

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

THE NATIONAL REPUBLICAN TRUST PAC

ADDRESS (number and street)

2021 L ST NW

STE 101-340

WASHINGTON

DC

20036-4909

☐ Check if different than previously reported. (ACC)

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 01 2022

through

M M M / D D D / Y Y Y Y Y Y  
11 28 2022

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

PETERSON, FREDERICK, A, , III

Type or Print Name of Treasurer

Signature of Treasurer

PETERSON, FREDERICK, A, , III

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
12 02 2022

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

THE NATIONAL REPUBLICAN TRUST PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		<input type="text" value="1491.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1238.80"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9053.00"/>	<input type="text" value="40688.98"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="10291.80"/>	<input type="text" value="42180.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9987.59"/>	<input type="text" value="41876.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="304.21"/>	<input type="text" value="304.21"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="26494.05"/>	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**THE NATIONAL REPUBLICAN TRUST PAC**

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5867.00	18392.00
(ii) Unitemized .....	2616.00	17934.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8483.00	36326.26
(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) .....	8483.00	36326.26
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	5.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	570.00	4357.72
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9053.00	40688.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9053.00	40688.98

**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 .....	9270.97	36783.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9270.97	36783.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	50.00
(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)).....	50.00	50.00
29. Other Disbursements (Including Non-Federal Donations).....	666.62	5042.29
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)) ..	9987.59	41876.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9987.59	41876.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8483.00	36326.26
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8433.00	36276.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	9270.97	36783.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	5.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	9270.97	36778.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 41  
(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. BARRY, DONALD, E, MR.,**

Mailing Address 42 HIGHBUSH COURT

City  
SPRINGState  
TXZip Code  
77381FEC 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 ▼

1070.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2022

Transaction ID : AD8416F5EF916403BB19

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

Mailing Address 42 HIGHBUSH COURT

City  
SPRINGState  
TXZip Code  
77381FEC 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 ▼

1170.00

Date of Receipt

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

Transaction ID : ADEB17C61AD1647D3A55

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. BENNETT, ALBERT, G, ,**

Mailing Address 200 MORRILL RD

City  
STARKVILLEState  
MSZip Code  
39759-5390FEC 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		02		2022

Transaction ID : A22D37936FEBA4BACA8B

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

250.00

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 7 OF 41

(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. BENNETT, ALBERT, G, ,

Mailing Address 200 MORRILL RD

City  
STARKVILLEState  
MSZip Code  
39759-5390FEC 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 / 02 / 2022

Transaction ID : A45D50E181F4F40D8B59

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. BLODGETT, DEBRA, F, MRS.,

Mailing Address 19619 61ST AVE SE

City  
SNOHOMISHState  
WAZip Code  
98296FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2022

Transaction ID : ABDE57A46B66D44D8A2F

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BRYAN, ROBERT, L, MR.,

Mailing Address POP BOX 1112

City  
WETUMPKAState  
ALZip Code  
36092FEC 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 ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2022

Transaction ID : AA44B297E378D44C28CD

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

175.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. CAMPBELL, ED, , MR.,**

Mailing Address 300 LETTERMAN ROAD

City  
KNOXVILLE

State  
TN

Zip Code  
37919

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2022

**Transaction ID : A4B09E411428643BD9DF**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. CAMPBELL, ED, , MR.,**

Mailing Address 300 LETTERMAN ROAD

City  
KNOXVILLE

State  
TN

Zip Code  
37919

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2022

**Transaction ID : A85854931801541658D0**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. CLOUGH, CHARLES, A, MR.,**

Mailing Address 303 HEMINGWAY DR

City  
BEL AIR

State  
MD

Zip Code  
21014-3216

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 Y  
10 / 23 / 2022

**Transaction ID : AD960AD38DC164288A47**

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 Page

FOR LINE NUMBER: PAGE 9 OF 41  
(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. CLOUGH, CHARLES, A, MR.,**

