

**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

Check if different  
than previously  
reported. (ACC)

STE 101-340

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 15 2020

through

M M / D D / Y Y Y Y Y Y  
11 23 2020

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 / D D / Y Y Y Y Y Y  
12 01 2020

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

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  
10 / 15 / 2020 To: M M / D D / Y Y Y Y Y Y  
11 / 23 / 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;">35462.67</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">37722.43</span>	<span style="border: 1px solid black; padding: 2px;">133943.03</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;">73185.10</span>	<span style="border: 1px solid black; padding: 2px;">135904.50</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">55058.00</span>	<span style="border: 1px solid black; padding: 2px;">117777.40</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;">18127.10</span>	<span style="border: 1px solid black; padding: 2px;">18127.10</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;">26494.05</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	0		1	5		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		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).....	11785.00	48780.00
(ii) Unitemized .....	11721.00	58640.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23506.00	107420.61
(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) .....	23506.00	107420.61
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).....	0.00	49.99
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	14216.43	26472.43
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)) .....	37722.43	133943.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37722.43	133943.03

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	19806.98	74311.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	19806.98	74311.42
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) .....	25740.00	25740.00
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).....	9511.02	17475.98
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)) ..	55058.00	117777.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55058.00	117777.40

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23506.00	107420.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23506.00	107420.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	19806.98	74311.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	49.99
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	19806.98	74261.43

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

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

FOR LINE NUMBER: PAGE 6 OF 60  
(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. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

**Transaction ID : A4B54B017E416403282B**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. 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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2020

**Transaction ID : A71B180B69C724EA5BAF**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. ANDERSEN, KENT, T, MR.,**

Mailing Address 61 ABOVE ALL RD  
TUCK

City  
WARREN

State  
CT

Zip Code  
06754-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2020

**Transaction ID : ABD5FAB8E9C064E33A44**

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 60

(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. 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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : A66FA67A9CE494ACAAB1

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. BALL, RONALD, , MR.,**

Mailing Address 340 BROADFORD ROAD

City  
BELLEVUE

State  
ID

Zip Code  
83313

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

Transaction ID : A4024E4F3935B42BB898

Amount of Each Receipt this Period

90.00

☐ 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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2020

Transaction ID : A59A5C5F7190A420C88F

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

280.00

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

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

FOR LINE NUMBER: PAGE 8 OF 60

(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. BEATTY, HOWARD, W., MR.,

Mailing Address POBOX 5331

City  
NAPERVILLEState  
ILZip Code  
60567FEC 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 ▼

362.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2020

Transaction ID : A5ED60ED58B72426B82C

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

B. BECKMANN, KLAUS, , MR.,

Mailing Address PO BOX 167

City  
AMSTERDAMState  
NYZip Code  
12010-0167FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2020

Transaction ID : A1F02651C346A45D396C

Amount of Each Receipt this Period

250.00

☐ 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 RAPIDSState  
WIZip Code  
54495-8817FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2020

Transaction ID : A24962FA25B5C477C8C5

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

292.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 60  
(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. BERNES, JEANNE, , ,**

Mailing Address 3451 SHERBROOKE DR.

City  
CINCINNATI

State  
OH

Zip Code  
45241

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  
10 / 20 / 2020

Transaction ID : AB053F5009B79461CB70

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. BERNES, JEANNE, , ,**

Mailing Address 3451 SHERBROOKE DR.

City  
CINCINNATI

State  
OH

Zip Code  
45241

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 ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : A3E20455D11BD468AA6A

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

**C. BRONSON, WILLIAM, , MR.,**

Mailing Address 275 BAMBERG DR.

City  
BLUFFTON

State  
SC

Zip Code  
29910

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2020

Transaction ID : ADC013EC0F58744CDBBD

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

370.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 60

(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. BRYAN, ROBERT, L, MR.,**

Mailing Address PO BOX 1112

City  
WETUMPKA

State  
AL

Zip Code  
36092-0018

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 ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2020

**Transaction ID : ACA4E12C910AA4C5086B**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. BRYAN, ROBERT, L, MR.,**

Mailing Address PO BOX 1112

City  
WETUMPKA

State  
AL

Zip Code  
36092-0018

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 02 / 2020

**Transaction ID : A9E31BD04B4F9473E815**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. CALHOUN, JOHN, , MR.,**

Mailing Address 10049 OLDFIELD DRIVE

City  
RICHMOND

State  
VA

Zip Code  
23235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLDWELL BANKER

Occupation (for Individual)  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : A17BAFCD8162C40F8882**

