

**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)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

C

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

PETERSON, FREDERICK, A, , III

Type or Print Name of Treasurer

Signature of Treasurer

PETERSON, FREDERICK, A, , III

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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  
01 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2021

	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;">2021</span>		<span style="border: 1px solid black; padding: 2px;">7680.60</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">7680.60</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">37441.84</span>	<span style="border: 1px solid black; padding: 2px;">37441.84</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;">45122.44</span>	<span style="border: 1px solid black; padding: 2px;">45122.44</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">41325.20</span>	<span style="border: 1px solid black; padding: 2px;">41325.20</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;">3797.24</span>	<span style="border: 1px solid black; padding: 2px;">3797.24</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  
 01 / 01 / 2021

To:

 M M / D D / Y Y Y Y  
 06 / 30 / 2021
**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).....

12825.00

12825.00

(ii) Unitemized .....

15111.64

15111.64

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

27936.64

27936.64

(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) .....

27936.64

27936.64

## 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).....

1440.00

1440.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

8065.20

8065.20

## 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)) .....

37441.84

37441.84

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

37441.84

37441.84

**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 .....	28388.11	28388.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	28388.11	28388.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	12937.09	12937.09
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)) ..	41325.20	41325.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41325.20	41325.20

**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) .....	27936.64	27936.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27936.64	27936.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	28388.11	28388.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1440.00	1440.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	26948.11	26948.11

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 59  
(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			

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

Mailing Address 13710 SUNRISE BLUFF RD

City  
MIDLOTHIANState  
VAZip Code  
23112FEC 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
05	21	2021

Transaction ID : AFBEE1BC3901E4A079F8

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

Mailing Address 300 LETTERMAN ROAD

City  
KNOXVILLEState  
TNZip Code  
37919FEC 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 M	D D D	Y Y Y Y Y Y
05	08	2021

Transaction ID : A61C5FED40CB841A6B83

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. CAMPBELL, ED, , MR.,**

Mailing Address 300 LETTERMAN ROAD

City  
KNOXVILLEState  
TNZip Code  
37919FEC 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
06	08	2021

Transaction ID : A667603B6C42A4DA3B0F

Amount of Each Receipt this Period

250.00

☐ Memo Item

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: PAGE 7 OF 59

(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. CASTLE, MICHAEL, , ,**

Mailing Address 127 BLACKWATER ST

City  
SANTA ROSA BEACH

State  
FL

Zip Code  
32459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2021

Transaction ID : AE75043E89169459BB9B

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2021

Transaction ID : AFAEAF4E060B49C79B1

Amount of Each Receipt this Period

1000.00

☐ 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  
06 / 30 / 2021

Transaction ID : AD916E57FF3E84D0D9C4

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

3250.00

# **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 59

(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. ETTNER SR, EDWARD R, , ,

Mailing Address 10535 AMITY ST

City  
LORTONState  
VAZip Code  
22079-3516FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTHROP-GRUMMANOccupation (for Individual)  
CONSULTANT

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  
05 / 25 / 2021

Transaction ID : AD0857BF3669D48EB8C9

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. FARR, J EUGENE, , ,

Mailing Address 570 MCMINN ROAD

City

PORT TOWNSEND

State

WA

Zip Code

98368

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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 24 / 2021

Transaction ID : A73C37850FCB74C6C9A9

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. LAINO, ANTHONY, , ,

Mailing Address 311 MEGAN COURT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LAINO ENTERPRISESOccupation (for Individual)  
REAL ESTATE

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  
02 / 14 / 2021

Transaction ID : ABFFADCAAD7BA4D1E94I

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).....▶

1200.00



# **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 59

(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)  
UNEMPLOYED

Occupation (for Individual)  
UNEMPLOYED

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  
03 / 13 / 2021

Transaction ID : ADFE4D1E1129F4554AA4

Amount of Each Receipt this Period

100.00

☐ 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)  
UNEMPLOYED

Occupation (for Individual)  
UNEMPLOYED

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  
04 / 27 / 2021

Transaction ID : A31F478F154E045F18B2

Amount of Each Receipt this Period

50.00

☐ 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)  
UNEMPLOYED

Occupation (for Individual)  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2021