Mailing Address 303 HEMINGWAY DR

City  
BEL AIR

State  
MD

Zip Code  
21014-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2022

Transaction ID : A5FF412D2672C46B3884

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. CLOUGH, CHARLES, A, MR.,**

Mailing Address 303 HEMINGWAY DR

City  
BEL AIR

State  
MD

Zip Code  
21014-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2022

Transaction ID : AF425FD62D3D0443C82E

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. EGAN, SHOSHANA, , ,**

Mailing Address 3758 VIA DEL CONQUISTADOR

City  
SAN DIEGO

State  
CA

Zip Code  
92117-5741

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2022

Transaction ID : A3C583BD89B5B4701B8D

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1085.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 41

(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. GARCIA, FEDERICO, , MR.,

Mailing Address 6700 SOUTHWEST 74TH AVENUE

City  
MIAMIState  
FLZip Code  
33143FEC 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 ▼

370.00

Date of Receipt

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

Transaction ID : A0379EDACDA5B4635ADF

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

Mailing Address 114 WOODBRIDGE RD

City  
MARLTONState  
NJZip Code  
08053-1121FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2022

Transaction ID : A8E3685280E8644058A2

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  
MARLTONState  
NJZip Code  
08053-1121FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

236.00

Date of Receipt

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

Transaction ID : A37F34ED236F74416A26

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

130.00

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 11 OF 41

(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. HAHN, ROBERT, F., MR.,

Mailing Address 114 WOODBRIDGE RD

City  
MARLTONState  
NJZip Code  
08053-1121FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2022

Transaction ID : ABEFE9F8375324F25927

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

B. HAMMANN, PAUL, , MR.,

Mailing Address 1710 8TH AVENUE S.W.

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

C

Name of Employer (for Individual)  
FIRST AMERICAN TITLE INSURANCE COMPANYOccupation (for Individual)  
TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2022

Transaction ID : A053A5955CB8642BB8C3

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. HAMMANN, PAUL, , MR.,

Mailing Address 1710 8TH AVENUE S.W.

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

C

Name of Employer (for Individual)  
FIRST AMERICAN TITLE INSURANCE COMPANYOccupation (for Individual)  
TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : AFFAA84EC64794B8FB45

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

137.00

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:  
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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

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

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

**Transaction ID : AFEE2D1C1B4ED45DA946**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2022

**Transaction ID : AFF8F2AC6FE1148A784F**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2022

**Transaction ID : AE0DFF1DBA8944A1F866**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

125.00

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

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

FOR LINE NUMBER: PAGE 13 OF 41  
(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. HAMMANN, PAUL, , MR.,**

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2022

Transaction ID : AD64F0CE3E94B49CB9B4

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2022

Transaction ID : A4282158AA16649679B4

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 AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2022

Transaction ID : ADDD2F7390DFA4568BC3

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

100.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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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 AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1455.00

Date of Receipt

11 / 03 / 2022

Transaction ID : A3AC0695DDFD44C6A9BF

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 AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1505.00

Date of Receipt

11 / 05 / 2022

Transaction ID : AAD86FDB8DF8D4AA0871

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. HAMMANN, PAUL, , MR.,

Mailing Address 1710 8TH AVENUE S.W.

City  
PUYALLUP

State  
WA

Zip Code  
98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST AMERICAN TITLE INSURANCE COMPANY

Occupation (for Individual)

TITLE INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

11 / 17 / 2022

Transaction ID : A6DE43F5B056D45A99EA

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 15 OF 41  
(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. KINCHELOE, CURTIS, D, MR., JR**

Mailing Address 6403 RIVER RD

City  
PLEASANT VALLEY

State  
MO

Zip Code  
64068-7854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2022

Transaction ID : A9438E587BA7946809F9

Amount of Each Receipt this Period

25.00

☐ 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)  
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  
11 / 13 / 2022

Transaction ID : ABA8A65C9F97F4CAD88C

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 DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1100.00

