

**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

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

WHEELER, SCOTT, L, ,

Type or Print Name of Treasurer

Signature of Treasurer

WHEELER, SCOTT, L, ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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: M M / D D / Y Y Y Y Y Y  
11 / 24 / 2020 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2020</span>		<span style="border: 1px solid black; padding: 2px;">1961.47</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">18127.10</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">19887.00</span>	<span style="border: 1px solid black; padding: 2px;">153830.03</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">38014.10</span>	<span style="border: 1px solid black; padding: 2px;">155791.50</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">30333.50</span>	<span style="border: 1px solid black; padding: 2px;">148110.90</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">7680.60</span>	<span style="border: 1px solid black; padding: 2px;">7680.60</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">28994.05</span>	

☒ 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
1	1		2	4		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	0

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).....	4047.00	52827.00
(ii) Unitemized .....	3585.00	62225.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7632.00	115052.61
(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) .....	7632.00	115052.61
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).....	4109.00	4158.99
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	8146.00	34618.43
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)) .....	19887.00	153830.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19887.00	153830.03

# **DETAILED SUMMARY PAGE** of Disbursements

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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 .....	13295.92	87607.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13295.92	87607.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	250.00
24. Independent Expenditures (use Schedule E) .....	12690.00	38430.00
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).....	4347.58	21823.56
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)) ..	30333.50	148110.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30333.50	148110.90

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	7632.00	115052.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7632.00	115052.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	13295.92	87607.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	4109.00	4158.99
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	9186.92	83448.35

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. AMINZIA, NORBERT, , MR.,**

Mailing Address 31 LLEWELLYN AVE

City  
WEST ORANGE

State  
NJ

Zip Code  
07052

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2020

**Transaction ID : A6459800FDDCA4A74A69**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. ANDERSON, JEFF, L, PASTOR,**

Mailing Address 20028 HOLT AVENUE

City  
LAKEVILLE

State  
MN

Zip Code  
55044

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GRACE CHURCH

Occupation (for Individual)  
PASTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

**Transaction ID : A1F1335E605C241D5920**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. ANDERSON, KATHERINE, E, MRS.,**

Mailing Address 13710 SUNRISE BLUFF RD

City  
MIDLOTHIAN

State  
VA

Zip Code  
23112

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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2020

**Transaction ID : A2FEFFD0545854A1E90D**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

300.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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 CT

City

THE WOODLANDS

State

TX

Zip Code

77381-6602

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 ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2020

**Transaction ID : A62BDC1D08B77476D863**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. BEATTY, HOWARD, W., MR.,**

Mailing Address POBOX 5331

City

NAPERVILLE

State

IL

Zip Code

60567

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 ▼

379.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2020

**Transaction ID : A36C95A3616F846C7BF9**

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

**C. BEATTY, HOWARD, W., MR.,**

Mailing Address POBOX 5331

City

NAPERVILLE

State

IL

Zip Code

60567

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 ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 24 / 2020

**Transaction ID : A76ECE60E8892486AA32**

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

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

84.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. BECKMANN, KLAUS, , MR.,**

Mailing Address PO BOX 167

City  
AMSTERDAM

State  
NY

Zip Code  
12010-0167

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  
12 / 17 / 2020

Transaction ID : AA0BBE3B745C94BD5856

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. BECKMANN, KLAUS, , MR.,**

Mailing Address PO BOX 167

City  
AMSTERDAM

State  
NY

Zip Code  
12010-0167

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 ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2020

Transaction ID : A2A41FD60226C4C4B917

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. BERGIN, JOHN, F, MR.,**

Mailing Address 4411 QUARRY CIR

City  
WISCONSIN RAPIDS

State  
WI

Zip Code  
54495-8817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2020

Transaction ID : AEB80E81C96E04BBB8D0

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)..... ►

225.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. BERNs, JEANNE, , ,

Mailing Address 3451 SHERBROOKE DR.

City  
CINCINNATIState  
OHZip Code  
45241FEC 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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2020

Transaction ID : ACB37AF698F5542988B0

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. BERNs, JEANNE, , ,

Mailing Address 3451 SHERBROOKE DR.

City  
CINCINNATIState  
OHZip Code  
45241FEC 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 ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2020

Transaction ID : ADC34D2541D8C47F8AAF

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BERNs, JEANNE, , ,

Mailing Address 3451 SHERBROOKE DR.