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)..... ►

310.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 60

☒ 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. DOOLEY, DAVID, , DR.,**

Mailing Address 100 WORTH AVE APT 511

City  
PALM BEACH

State  
FL

Zip Code  
33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MJW CORPORATION

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : A182B2626FA1C49EBA66

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. EATHORNE, FRANK, G, , JR**

Mailing Address 2661 STATE HWY 59

City  
DOUGLAS

State  
WY

Zip Code  
82633

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  
10 / 17 / 2020

Transaction ID : AA44E5A97B0BB4BA4895

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. FORSS, KENT, , MR.,**

Mailing Address 3850 MAPLE SHORES DR

City  
EXCELSIOR

State  
MN

Zip Code  
55331-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RAA

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2020

Transaction ID : A200F0F689E1E45AAA66

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

590.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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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. FORSS, KENT, , MR.,**

Mailing Address 3850 MAPLE SHORES DR

City  
EXCELSIOR

State  
MN

Zip Code  
55331-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RAA

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 12 / 2020

Transaction ID : ACD17E561ED71434589E

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. GILL, DONALD, A, MR.,**

Mailing Address PO BOX 13394

City  
JACKSON

State  
MS

Zip Code  
39236-3394

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MHA SOLUTIONS

Occupation (for Individual)

CLAIMS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 28 / 2020

Transaction ID : A3338846D665548DD91E

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. GISH, DOUGLAS, D, MR.,**

Mailing Address 18018 MELROSE DR

City  
BUCYRUS

State  
KS

Zip Code  
66013-9090

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DEL

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

10 / 28 / 2020

Transaction ID : A9C4E96904C6A48B2A05

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

175.00

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

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

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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. GOODYEAR, PRISCILLA, A, ,**

Mailing Address 10042 SIGNET CIR

City  
HUNTINGTON BEACH

State  
CA

Zip Code  
92646-6631

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 ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2020

Transaction ID : ADD2E6B07CF6C43638D4

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**B. GOODYEAR, PRISCILLA, A, ,**

Mailing Address 10042 SIGNET CIR

City  
HUNTINGTON BEACH

State  
CA

Zip Code  
92646-6631

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 ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : AA4E558AB7BAA401E9C7

Amount of Each Receipt this Period

150.00

☐ 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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2020

Transaction ID : AD06816F39B4B48F185D

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)..... ►

315.00

# **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. 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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2020

**Transaction ID : A29D7411DCA1B405597E**

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 ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2020

**Transaction ID : ACE30DE3029D64690851**

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 ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2020

**Transaction ID : A375E4EFD89064B1D9BB**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

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

34.00

# **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. 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 ▼

354.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2020

**Transaction ID : A835A3182921F464798F**

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  
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 ▼

369.00

Date of Receipt

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

**Transaction ID : AE87FC3B9F37C488396D**

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 ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2020

**Transaction ID : A401408D5439743D59F7**

Amount of Each Receipt this Period

12.00

☐ 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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☒ 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 ▼

393.00

Date of Receipt

11 / 21 / 2020

Transaction ID : A972F0A4A0ABA49588B6

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

**B. HALL, BRUCE, , ,**

Mailing Address 5611 189TH STREET E.

City  
PUYALLUP

State  
WA

Zip Code  
98375

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HALL FOREST PRODUCTS

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 19 / 2020

Transaction ID : A961455B59BFF48E78C0

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. HALL, BRUCE, , ,**

Mailing Address 5611 189TH STREET E.

City  
PUYALLUP

State  
WA

Zip Code  
98375

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HALL FOREST PRODUCTS

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 26 / 2020

Transaction ID : AE744002B713E4AB18B2

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)..... ►

212.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2020

Transaction ID : ADBF21083F0C44716846

Amount of Each Receipt this Period

60.00

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

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : A63092DB7181A4301A46

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. HAMMANN, PAUL, , MR.,

Mailing Address 1710 8TH AVE SW

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

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2020

Transaction ID : A44D4B7F91C084CB3B11

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

115.00

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 ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : AF47EC8A78B1E4F9B881**

Amount of Each Receipt this Period

30.00

☐ 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 ▼

1390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

**Transaction ID : A1D54DDF5ED5746A9A7B**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 1710 8TH 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 ▼

1415.00

Date of Receipt

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

**Transaction ID : A9BC8299626B243FBAFB**

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)..... ►

85.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 19 OF 60

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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. HAMMANN, PAUL, , MR.,