Date of Receipt

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

Transaction ID : A508B07AAA13A40ED9F5

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 16 OF 41

(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 DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2022

**Transaction ID : A4C9131E0752542B384F**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2022

**Transaction ID : A171F0049EAFB462392F**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1250.00

Date of Receipt

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

**Transaction ID : AC20A2965B5EC4367AF7**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00



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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

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

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2022

**Transaction ID : A7E0771CB1DCB491497F**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2022

**Transaction ID : A77276767C8554B5A80D**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2022

**Transaction ID : AFEB506F57199459DBC3**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 18 OF 41

(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 DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1450.00

Date of Receipt

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

**Transaction ID : AF64AFA0CDAD9421391B**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2022

**Transaction ID : A3A421F13D72D493BA61**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2022

**Transaction ID : A7752B053A28C4177B6C**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. LOMBARDI, JAMES, , MR.,**

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1600.00

Date of Receipt

11 / 01 / 2022

Transaction ID : A249CDC97D8B64369829

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1650.00

Date of Receipt

11 / 02 / 2022

Transaction ID : AD420716331294BC792D

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1700.00

Date of Receipt

11 / 03 / 2022

Transaction ID : A94CA74F8E51E4F43BBA

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 20 OF 41

(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. LOMBARDI, JAMES, , MR.,**

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1750.00

Date of Receipt

11 / 04 / 2022

Transaction ID : A9674FB6EB2534544946

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1800.00

Date of Receipt

11 / 05 / 2022

Transaction ID : A24BFCCF9DC7C42AC838

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1 FAIRHAVEN DR EAST

City  
EAST LONGMEADOW

State  
MA

Zip Code  
01028-2716

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 ▼

1850.00

Date of Receipt

11 / 07 / 2022

Transaction ID : AB7018CEDD24547B1841

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 41

(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 DR EAST

City  
EAST LONGMEADOWState  
MAZip Code  
01028-2716FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2022

Transaction ID : A135AA15C04CF4B76BF2

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. MCBEATH, WALTER, , ,

Mailing Address 5029 TANGLEWOOD PARK DRIVE

City  
CLEVESState  
OHZip Code  
45002-9415FEC 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 / 07 / 2022

Transaction ID : AF3392D6EB4D34713BCA

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. MONTGOMERY, BRUCE, G., MR.,

Mailing Address 14718 DORSEY MILL RD

City  
GLENWOODState  
MDZip Code  
21738-9316FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNTONICS LLCOccupation (for Individual)  
MANAGER

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 / 22 / 2022

Transaction ID : AF7BCFE27313549DDA25

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

325.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 41  
(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. RABE, WARREN, , ,**

Mailing Address PO BOX 794

City  
GLADE SPRINGState  
VAZip Code  
24340FEC 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 ▼

205.00

Date of Receipt

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

Transaction ID : A995323E1143E4CEA8B8

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address 177 TANTALLON LN

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2022

Transaction ID : A7B4B910FE9794030A2E

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 177 TANTALLON LN

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2022

Transaction ID : AED78B55B7DBC4C20995

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

FOR LINE NUMBER: PAGE 23 OF 41

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

Mailing Address 71581 SW LAKE DR

City  
PENDLETON

State  
OR

Zip Code  
97801

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  
10 / 10 / 2022

Transaction ID : ABCBF5060168E40A59F9

Amount of Each Receipt this Period

50.00

☐ 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

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  
11 / 04 / 2022

Transaction ID : A12D909C63BD64715ADD

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. SMITH III, ROBERT J, , ,**

Mailing Address 3010 S OLD US HWY 41

City  
PRINCETON

State  
IN

Zip Code  
47670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HMC

Occupation (for Individual)  
PRESIDENT/CEO

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 / 2022

Transaction ID : AF7A546404D0144A9A60

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 24 OF 41

(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. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2022

