2	0	2	0		

Mailing Address 1447 G-1 DOLLEY MADISON BLVD.

FEC Identification Number

**C**

**Transaction ID : SB21B.I7460**

Amount of Each Disbursement this Period

617.82

Memo Item

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
PAC RENT/UTILITIES

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

**B. FP1 DIGITAL, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	5		2	0	2	0		

Mailing Address 3001 WASHINGTON BLVD.  
7TH FLOOR

FEC Identification Number

**C**

**Transaction ID : SB21B.I7459**

Amount of Each Disbursement this Period

2500.00

Memo Item

City  
ARLINGTON

State  
VA

Zip Code  
22201

Purpose of Disbursement  
PAC MEDIA CONSULTING

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	5		2	0	2	0		

Mailing Address 2311 WILSON BLVD.  
SUITE 200

FEC Identification Number

**C**

**Transaction ID : SB21B.I7462**

Amount of Each Disbursement this Period

1500.00

Memo Item

City  
ARLINGTON

State  
VA

Zip Code  
22201

Purpose of Disbursement  
PAC FUNDRAISING CONSULTING

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

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

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

4617.82

**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. THE MORNING GROUP**

Full Name (Last, First, Middle Initial)

Mailing Address 421 SHEPHERD STREET NW

City  
WASHINGTON

State  
DC

Zip Code  
20011

Purpose of Disbursement  
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.I7457

Amount of Each Disbursement this Period

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 FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.I7633

Amount of Each Disbursement this Period

Memo Item

**C. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD.  
SUITE 530

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
PAC CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.I7630

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. O'DONNELL AND ASSOCIATES, LTD.**

Full Name (Last, First, Middle Initial)  
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: MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.I7608

Amount of Each Disbursement this Period: 7500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	35588.09

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. SENATE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

Mailing Address 45 NORTH HILL DRIVE STE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement CONTRIBUTION

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2020

FEC Identification Number

C C00571703

Transaction ID : SB23.I7456

Amount of Each Disbursement this Period

10000.00

Memo Item

**B. FRIENDS OF STEVE NEGRON**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7311

City NASHUA State NH Zip Code 03060

Purpose of Disbursement CONTRIBUTION

Candidate Name  
**NEGRON, STEVE, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: NH District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2020

FEC Identification Number

C C00657981

Transaction ID : SB23.I7477

Amount of Each Disbursement this Period

2500.00

Memo Item

**C. MESSNER FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address 33 NORTH KENNEY SHORE ROAD

City WOLFEBORO State NH Zip Code 03894

Purpose of Disbursement CONTRIBUTION

Candidate Name  
**MESSNER, BRYANT 'CORKY', , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: NH District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2020

FEC Identification Number

C C00713412

Transaction ID : SB23.I7479

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

15000.00



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. MOWERS FOR CONGRESS**

Mailing Address PO BOX 10297

City **BEDFORD** State **NH** Zip Code **03110**

Purpose of Disbursement  
**CONTRIBUTION**

Candidate Name  
**MOWERS, MATT, , ,**

Office Sought:  House  Senate  President  
State: **NH** District: **01**

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
**09 / 28 / 2020**

FEC Identification Number

**C** **C00734491**

**Transaction ID : SB23.I7478**

Amount of Each Disbursement this Period

**2500.00**

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  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).....▶

**2500.00**

**17500.00**