City  
CINCINNATIState  
OHZip Code  
45241FEC 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 ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2020

Transaction ID : AC144093329294124BE1

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

200.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 44

(check only one)

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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. DURHAM, DAN, W, MR.,

Mailing Address 8043 MERCER CT NE

City  
LACEYState  
WAZip Code  
98516-6336FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2020

Transaction ID : A2AF8509FDC2248CDA93

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. FORSS, KENT, , MR.,

Mailing Address 3850 MAPLE SHORES DR

City  
EXCELSIORState  
MNZip Code  
55331-9602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RIDGEVIEW ANESTHESIA ASSOCIATESOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

Transaction ID : AB40BBD3D21B24306884

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. GOODYEAR, PRISCILLA, A, ,

Mailing Address 10042 SIGNET CIR

City  
HUNTINGTON BEACHState  
CAZip Code  
92646-6631FEC 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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2020

Transaction ID : A4A1CF146FDAF47C9867

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

175.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. HAHN, ROBERT, F., MR.,**

Mailing Address 114 WOODBRIDGE RD

City  
MARLTON

State  
NJ

Zip Code  
08053-1121

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 ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 25 / 2020

**Transaction ID : A5F34036E389147C9AF6**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

**B. HAHN, ROBERT, F., MR.,**

Mailing Address 114 WOODBRIDGE RD

City  
MARLTON

State  
NJ

Zip Code  
08053-1121

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 ▼

417.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2020

**Transaction ID : A0FFA91B763684DAAB8B**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

**C. HAHN, ROBERT, F., MR.,**

Mailing Address 114 WOODBRIDGE RD

City  
MARLTON

State  
NJ

Zip Code  
08053-1121

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 ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2020

**Transaction ID : A0E00B75CA76A41499FF**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

36.00

**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  
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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. HAHN, ROBERT, F., MR.,**

Mailing Address 114 WOODBRIDGE RD

City  
MARLTON

State  
NJ

Zip Code  
08053-1121

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 ▼

439.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2020

Transaction ID : AA78198BDCC0242548F1

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. HAHN, ROBERT, F., MR.,**

Mailing Address 114 WOODBRIDGE RD

City  
MARLTON

State  
NJ

Zip Code  
08053-1121

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 ▼

454.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : ADCA29C2CEFD544C0B5D

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. HAHN, ROBERT, F., MR.,**

Mailing Address 114 WOODBRIDGE RD

City  
MARLTON

State  
NJ

Zip Code  
08053-1121

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 ▼

469.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2020

Transaction ID : A0E72F66421C4495FB90

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

40.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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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. HAHN, ROBERT, F., MR.,

Mailing Address 114 WOODBRIDGE RD

City  
MARLTONState  
NJZip Code  
08053-1121FEC 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 ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2020

Transaction ID : A986FA9061CC946CCB51

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. HAHN, ROBERT, F., MR.,

Mailing Address 114 WOODBRIDGE RD

City  
MARLTONState  
NJZip Code  
08053-1121FEC 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 ▼

496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2020

Transaction ID : A0665D0ECDB1C4E84A70

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

C. HAHN, ROBERT, F., MR.,

Mailing Address 114 WOODBRIDGE RD

City  
MARLTONState  
NJZip Code  
08053-1121FEC 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 ▼

511.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2020

Transaction ID : AE40CC2AC9D9F412E987

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

42.00

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

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

Use separate schedule(s)  
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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 AVE SW

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 ▼

1515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2020

**Transaction ID : A03480D0C30484A19A8E**

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 AVE SW

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 ▼

1555.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2020

**Transaction ID : A0FFB7BBE2F7D48FE826**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. HARRIS, JAMES, E, MR.,**

Mailing Address 3226 VISTA LAKE DR

City  
SUGAR LAND

State  
TX

Zip Code  
77478-4426

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : AB2259C7C66354455A6E**

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)..... ►

115.00

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

Use separate schedule(s)  
for each category of the  
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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. HILL, LORETTA, G, MRS.,**

Mailing Address 6030 ORLEANS AVE

City  
NEW ORLEANS

State  
LA

Zip Code  
70124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2020

Transaction ID : A5CC3EB474D58423E90D

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. HILL, LORETTA, G, MRS.,**

Mailing Address 6030 ORLEANS AVE

City  
NEW ORLEANS

State  
LA

Zip Code  
70124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2020

Transaction ID : A346131283D4A4A7A91F

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. KINCHELOE, CURTIS, D, MR., JR**