Mailing Address 1710 8TH AVE SW

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

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : A92FE3095D4104177BAE

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

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2020

Transaction ID : A5197476FBE9F490496F

Amount of Each Receipt this Period

50.00

☐ 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 LANDState  
TXZip Code  
77478-4426FEC 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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2020

Transaction ID : A72828812453948E2BB5

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

125.00

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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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. HOUSTON, REX, L, ,**

Mailing Address 155 5 POINTS ROAD

City  
HOT SPRINGS

State  
AR

Zip Code  
71913

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  
10 / 25 / 2020

Transaction ID : A98D98C1DC2394F26B7D

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. HOUSTON, REX, L, ,**

Mailing Address 155 5 POINTS ROAD

City  
HOT SPRINGS

State  
AR

Zip Code  
71913

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : AB47ED26C5BDE40B8B9A

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. JOANOU, MICHELLE, M, MRS.,**

Mailing Address 300 HOT SPRINGS RD

City  
SANTA BARBARA

State  
CA

Zip Code  
93108-2037

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  
10 / 18 / 2020

Transaction ID : AAD8211AD4EFD416DADC

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)..... ►

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 60

☒ 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. JOANOU, MICHELLE, M, MRS.,**

Mailing Address 300 HOT SPRINGS RD

City  
SANTA BARBARA

State  
CA

Zip Code  
93108-2037

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : AB2533C46B253460999D

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. JOANOU, MICHELLE, M, MRS.,**

Mailing Address 300 HOT SPRINGS RD

City  
SANTA BARBARA

State  
CA

Zip Code  
93108-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : AE6A03DD710DD4CA4BEC

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. JOHNSON, MARK, , ,**

Mailing Address 4804 MILL BROOK DR

City  
COLLEYVILLE

State  
TX

Zip Code  
76034-3650

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2020

Transaction ID : A663CE9FCF2DB4A2081F

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

560.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 60  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. JONES, MARK, , ,**

Mailing Address 10714 CALHOUN ROAD

City  
OMAHAState  
NEZip Code  
68112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FORT CALHOUN SCHOOLSOccupation (for Individual)  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

**Transaction ID : A5A01B0F97B45439E917**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**B. 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)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2020

**Transaction ID : A120702F2DE004656B09**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. 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)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2020

**Transaction ID : AF11652DE0F314743A0E**

Amount of Each Receipt this Period

60.00

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

145.00

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

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

FOR LINE NUMBER: PAGE 23 OF 60

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2020

**Transaction ID : A6601B961D3B447DA857**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. KUNZE, RICHARD, L, ,**

Mailing Address 38008 GARRETTS LAKE RD

City  
SHAWNEE

State  
OK

Zip Code  
74804-9474

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
FARMER/RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : A970CC711E02E4660AC7**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. LAMOTTE, BRADY, , MR.,**

Mailing Address 10833 47TH AVENUE SOUTHEAST

City  
EVERETT

State  
WA

Zip Code  
98208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EDMENTUM

Occupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : A9BD36A91C40447368E2**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 24 OF 60

(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. LAMOTTE, BRADY, , MR.,**

Mailing Address 10833 47TH AVENUE SOUTHEAST

City  
EVERETT

State  
WA

Zip Code  
98208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EDMENTUM

Occupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2020

**Transaction ID : A853798576AAB4546B1D**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. LAMOTTE, BRADY, , MR.,**

Mailing Address 10833 47TH AVENUE SOUTHEAST

City  
EVERETT

State  
WA

Zip Code  
98208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EDMENTUM

Occupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2020

**Transaction ID : A1BACD57AC5B44F1BB48**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. LANDER, RICHARD, , MR.,**

Mailing Address 24 TIGER HILL DR

City  
GLADSTONE

State  
NJ

Zip Code  
07934

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  
10 / 21 / 2020

**Transaction ID : A1E0C4115111641318CD**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

810.00



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

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

FOR LINE NUMBER: PAGE 25 OF 60  
(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. LANDER, RICHARD, , MR.,**

Mailing Address 24 TIGER HILL DR

City  
GLADSTONE

State  
NJ

Zip Code  
07934

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

**Transaction ID : A84C503E87ED94F1C88D**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. LIDDELL, MICHAEL, , MR.,**

Mailing Address 164 GLENCAIRNN DR

City  
HOT SPRINGS

State  
AR

Zip Code  
71913

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2020

**Transaction ID : A8F53A76D397B40A09A4**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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 ▼

4030.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : AECBDD2D973DC4CF293C**

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)..... ►

375.00

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

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

FOR LINE NUMBER: PAGE 26 OF 60

(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. 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 ▼