Transaction ID : A79588747ADF34412BD9

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

Mailing Address 209 DAWSON STREET

City  
MASON

State  
OH

Zip Code  
45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2022

Transaction ID : AF7A7596D2ABF4C0CA16

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. WRIGHT, DENNIS, , MR.,**

Mailing Address 23016 TREE CREST CT

City  
ESTERO

State  
FL

Zip Code  
34135

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 / 13 / 2022

Transaction ID : A05B1A933A9824FD9A1D

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)..... ►

775.00



# 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 25 OF 41

☒ 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. WRIGHT, DENNIS, , MR.,

Mailing Address 23016 TREE CREST CT

City  
ESTERO

State  
FL

Zip Code  
34135

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 / 13 / 2022

Transaction ID : A9D740E7CB32E4EEAA12

Amount of Each Receipt this Period

25.00

☐ 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)..... ▶

25.00

5867.00

# **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 41  
(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. SENTER, DAVID, L, MR.,**

Mailing Address 71581 SW LAKE DR

City  
PENDLETON

State  
OR

Zip Code  
97801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2022

Transaction ID : A0C7EEB97B4924A87B56

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CAREY ACCOUNT

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

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2022

Transaction ID : A2551393F34234506BCF

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CAREY ACCOUNT

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

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

Mailing Address 71581 SW LAKE DR

City  
PENDLETON

State  
OR

Zip Code  
97801

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  
11 / 05 / 2022

Transaction ID : A945261F8906345FBA29

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CAREY ACCOUNT

**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 27 OF 41  
(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. WULFF, RICHARD, K, ,

Mailing Address PO BOX 6715

City  
INCLINE VILLAGE

State  
NV

Zip Code  
89450-6715

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2022

Transaction ID : A8B1B57012503499DA04

Amount of Each Receipt this Period

50.00

☐ 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)..... ▶

50.00

200.00

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

PAGE 28 OF 41

<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
11			28			2022			

FEC Identification Number

**C****Transaction ID : B9ED83BC82**

Amount of Each Disbursement this Period

379.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 3 DUPONT CIRCLE, NW

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
BANK FEE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2022			

FEC Identification Number

**C****Transaction ID : B98BCB4D1D**

Amount of Each Disbursement this Period

15.00

☐ 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
11			07			2022			

FEC Identification Number

**C****Transaction ID : BF8B7368AF**

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).....▶

409.42

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

PAGE 29 OF 41

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

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

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2022			

FEC Identification Number

**C****Transaction ID : B5CBD9AB6**

Amount of Each Disbursement this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

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

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2022			

FEC Identification Number

**C****Transaction ID : B34DAC0EAC**

Amount of Each Disbursement this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD, SUITE 329

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2022			

FEC Identification Number

**C****Transaction ID : B5D89CEDC**

Amount of Each Disbursement this Period

238.50

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

322.50

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

PAGE 30 OF 41

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

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

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD, SUITE 329

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2022

FEC Identification Number

**C****Transaction ID : BC3B31D590**

Amount of Each Disbursement this Period

715.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GODADDY.COM**Mailing Address 14455 N HAYDEN RD  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260Purpose of Disbursement  
WEBSITE 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
10		03		2022

FEC Identification Number

**C****Transaction ID : B6BEFCF64C**

Amount of Each Disbursement this Period

190.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GODADDY.COM**Mailing Address 14455 N HAYDEN RD  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260Purpose of Disbursement  
WEBSITE 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
10		13		2022

FEC Identification Number

**C****Transaction ID : BEABF2693F**

Amount of Each Disbursement this Period

40.34

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

946.18

**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 31 OF 41

<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
10		17		2022

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

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B5929DF3BD**

Amount of Each Disbursement this Period

21.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GODADDY.COM**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2022

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

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B4A5964EFEI**

Amount of Each Disbursement this Period

52.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GODADDY.COM**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2022