Mailing Address 6403 RIVER RD

City  
PLEASANT VALLEY

State  
MO

Zip Code  
64068-7854

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2020

Transaction ID : A0F701333B58B4AE38CD

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)..... ►

125.00

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

Use separate schedule(s)  
for each category of the  
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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. KOWALIK, RALPH, M, ,**

Mailing Address 5922 AUTUMN DOGWOOD WAY

City  
KINGWOOD

State  
TX

Zip Code  
77345-1924

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2020

Transaction ID : A10467C77E55841EABAC

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. KOWALIK, RALPH, M, ,**

Mailing Address 5922 AUTUMN DOGWOOD WAY

City  
KINGWOOD

State  
TX

Zip Code  
77345-1924

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2020

Transaction ID : AA8E2FC9F505B4DE59F8

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. MCNAMARA, FRANCIS, , MR.,**

Mailing Address 18608 WHITE RIM TRL

City  
LEANDER

State  
TX

Zip Code  
78645

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  
11 / 24 / 2020

Transaction ID : A24BC0181F2D3494CBC6

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)..... ►

105.00



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

Use separate schedule(s)  
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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. MCNAMARA, FRANCIS, , MR.,**

Mailing Address 18608 WHITE RIM TRL

City  
LEANDER

State  
TX

Zip Code  
78645

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2020

**Transaction ID : A36A326D93F52479BB48**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. MECKLEY, LEE, , MR.,**

Mailing Address 14308 NESTLE CT

City  
PFLUGERVILLE

State  
TX

Zip Code  
78660-7914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 25 / 2020

**Transaction ID : A87518200A255434EB6E**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. MECKLEY, LEE, , MR.,**

Mailing Address 14308 NESTLE CT

City  
PFLUGERVILLE

State  
TX

Zip Code  
78660-7914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 06 / 2020

**Transaction ID : A87FA346EAFBC4E53A1D**

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)..... ►

125.00

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

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

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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. MECKLEY, LEE, , MR.,**

Mailing Address 14308 NESTLE CT

City  
PFLUGERVILLE

State  
TX

Zip Code  
78660-7914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2020

**Transaction ID : A3EDD1A9780944A49A03**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. MECKLEY, LEE, , MR.,**

Mailing Address 14308 NESTLE CT

City  
PFLUGERVILLE

State  
TX

Zip Code  
78660-7914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2020

**Transaction ID : AA15F747394C84098A26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. MECKLEY, LEE, , MR.,**

Mailing Address 14308 NESTLE CT

City  
PFLUGERVILLE

State  
TX

Zip Code  
78660-7914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2020

**Transaction ID : A937017B2C69E49AA9D0**

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. MOORE, DIANE, , MRS.,

Mailing Address 508 HOOT OWL LANE SOUTH

City  
LEANDER

State  
TX

Zip Code  
78641-1740

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

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : A8DDD588BD87D412AAFO

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. MOORE, DIANE, , MRS.,

Mailing Address 508 HOOT OWL LANE SOUTH

City  
LEANDER

State  
TX

Zip Code  
78641-1740

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 ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2020

Transaction ID : A2FE5C24A04C7434498A

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. NEWKIRK, MARILEE, P, MS.,

Mailing Address P O BOX 544

City  
WARSAW

State  
MO

Zip Code  
65355

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2020

Transaction ID : AE34B829F09CB41E4B81

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)..... ►

100.00

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

Use separate schedule(s)  
for each category of the  
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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. ROBBINS, RAY, L, MR., JR**

Mailing Address 114 SHADY VALLEY DR.

City  
CHESTERFIELD

State  
MO

Zip Code  
63017-2626

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 ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2020

**Transaction ID : AB7AA74C71E094EFB9D5**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. ROBBINS, RAY, L, MR., JR**

Mailing Address 114 SHADY VALLEY DR.

City  
CHESTERFIELD

State  
MO

Zip Code  
63017-2626

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 ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2020

**Transaction ID : A8CB36C33603F4553838**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. ROBBINS, RAY, L, MR., JR**

Mailing Address 114 SHADY VALLEY DR.

City  
CHESTERFIELD

State  
MO

Zip Code  
63017-2626

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 ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2020

**Transaction ID : A0ABC760AB8414C2FA64**

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)..... ►

75.00

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. ROBBINS, RAY, L, MR., JR**

Mailing Address 114 SHADY VALLEY DR.