4130.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2020

Transaction ID : A69634B6136414BF996A

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. 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 ▼

4230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : A2D7E98850357400F82D

Amount of Each Receipt this Period

100.00

☐ Memo Item

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 ▼

4330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : A157D23A35B8949CFA4F

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)..... ►

300.00

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

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

FOR LINE NUMBER: PAGE 27 OF 60

(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. 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 ▼

4430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2020

Transaction ID : A1099216A7BDB4DA3BD2

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. 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 ▼

4530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2020

Transaction ID : AE22FD6B7F04A48ADA0B

Amount of Each Receipt this Period

100.00

☐ Memo Item

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 ▼

4630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2020

Transaction ID : A73C2EF8E0B604DCE8CF

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)..... ►

300.00

# **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 60

(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. 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 ▼

4730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : AD44E8F0C11FF4C06851

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. 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 ▼

4830.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : A30D9FB4955974805A1B

Amount of Each Receipt this Period

100.00

☐ Memo Item

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 ▼

4930.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2020

Transaction ID : AA885F788CC554C9FB57

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)..... ►

300.00

# **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. 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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : A6BA7390D9B7A4B72A73

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

**B. MCNAMARA, FRANCIS, , MR.,**

Mailing Address 18608 WHITE RIM TRAIL

City  
JONESTOWN

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2020

Transaction ID : AA4B4B77925214909BF6

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. MERCURIO, JEFFREY, , ,**

Mailing Address 522 VERA CRUZ AVENUE

City  
NOVATO

State  
CA

Zip Code  
94949

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
ELECTRICAL CONTRACTOR

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  
10 / 27 / 2020

Transaction ID : A07571D23B9C242A393D

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)..... ►

345.00

# **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. 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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : A7831D7AC78054E1DA2E

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 ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : ABDF024C764E24FE7A9C

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : AFB59E5536F434B2EA7D

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

110.00

# **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. PAINE, CHARLES, J, MR.,**

Mailing Address 1605 N MCALLISTER AVE

City  
TEMPE

State  
AZ

Zip Code  
85281-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

11 / 02 / 2020

Transaction ID : A62ADDD47D3854822967

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**B. POLIVKA, JAMES, , ,**

Mailing Address PO BOX 338

City  
LAFOX

State  
IL

Zip Code  
60147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 19 / 2020

Transaction ID : A00BDB56EAF654FBA815

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. PROPST, THOMAS, , ,**

Mailing Address 5967 CYPRESS HILL RD

City  
WINTER GARDEN

State  
FL

Zip Code  
34787

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 ▼

280.00

Date of Receipt

10 / 31 / 2020

Transaction ID : A399DB121509842F9ADC

Amount of Each Receipt this Period

90.00

☐ 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)  
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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. QUILLEN, PARKER, S, ,**

Mailing Address PO BOX 22073

City  
HOUSTON

State  
TX

Zip Code  
77227

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 Y  
10 / 17 / 2020

**Transaction ID : A25E17CF3838145A18A8**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**B. QUILLEN, PARKER, S, ,**

Mailing Address PO BOX 22073

City  
HOUSTON

State  
TX

Zip Code  
77227

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 ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

**Transaction ID : A0B9B9A085C124D089B2**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. REEVES, GLEN, , DR.,**

Mailing Address 10015 W ROYAL OAK ROAD  
APT 147

City  
SUN CITY

State  
AZ

Zip Code  
85351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
PHYSICIAN CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

790.00

Date of Receipt

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

**Transaction ID : AAC57D398F9A14410BDE**

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

210.00



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

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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 ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

**Transaction ID : A2559BDD615A04B41824**

Amount of Each Receipt this Period

30.00

☐ 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 ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2020

**Transaction ID : A1F56B5D937354857879**

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : A6F9B092231D94C1ABE0**

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)..... ►

80.00

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

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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  
TUCSONState  
AZZip Code  
85739FEC 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2020

Transaction ID : A823DE33EABAC47C381B

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. SAUNDERS, CAROLE, , MRS.,

Mailing Address 12498 WORLD CUP WAY

City  
WELLINGTONState  
FLZip Code  
33414FEC 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 ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2020

Transaction ID : AA1E0E86255F64B7E803

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. SCOFIELD, BRIAN, , MR.,

Mailing Address 3223 COUNTY ROAD 2

City  
ADDISONState  
NYZip Code  
14801FEC 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  
11 / 11 / 2020

Transaction ID : ACB9A44414A9A459F89C

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

410.00

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

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

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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. SENTER, DAVID, L, MR.,**