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

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : BEBE71CE2**

Amount of Each Disbursement this Period

25.41

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

98.91

**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 32 OF 41

<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				25				2022					

FEC Identification Number

**C**

Transaction ID : B3827A86C9I

Amount of Each Disbursement this Period

201.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				25				2022					

FEC Identification Number

**C**

Transaction ID : B8F4E6E7C1I

Amount of Each Disbursement this Period

201.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				07				2022					

FEC Identification Number

**C**

Transaction ID : B9A2FBBBF

Amount of Each Disbursement this Period

59.99

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

462.79



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

PAGE 33 OF 41

<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
11		07		2022

FEC Identification Number

**C****Transaction ID : B1A65802DA**

Amount of Each Disbursement this Period

59.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2319 TROTT AVENUE

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

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : B1070329810**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2319 TROTT AVENUE

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

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : BD30D678AC**

Amount of Each Disbursement this Period

1300.00

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

1659.99

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

PAGE 34 OF 41

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

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

Mailing Address 2319 TROTT AVENUE

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

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2022

FEC Identification Number

**C** 

Transaction ID : B13C591F7C

Amount of Each Disbursement this Period

 1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2319 TROTT AVENUE

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

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2022

FEC Identification Number

**C** 

Transaction ID : BA94269C88

Amount of Each Disbursement this Period

 750.00☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2319 TROTT AVENUE

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

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2022

FEC Identification Number

**C** 

Transaction ID : B5B33A97EF

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)..... ► 4250.00

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

PAGE 35 OF 41

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

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

Mailing Address 2319 TROTT AVENUE

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

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : B83D8936B2I**

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2319 TROTT AVENUE

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

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : BA77D306D9I**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	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)..... ►

1100.00

9249.79

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

PAGE 36 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. MCDOWELL, H. CLAY, , MR.,**

Date of Disbursement

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

Mailing Address 328 SMITH RD

City  
RISING SUNState  
MDZip Code  
21911-2202Purpose of Disbursement  
CONTRIBUTION REFUND

010

Category/  
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : BBC71F606C

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

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

50.00

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

50.00

**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 37 OF 41

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 3 DUPONT CIRCLE, NW

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2022			

FEC Identification Number

**C** 

Transaction ID : B9CED83BA

Amount of Each Disbursement this Period

 16.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 3 DUPONT CIRCLE, NW

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2022			

FEC Identification Number

**C** 

Transaction ID : B5FC7A037B

Amount of Each Disbursement this Period

 16.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2022			

FEC Identification Number

**C** 

Transaction ID : B718D3090A

Amount of Each Disbursement this Period

 34.62☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 66.62

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

PAGE 38 OF 41

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

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

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

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

Mailing Address 2319 TROTT AVENUE

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

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : B263DDBF2A**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2319 TROTT AVENUE

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

Candidate Name

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

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		15		2022

FEC Identification Number

**C****Transaction ID : B07D475F5D1**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

M M	/	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).....▶

600.00

666.62

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

PAGE 39 OF 41

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

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**ACTIVE ENGAGEMENT**

Nature of Debt (Purpose):

PAC EMAIL COMMUNICATION

Mailing Address 44084 RIVERSIDE PKWY, SUITE 350

City

LEESBURG

State

VA

Zip Code

20176

Outstanding Balance Beginning This Period

840.00

Transaction ID : D9C0B70D8209542CC9DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

840.00

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

**DB CAPITOL STRATEGIES PLLC**

Nature of Debt (Purpose):

PAC LEGAL FEES

Mailing Address 717 KING ST, STE 300

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

2000.00

Transaction ID : DFBEEC2F084A641DA905

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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

**KOCH & HOOS, LLC**

Nature of Debt (Purpose):

PAC ACCOUNTING CONSULTING

Mailing Address P.O. BOX 1154

City

ALEXANDRIA

State

VA

Zip Code

22313-1154

Outstanding Balance Beginning This Period

19064.60

Transaction ID : DB6C379F8530A4FA9912

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19064.60

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

21904.60

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

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

PAGE 40 OF 41

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 41 OF 41

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