City  
CHESTERFIELD

State  
MO

Zip Code  
63017-2626

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 ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2020

**Transaction ID : A187B73C14D5645E78FC**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. ROVENS, DAVID, , ,**

Mailing Address 306 SHEFFIELD

City  
MILL VALLEY

State  
CA

Zip Code  
94941

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2020

**Transaction ID : A46FB55737193459FAD7**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. ROVENS, DAVID, , ,**

Mailing Address 306 SHEFFIELD

City  
MILL VALLEY

State  
CA

Zip Code  
94941

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2020

**Transaction ID : AB7A40C65E5BA4CC5AA5**

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)..... ►

75.00

# **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)

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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. RULAND, JOHN, M, ,**

Mailing Address NORTH JUSTIN LANE

City  
TUCSON

State  
AZ

Zip Code  
85739

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 ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2020

**Transaction ID : A0555B5D5A8E34624A7C**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. RULAND, JOHN, M, ,**

Mailing Address NORTH JUSTIN LANE

City  
TUCSON

State  
AZ

Zip Code  
85739

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 ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2020

**Transaction ID : AC99E68E8B39641038E3**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. SCHMECK, RICHARD, W, MR.,**

Mailing Address 1544 SAUCONY RD

City  
KUTZTOWN

State  
PA

Zip Code  
19530-8875

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2020

**Transaction ID : AD3A4FD9CDD484532B68**

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)..... ►

250.00

# **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)

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☒ 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. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

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 ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2020

**Transaction ID : AC521D21C81894819BBD**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

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 ▼

1465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

**Transaction ID : ACC60F145D15C455FA01**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

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 ▼

1565.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2020

**Transaction ID : A6869BA430CD34010A4F**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

225.00

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

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 ▼

1590.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2020

**Transaction ID : A8CE8539A880A4E4EBC5**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

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 ▼

1615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2020

**Transaction ID : AA2165B73ACED4F489CF**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

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 ▼

1715.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2020

**Transaction ID : AAC252C50F73B4E7F9A4**

Amount of Each Receipt this Period

100.00

☐ 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

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(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. SIMON, ALLEN, H, MR.,

Mailing Address 1383 N CRISS ST

City  
CHANDLERState  
AZZip Code  
85226-1307FEC 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 ▼

1790.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2020

Transaction ID : AE257DE56105448C99E4

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. SIMON, ALLEN, H, MR.,

Mailing Address 1383 N CRISS ST

City  
CHANDLERState  
AZZip Code  
85226-1307FEC 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 ▼

1790.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2020

Transaction ID : AD6EE2F0656AE4C0C82A

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. SLOAN, LESLIE, , ,

Mailing Address 9311 NORTH FM 620  
267City  
AUSTINState  
TXZip Code  
78726FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : A43B49F4718624CE78C5

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1075.00

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. SUNDSTROM, ALAN, , MR.,**

Mailing Address 2435 N CENTRAL EXPRESSWAY  
STE 1200

City  
RICHARDSON

State  
TX

Zip Code  
75080

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALAN C SUNDSTROM CPA

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

12 / 11 / 2020

Transaction ID : AEECA12303EB34D26975

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. SUNDSTROM, ALAN, , MR.,**

Mailing Address 2435 N CENTRAL EXPRESSWAY  
STE 1200

City  
RICHARDSON

State  
TX

Zip Code  
75080

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALAN C SUNDSTROM CPA

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

12 / 18 / 2020

Transaction ID : A5A14325FCFFB4786A83

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. SUNDSTROM, ALAN, , MR.,**

Mailing Address 2435 N CENTRAL EXPRESSWAY  
STE 1200

City  
RICHARDSON

State  
TX

Zip Code  
75080

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALAN C SUNDSTROM CPA

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

12 / 19 / 2020

Transaction ID : A8999FE980AB8424B9AA

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

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(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. SUNDSTROM, ALAN, , MR.,**

Mailing Address 2435 N CENTRAL EXPRESSWAY  
STE 1200

City  
RICHARDSON

State  
TX

Zip Code  
75080

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALAN C SUNDSTROM CPA

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2020

Transaction ID : A09D4210AC67644E9B3A

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. SUNDSTROM, ALAN, , MR.,**

Mailing Address 2435 N CENTRAL EXPRESSWAY  
STE 1200

City  
RICHARDSON

State  
TX

Zip Code  
75080

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALAN C SUNDSTROM CPA

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2020

Transaction ID : AE5DD7068D0B84654861

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. SWEENEY, CHARLES, J, ,**

Mailing Address 810 CORONADO AVE

City  
CORONADO

State  
CA

Zip Code  
92118-2435

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2020

Transaction ID : A2E6C1820FADC48BB823

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

275.00

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

4047.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 44

(check only one)