Mailing Address 71581 SW LAKE DR

City  
PENDLETON

State  
OR

Zip Code  
97801-9577

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 ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2020

**Transaction ID : A93C40EBE0C924AECB08**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. SENTER, DAVID, L, MR.,**

Mailing Address 71581 SW LAKE DR

City  
PENDLETON

State  
OR

Zip Code  
97801-9577

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 Y  
11 / 02 / 2020

**Transaction ID : A6B23DD18FDD14CA2A94**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. SHELTON, GLENNDA, A, MS.,**

Mailing Address 10920 S 77TH E PLACE

City  
TULSA

State  
OK

Zip Code  
74133

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2020

**Transaction ID : AC110467D233E4E8C85E**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

185.00

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

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

Use separate schedule(s)  
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☒ 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 ▼

1240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : A99DB4821C3C24970B29

Amount of Each Receipt this Period

90.00

☐ 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 ▼

1340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : AE02CADFE558A4723B25

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. STEWART, WILLIAM, G, MR.,**

Mailing Address 4024 STEWART ROAD

City  
STEVENSON

State  
MD

Zip Code  
21153

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2020

Transaction ID : A24325EAAEDEA45F8866

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)..... ►

440.00

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

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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. STEWART, WILLIAM, G, MR.,**

Mailing Address 4024 STEWART ROAD

City  
STEVENSON

State  
MD

Zip Code  
21153

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : A31AD2ACB5863462FBB6

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. STRONG, RAY, , ,**

Mailing Address 196 SCRIBNER AVE

City  
NORWALK

State  
CT

Zip Code  
06854

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : A3482E00AE18F4EC78E2

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

**C. SWEATT, NANCY, R., MS.,**

Mailing Address PO BOX 3087

City  
SANTA CRUZ

State  
CA

Zip Code  
95063-3087

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  
10 / 19 / 2020

Transaction ID : A0A19E9D299F1442C9A8

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

1310.00

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

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

FOR LINE NUMBER: PAGE 38 OF 60  
(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. 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : AEF473A16DE354027B1F

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. THOMPSON, CHRIS, , MR.,**

Mailing Address 7700 GREENWAY BOULEVARD

City  
DALLAS

State  
TX

Zip Code  
75209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ITAC

Occupation (for Individual)  
TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : AE83CDC43D45A4711957

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. TROGEN, PAUL, , DR.,**

Mailing Address 3425 STREET DRIVE

City  
JOHNSON CITY

State  
TN

Zip Code  
37604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EAST TENNESSEE STATE UNIVERSITY

Occupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2020

Transaction ID : ACCFF9066E7A04E9084E

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)..... ►

360.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 60

☒ 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. VASILE, KATHLEEN, , MRS.,**

Mailing Address 120 PINNACLE DRIVE

City

NEW BRAUNFELS

State

TX

Zip Code

78130

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 ▼

400.00

Date of Receipt

10 / 22 / 2020

Transaction ID : AEC951FE9EA8044F196C

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. WAGNER, WENDY, , ,**

Mailing Address 189 SHADY OAKS LOOP

City

CEDAR CREEK

State

TX

Zip Code

78612-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2020

Transaction ID : AC03FA0ACA0B74163B6C

Amount of Each Receipt this Period

250.00

☐ Memo Item

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 ▼

840.00

Date of Receipt

11 / 02 / 2020

Transaction ID : ABA6622DC3DF74BFABFB

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

590.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 60

☒ 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. WILL, ALAN, , MR.,**

Mailing Address 1640 EGRET CIRCLE

City  
SUFFOLK

State  
VA

Zip Code  
23436-1028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : A7EEA2B431673470A9B2

Amount of Each Receipt this Period

60.00

☐ Memo Item

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)..... ►

60.00

11785.00



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

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

FOR LINE NUMBER: PAGE 41 OF 60  
(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. APPEL, PATRICIA, , ,**

Mailing Address P.O. BOX 1049

City  
CEDAR KEY

State  
FL

Zip Code  
32625

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

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  
11 / 08 / 2020

**Transaction ID : A3AFE806743B7466BA6F**

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. BECKMANN, KLAUS, , ,**

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)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

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  
10 / 15 / 2020

**Transaction ID : A2A266899F1F04DB0957**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CAREY ACCOUNT

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

**C. BRUKARDT, KAREN, , ,**

Mailing Address 5618 HILLSBORO ROAD

City  
NASHVILLE

State  
TN

Zip Code  
37215-4225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

**Transaction ID : A84ECD2CCE51646B4994**

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)..... ►

1050.00

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

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

FOR LINE NUMBER: PAGE 42 OF 60

(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 type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

THE NATIONAL REPUBLICAN TRUST PAC

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

A. KAUFMAN, GARY, , ,

Mailing Address 4 PARK AVE APT 5E

City  
NEW YORK

State  
NY

Zip Code  
10016-5306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

Transaction ID : A68173556757C4607A0E

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. KAUFMAN, GARY, , ,

Mailing Address 4 PARK AVE APT 5E

City  
NEW YORK

State  
NY

Zip Code  
10016-5306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
ATTORNEY

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
10	/	27	/	2020

Transaction ID : A025D1CEC66004433964

Amount of Each Receipt this Period

1000.00

☐ 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 ▼

1330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : A9E9413A42BD64B968E3

Amount of Each Receipt this Period

1330.00

☐ Memo Item  
CAREY ACCOUNT

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

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

2830.00

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

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

FOR LINE NUMBER: PAGE 43 OF 60

(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. NIERENBERG, ALAN, B, ,**

Mailing Address PO BOX 743

City

COOPER LANDING

State

AK

Zip Code

99572-0743

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SHIP CONSTRUCTION STRATEGIES, INC

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2020

**Transaction ID : AF877E0BEAB884836A82**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAREY ACCOUNT

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

**B. NIERENBERG, ALAN, B, ,**

Mailing Address PO BOX 743

City

COOPER LANDING

State

AK

Zip Code

99572-0743

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SHIP CONSTRUCTION STRATEGIES, INC

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

**Transaction ID : A8049F35CF6804AA982B**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAREY ACCOUNT

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

**C. PERRY, REBECCA, , ,**

Mailing Address 8603 MILES RD

City

ODESSA

State

FL

Zip Code

33556-1919

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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

**Transaction ID : A7D3C2C08779E4B07AE4**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAREY ACCOUNT

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

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

2250.00

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

PAGE 44 OF 60

<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 type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. SWEENEY, CHARLES, J, ,**

Mailing Address 810 CORONADO AVE

City  
CORONADOState  
CAZip Code  
92118-2435FEC 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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2020

Transaction ID : A5325264C869740E5993

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. SWEENEY, CHARLES, J, ,**

Mailing Address 810 CORONADO AVE

City  
CORONADOState  
CAZip Code  
92118-2435FEC 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 ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2020

Transaction ID : A2E8AA0B303FC4DAFAB1

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CAREY ACCOUNT

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

**C. WULFF, RICHARD, K, ,**

Mailing Address PO BOX 6715

City  
INCLINE VILLAGEState  
NVZip Code  
89450-6715FEC 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 ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2020

Transaction ID : AD5C9F7A7344B46B483C

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CAREY ACCOUNT

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

600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 60

☐ 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. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2020

Transaction ID : ADDA9F6C795C749A4BDE

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CAREY ACCOUNT

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)..... ►

100.00

6830.00

**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 46 OF 60

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		23		2020

FEC Identification Number

**C****Transaction ID : B377C5AB0A**

Amount of Each Disbursement this Period

1090.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE**

Mailing Address 205 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-1164Purpose of Disbursement  
COMPLIANCE SOFTWARE

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
11		02		2020

FEC Identification Number

**C****Transaction ID : B08AE700C6I**

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. 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	/	D D	/	Y Y Y Y Y Y
11		06		2020

FEC Identification Number

**C****Transaction ID : B88B3FBA43**

Amount of Each Disbursement this Period

15.00

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

1855.24

**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 47 OF 60

<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:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				26				2020					

FEC Identification Number

C

Transaction ID : B8A539726E

Amount of Each Disbursement this Period

55.00

☐ 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:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				28				2020					

FEC Identification Number

C

Transaction ID : BBA81D7338

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL MEDIA GROUP, LLC**Mailing Address 2021 L ST NW  
SUITE 101-340City  
WASHINGTONState  
DCZip Code  
20036-4909Purpose of Disbursement  
PAC MANAGEMENT CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2020					

FEC Identification Number

C

Transaction ID : B9F2AE1734

Amount of Each Disbursement this Period

2500.00

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

2590.00

**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 48 OF 60

<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
10		23		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 : B07F773E2D

Amount of Each Disbursement this Period

2500.00

☐ 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
11		02		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 : B3B8421AC0

Amount of Each Disbursement this Period

1500.00

☐ 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
11		06		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 : B9EF002DC5