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

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

NAME OF COMMITTEE (In Full)

THE NATIONAL REPUBLICAN TRUST PAC

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

**A. SINCLAIR BROADCAST GROUP**

Mailing Address 10706 BEAVER DAM GROUP INC

City  
COCKEYSVILLEState  
MDZip Code  
21030-2207FEC 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 ▼

4109.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	24	/	2020

Transaction ID : A55BAF3EE804649EDBA3

Amount of Each Receipt this Period

4109.00

☐ Memo Item

REFUND OF UNSPENT AD FUNDS

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

**B.**

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

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)..... ▶

4109.00

4109.00

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

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

FOR LINE NUMBER: PAGE 29 OF 44  
(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. FRANK, LENORE, R, DR.,**

Mailing Address 2269 MAYWOOD AVE

City  
SAN JOSE

State  
CA

Zip Code  
95128-3447

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STRYKER NEUROVASCULAR

Occupation (for Individual)  
DIRECTOR, R&D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : ABEB1AFD42E6141A2B46

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CAREY ACCOUNT

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

**B. LANDER, RICHARD, , ,**

Mailing Address 37 BROOKRACE DRIVE

City  
MENDHAM

State  
NJ

Zip Code  
07945

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SGS

Occupation (for Individual)  
BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2020

Transaction ID : AD841ADE64CD84C9EAE7

Amount of Each Receipt this Period

350.00

☐ Memo Item  
CAREY ACCOUNT

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

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

Mailing Address 1 FAIRHAVEN DRIVE  
R

City  
EAST 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 ▼

2480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : A3C10884BD0B94146ABE

Amount of Each Receipt this Period

1150.00

☐ Memo Item  
CAREY ACCOUNT

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

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

1800.00

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

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

FOR LINE NUMBER: PAGE 30 OF 44

(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. SPEIGHTS, JAMES, , ,**

Mailing Address 110 BENT OAK DRIVE

City  
SHAVANO PARK

State  
TX

Zip Code  
78231

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : A19B54481643346E9898

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CAREY ACCOUNT

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

**B. WALKER, TOM, , MR.,**

Mailing Address 209 DAWSON STREET

City  
MASON

State  
OH

Zip Code  
45040

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2020

Transaction ID : AB327FBAAF1DD47CDA3C

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CAREY ACCOUNT

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

**C. WALKER, TOM, , MR.,**

Mailing Address 209 DAWSON STREET

City  
MASON

State  
OH

Zip Code  
45040

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2020

Transaction ID : A3D78E505587F4C92A25

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CAREY ACCOUNT

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 31 OF 44  
(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. WILLIS, STEPHEN, , ,**

Mailing Address 2522 RICHELIEU AVE SW

City  
ROANOKE

State  
VA

Zip Code  
24014-3324

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : ABB187CAB9F9841A5A1A

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CAREY ACCOUNT

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

**B. WULFF, RICHARD, K, ,**

Mailing Address PO BOX 6715

City  
INCLINE VILLAGE

State  
NV

Zip Code  
89450-6715

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

Transaction ID : A584745A44E834BB896E

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CAREY ACCOUNT

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)..... ►

600.00

3500.00

**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 32 OF 44

<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. 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
12		31		2020

FEC Identification Number

**C****Transaction ID : B2B05420D4I**

Amount of Each Disbursement this Period

406.48

☐ 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
12		07		2020

FEC Identification Number

**C****Transaction ID : B6564B7596C**

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
11		25		2020

FEC Identification Number

**C****Transaction ID : BEAD1342CI**

Amount of Each Disbursement this Period

55.00

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

476.48

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



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

PAGE 33 OF 44

<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. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

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

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : B3872D573C**

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  
IRVINEState  
CAZip Code  
92618-4645Purpose of Disbursement  
TELEPHONE SERVICES

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : B80BB9FEA4**

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  
IRVINEState  
CAZip Code  
92618-4645Purpose of Disbursement  
TELEPHONE SERVICES

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : B2699710D6**

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 34 OF 44

<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. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	5			2	0	2	0		