Amount of Each Disbursement this Period

1500.00

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

5500.00

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



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

PAGE 49 OF 60

<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	/	D	D	/	Y	Y	Y	Y
11			20			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 : B3477D735C!**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSTANT CONTACT**

Date of Disbursement

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

Mailing Address 1601 TRAPELO ROAD, SUITE 329

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B77610A8DC!**

Amount of Each Disbursement this Period

238.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GODADDY.COM**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

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

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B54C2FE853**

Amount of Each Disbursement this Period

48.33

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

1786.83

**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 50 OF 60

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. GODADDY.COM**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2020

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

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : B8456D58A8**

Amount of Each Disbursement this Period

21.17

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. GODADDY.COM**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2020

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

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : B924E467192**

Amount of Each Disbursement this Period

20.97

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. KOCH & HOOS, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2020

Mailing Address P.O. BOX 1154

City  
ALEXANDRIAState  
VAZip Code  
22313-1154Purpose of Disbursement  
COMPLIANCE SERVICES

Candidate Name

001  
Category/  
Type

FEC Identification Number

**C****Transaction ID : BD9333BB68**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

2542.14

**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 51 OF 60

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				26				2020					

FEC Identification Number

**C**

Transaction ID : B8EE0E9A27

Amount of Each Disbursement this Period

184.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. POLITICAL.LAW**Mailing Address 441 N LEE ST  
STE 300City  
ALEXANDRIAState  
VAZip Code  
22314-2301Purpose of Disbursement  
LEGAL 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	Y
10				16				2020					

FEC Identification Number

**C**

Transaction ID : B9F4B3E363/

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE UPS STORE**

Mailing Address 2100 M ST NW, STE 170

City  
WASHINGTONState  
DCZip Code  
20037Purpose of Disbursement  
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
10				19				2020					

FEC Identification Number

**C**

Transaction ID : B3D00DDB5/

Amount of Each Disbursement this Period

274.00

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

5458.44

**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 52 OF 60

<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. 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
1	1		0	5		2	0	2	0		

FEC Identification Number

**C****Transaction ID : BA8CA3796B**

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

19785.80

**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 53 OF 60

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			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 : B5F08A034A

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	/	D	D	/	Y	Y	Y	Y
11			06			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 : BA1C553128f

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	/	D	D	/	Y	Y	Y	Y
11			02			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 : BAA8A20CD

Amount of Each Disbursement this Period

1000.00

☐ 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 54 OF 60

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		20		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 : BFFCEBD92C

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		23		2020

Mailing Address 2211 NORTH FIRST ST

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : B02A96AB59

Amount of Each Disbursement this Period

486.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. POLITICAL.LAW**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		23		2020

Mailing Address 441 N LEE ST  
STE 300City  
ALEXANDRIAState  
VAZip Code  
22314-2301Purpose of Disbursement  
CAREY ACCOUNT: LEGAL SERVICES

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : B09C353C97

Amount of Each Disbursement this Period

4025.00

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

6011.02

9511.02

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

PAGE 55 OF 60

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

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**ACTIVE ENGAGEMENT**

Nature of Debt (Purpose):

PAC EMAIL COMMUNICATION

Mailing Address 44084 RIVERSIDE PKWY, SUITE 350

City

LEESBURG

State

VA

Zip Code

20176

Outstanding Balance Beginning This Period

840.00

Transaction ID : D9C0B70D8209542CC9DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

840.00

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

**DB CAPITOL STRATEGIES PLLC**

Nature of Debt (Purpose):

PAC LEGAL FEES

Mailing Address 717 KING ST, STE 300

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

2000.00

Transaction ID : DFBEEC2F084A641DA905

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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

**KOCH & HOOS, LLC**

Nature of Debt (Purpose):

PAC ACCOUNTING CONSULTING

Mailing Address P.O. BOX 1154

City

ALEXANDRIA

State

VA

Zip Code

22313-1154

Outstanding Balance Beginning This Period

21564.60

Transaction ID : DB6C379F8530A4FA9912

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

19064.60

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

21904.60

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

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

PAGE 56 OF 60

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

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

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

Mailing Address P.O. BOX 7247-7090

City

PHILADELPHIA

State

PA

Zip Code

19170

Outstanding Balance Beginning This Period

1356.80

Transaction ID : D0121370A31684390970

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1356.80

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

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

Mailing Address PO BOX 44

City

SUSSEX

State

WI

Zip Code

53089-0044

Outstanding Balance Beginning This Period

240.00

Transaction ID : D5C95E0A1195241F7A37

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

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

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

Mailing Address G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Outstanding Balance Beginning This Period