Mailing Address 2021 L ST NW  
SUITE 101-340City  
WASHINGTONState  
DCZip Code  
20036-4909Purpose of Disbursement  
PAC MANAGEMENT CONSULTING

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B78EBD0F18**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

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

Mailing Address 2021 L ST NW  
SUITE 101-340City  
WASHINGTONState  
DCZip Code  
20036-4909Purpose of Disbursement  
PAC MANAGEMENT CONSULTING

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : BD46DA789F**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

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

Mailing Address 2021 L ST NW  
SUITE 101-340City  
WASHINGTONState  
DCZip Code  
20036-4909Purpose of Disbursement  
PAC MANAGEMENT CONSULTING

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B9F28012F11**

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)..... ►

5000.00

**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 35 OF 44

<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. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2020

Mailing Address 2021 L ST NW  
SUITE 101-340City  
WASHINGTONState  
DCZip Code  
20036-4909Purpose of Disbursement  
PAC MANAGEMENT CONSULTING

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : B413185ECB

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		24		2020

Mailing Address 2021 L ST NW  
SUITE 101-340City  
WASHINGTONState  
DCZip Code  
20036-4909Purpose of Disbursement  
PAC MANAGEMENT CONSULTING

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : B9BCBBABA

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2020

Mailing Address 2021 L ST NW  
SUITE 101-340City  
WASHINGTONState  
DCZip Code  
20036-4909Purpose of Disbursement  
PAC MANAGEMENT CONSULTING

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : BC8C29DFC

Amount of Each Disbursement this Period

3500.00

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

7000.00

**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 36 OF 44

<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	Y
1	2	3		4	5	6		7	8	9	0	1	2

FEC Identification Number

**C**

Transaction ID : BE7F7ED67C

Amount of Each Disbursement this Period

238.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. 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	Y
1	1	1		1	1	1		1	1	1	1	1	1

FEC Identification Number

**C**

Transaction ID : B3E00BBA06

Amount of Each Disbursement this Period

196.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. 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	Y
1	2	3		1	2	3		1	2	3	4	5	6

FEC Identification Number

**C**

Transaction ID : B33AAF0579

Amount of Each Disbursement this Period

196.10

☐ Memo Item

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

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

630.70

**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 37 OF 44

<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	/	D D	/	Y Y Y Y Y Y
12	/	07	/	2020

FEC Identification Number

**C**

Transaction ID : B5F1B1E617

Amount of Each Disbursement this Period

53.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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	/	D D	/	Y Y 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  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	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).....▶

53.15

13285.33

**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 38 OF 44

<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. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				11				2020					

Mailing Address 2021 L ST NW  
SUITE 101-340City  
WASHINGTONState  
DCZip Code  
20036-4909Purpose of Disbursement  
CAREY ACCOUNT: PAC MANAGEMENT CONSULTING

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : B9C6813E65

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	5	5		2	0	2	0	0	0
11				25				2020					

Mailing Address 2021 L ST NW  
SUITE 101-340City  
WASHINGTONState  
DCZip Code  
20036-4909Purpose of Disbursement  
CAREY ACCOUNT: PAC MANAGEMENT CONSULTING

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : BD3BF75AEF

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		1	4	4		2	0	2	0	0	0
12				14				2020					

Mailing Address 2021 L ST NW  
SUITE 101-340City  
WASHINGTONState  
DCZip Code  
20036-4909Purpose of Disbursement  
CAREY ACCOUNT: PAC MANAGEMENT CONSULTING

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : B9C49EEECI

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)..... ►

3500.00

**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 39 OF 44

<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. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City  
SAN JOSEState  
CAZip Code  
95131Purpose of Disbursement  
CAREY ACCOUNT: CREDIT CARD PROCESSING

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
12				31				2020					

FEC Identification Number

**C** **Transaction ID : B4928FFFCB**

Amount of Each Disbursement this Period

 290.29☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE UPS STORE**

Mailing Address 2100 M ST NW, STE 170

City  
WASHINGTONState  
DCZip Code  
20037Purpose of Disbursement  
CAREY ACCOUNT: MAIL SERVICES/SHIPPING

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
12				09				2020					

FEC Identification Number

**C** **Transaction ID : B2A70BC2A7**

Amount of Each Disbursement this Period

 225.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WESTIN DENVER**

Mailing Address 1672 LAWRENCE ST

City  
DENVERState  
COZip Code  
80202-2010Purpose of Disbursement  
CAREY ACCOUNT: LODGING

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
12				04				2020					

FEC Identification Number

**C** **Transaction ID : B7EF7F3B33**

Amount of Each Disbursement this Period

 332.29☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ► 847.58**TOTAL** This Period (last page this line number only)..... ► 4347.58

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

PAGE 40 OF 44

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

**CAPITOL MEDIA GROUP, LLC**

Nature of Debt (Purpose):

PAC MANAGEMENT CONSULTING

Mailing Address 2021 L ST NW

SUITE 101-340

City

WASHINGTON

State

DC

Zip Code

20036-4909

Outstanding Balance Beginning This Period

0.00

Transaction ID : D8540FE97E9304297B09

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. 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

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

5340.00

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 41 OF 44

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

**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

B. 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

C. 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

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

20661.40

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 42 OF 44

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

**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

B. 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

C. 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

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

2992.65

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

28994.05

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) ►

28994.05

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

 PAGE 43 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE NATIONAL REPUBLICAN TRUST PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00455378	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee <b>CAPITOL MEDIA GROUP, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2021 L ST NW SUITE 101-340			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		
City WASHINGTON		State DC	Zip Code 20036-4909		Amount 1250.00
Purpose of Expenditure PMT FOR EST FROM 12/21/2020. DIGITAL AD PRODUCTION: SEE TRANS EST ID#...454E832			Category/Type		Transaction ID : <b>EA2BEEB6264364D729E9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: OSSOFF, JONATHAN, T., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought			12690.00		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL RUNOFF</b>			2021		
Full Name of Payee <b>CAPITOL MEDIA GROUP, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2021 L ST NW SUITE 101-340			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		
City WASHINGTON		State DC	Zip Code 20036-4909		Amount 1250.00
Purpose of Expenditure PMT FOR EST FROM 12/21/2020. DIGITAL AD PRODUCTION: SEE TRANS EST ID#...4377BA3			Category/Type		Transaction ID : <b>E34F9409DB72F4651A93</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought			12690.00		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL RUNOFF</b>			2021		
(a) SUBTOTAL of Itemized Independent Expenditures .....			2500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures .....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  WHEELER, SCOTT, , ,			Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		
			[Electronically Filed]		

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

 PAGE 44 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE NATIONAL REPUBLICAN TRUST PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00455378</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>SINCLAIR BROADCAST GROUP</b>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>			
Mailing Address <b>10706 BEAVER DAM GROUP INC</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">5095.00</div> <b>Transaction ID : E9CC8D3BE21344213B83</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City <b>COCKEYSVILLE</b></td> <td style="width: 20%;">State <b>MD</b></td> <td style="width: 40%;">Zip Code <b>21030-2207</b></td> </tr> </table>		City <b>COCKEYSVILLE</b>	State <b>MD</b>	Zip Code <b>21030-2207</b>
City <b>COCKEYSVILLE</b>		State <b>MD</b>	Zip Code <b>21030-2207</b>	
Purpose of Expenditure <b>PMT FOR EST FROM 12/21/2020. CAREY ACCOUNT: TV ADVERTISING; SEE EST TRANS ID#:...420E99B</b>				
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, ,</b> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose       </div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">12690.00</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL RUNOFF</b>			

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>SINCLAIR BROADCAST GROUP</b>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>			
Mailing Address <b>10706 BEAVER DAM GROUP INC</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">5095.00</div> <b>Transaction ID : E28E26E2CB7BB4F72882</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City <b>COCKEYSVILLE</b></td> <td style="width: 20%;">State <b>MD</b></td> <td style="width: 40%;">Zip Code <b>21030-2207</b></td> </tr> </table>		City <b>COCKEYSVILLE</b>	State <b>MD</b>	Zip Code <b>21030-2207</b>
City <b>COCKEYSVILLE</b>		State <b>MD</b>	Zip Code <b>21030-2207</b>	
Purpose of Expenditure <b>PMT FOR EST FROM 12/21/2020. CAREY ACCOUNT: TV ADVERTISING; SEE EST TRANS ID#:...414E98C</b>				
Name of Federal Candidate: <b>OSSOFF, JONATHAN, T., ,</b> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose       </div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">12690.00</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL RUNOFF</b>			

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">10190.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">12690.00</div>

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

WHEELER, SCOTT, ,

[Electronically Filed]

Date

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

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

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

Signature