1722.50

Transaction ID : DD6F3BF0120F847BBADA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1722.50

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

3319.30

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



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

PAGE 57 OF 60

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

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**SPECTRUM COMMUNICATIONS**

Nature of Debt (Purpose):

PAC TELEPHONE EXPENSE

Mailing Address 125 N EXECUTIVE DR, STE. 300

City

BROOKFIELD

State

WI

Zip Code

53005-6035

Outstanding Balance Beginning This Period

750.15

Transaction ID : D42583FA7204D4613A60

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.15

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

**THE POLITICAL INSIDER, LLC**

Nature of Debt (Purpose):

IE EMAIL COMMUNICATION

Mailing Address P.O. BOX 25574

City

ALEXANDRIA

State

VA

Zip Code

22313-5574

Outstanding Balance Beginning This Period

520.00

Transaction ID : D5F263575A27941F2943

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

520.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

1270.15

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

26494.05

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

0.00

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

26494.05

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

 PAGE 58 OF 60  
 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: 24px; margin-right: 10px;">C</span> <span>C00455378</span> </div>
---	--

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

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

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CAPITOL MEDIA GROUP, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <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 2021 L ST NW SUITE 101-340			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	
City WASHINGTON	State DC	Zip Code 20036-4909	<b>Transaction ID : E8B84A04F17CB4197890</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <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>	
Purpose of Expenditure PMT FOR EST FROM 10/30/2020. DIGITAL AD PRODUCTION COSTS: SEE EST TRANS ID#:....451882A		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <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>	
Name of Federal Candidate: BIDEN, JOSEPH, , MR.,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>GOOGLE INC.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <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 1600 AMPHITHEATRE PARKWAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	
City MOUNTAIN VIEW	State CA	Zip Code 94043	<b>Transaction ID : EC5D0D19F9FEB42138D8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <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>	
Purpose of Expenditure ESTIMATED 10/28-11/3 DIGITAL ADVERTISING		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <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>	
Name of Federal Candidate: BIDEN, JOSEPH, , MR.,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	1000.00
(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.

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

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

 PAGE 59 OF 60  
 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: 2em; margin-right: 10px;">C</span> C00455378 </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;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <b>SINCLAIR BROADCAST GROUP</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address <b>10706 BEAVER DAM GROUP INC</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22500.00</div>		
City <b>COCKEYSVILLE</b>	State <b>MD</b>	Zip Code <b>21030-2207</b>	<b>Transaction ID : E6CB1CA571B6E47BD8F0</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure <b>DIGITAL ADVERTISING</b>		Category/Type <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: <b>BIDEN, JOSEPH, , MR.,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    District: <b>00</b> State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">24720.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>SINCLAIR BROADCAST GROUP</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address <b>10706 BEAVER DAM GROUP INC</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>		
City <b>COCKEYSVILLE</b>	State <b>MD</b>	Zip Code <b>21030-2207</b>	<b>Transaction ID : EE17E7F7D98014866B1B</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure <b>DIGITAL ADVERTISING; OVERRUN OF TRANS ID#:...47BD8F0</b>		Category/Type <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: <b>BIDEN, JOSEPH, , MR.,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    District: <b>00</b> State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">24720.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">22520.00</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"></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.					
Signature <b>WHEELER, SCOTT, ,</b>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

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

 PAGE 60 OF 60  
 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>SINCLAIR BROADCAST GROUP</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 10706 BEAVER DAM GROUP INC					<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 COCKEYSVILLE		State MD	Zip Code 21030-2207		Amount 2020.00
Purpose of Expenditure DIGITAL ADVERTISING			Category/ Type		Transaction ID : E268A5768535B4F2BA5D Date of Disbursement or Obligation
Name of Federal Candidate: BIDEN, JOSEPH, , MR.,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought			26740.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>TIKTOK</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 10010 VENICE BLVD #301					<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 CULVER CITY		State CA	Zip Code 90232-2720		Amount 200.00
Purpose of Expenditure PMT FOR EST FROM 10/29/2020. CAREY ACCOUNT: DIGITAL ADVERTISING. SEE EST TRANS ID#:...410C9EA			Category/ Type		Transaction ID : E924238F8A42C45EBB5A Date of Disbursement or Obligation
Name of Federal Candidate: BIDEN, JOSEPH, , MR.,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought			1200.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures .....					2220.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures .....					25740.00
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, , , Signature			[Electronically Filed]		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>