Transaction ID : ABBF053B208844922974

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

200.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 59

☒ 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)  
UNEMPLOYED

Occupation (for Individual)  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2021

Transaction ID : A53CB3423C28947B28AF

Amount of Each Receipt this Period

25.00

☐ 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)  
UNEMPLOYED

Occupation (for Individual)  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2021

Transaction ID : AF9BC09F9DC154197B57

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. LARSON, PEG S, ,

Mailing Address 1333 S LAKE SHORE DR

City  
LAKE LEELANAU

State  
MI

Zip Code  
49653

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  
03 / 12 / 2021

Transaction ID : AC9CE3BEDDBE0436BBB7

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

175.00

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

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

FOR LINE NUMBER: PAGE 11 OF 59

(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. LARSON, PEG S, , ,

Mailing Address 1333 S LAKE SHORE DR

City

LAKE LEELANAU

State

MI

Zip Code

49653

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  
04 / 12 / 2021

Transaction ID : A6EA042C3154C4225924

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. LARSON, PEG S, , ,

Mailing Address 1333 S LAKE SHORE DR

City

LAKE LEELANAU

State

MI

Zip Code

49653

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2021

Transaction ID : A3C676AB4191D455BBB8

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. LARSON, PEG S, , ,

Mailing Address 1333 S LAKE SHORE DR

City

LAKE LEELANAU

State

MI

Zip Code

49653

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2021

Transaction ID : A0F278545BCA5474D863

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)  
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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. LARSON, PEG S, ,**

Mailing Address 1333 S LAKE SHORE DR

City  
LAKE LEELANAU

State  
MI

Zip Code  
49653

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2021

Transaction ID : A5652FE881FE24D5EA46

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 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2021

Transaction ID : AA4BA53FA64AC4EB18BB

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 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2021

Transaction ID : A6AE179ABE29D4F64897

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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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 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2021

Transaction ID : A20520C3A34A942B0A77

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 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2021

Transaction ID : A0FEB4AAADE604E22B37

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 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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2021

Transaction ID : AE6EE7AB556BE4B34B09

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)  
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FOR LINE NUMBER: PAGE 14 OF 59

(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 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2021

Transaction ID : A4CC2C46839964AD4A20

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 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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2021

Transaction ID : A2777F12F8717427D906

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 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2021

Transaction ID : A3CDA6A9A82CE4DF4A5E

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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☒ 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 ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 06 / 2021

Transaction ID : A47BC7EBD392D4160B17

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 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 ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 16 / 2021

Transaction ID : AB52B208B01F245A5A97

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 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 ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 21 / 2021

Transaction ID : A0291628DBA1149B9A3D

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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

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

Use separate schedule(s)  
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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. 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 04 / 2021

Transaction ID : A3254E704B4CB47B0BC7

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 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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2021

Transaction ID : A7A9AE3B576694312ADD

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 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2021

Transaction ID : ACC9C5CC4A7784F2287D

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)  
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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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2021

Transaction ID : A76832854C0624F4DB43

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 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2021

Transaction ID : AB7B2E67780DE4AEDB4A

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 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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2021

Transaction ID : AF044F5DD23644B0687F

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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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2021

**Transaction ID : A5AC6D6A1F51A492F82C**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

Mailing Address NORTH JUSTIN LANE

City  
TUCSON

State  
AZ

Zip Code  
85739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2021

**Transaction ID : A8373C53AE8AB49A7A63**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. RULAND, JOHN, M, ,**

Mailing Address NORTH JUSTIN LANE

City  
TUCSON

State  
AZ

Zip Code  
85739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2021

**Transaction ID : A3EB8F42C50C24C2AB73**

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)..... ►

450.00

# **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. RULAND, JOHN, M, ,**

Mailing Address NORTH JUSTIN LANE

City  
TUCSON

State  
AZ

Zip Code  
85739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2021

**Transaction ID : AF11B8C149A3A4073B6F**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

Mailing Address NORTH JUSTIN LANE

City  
TUCSON

State  
AZ

Zip Code  
85739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2021

**Transaction ID : AE336D687BFA0494D8B9**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. RULAND, JOHN, M, ,**

Mailing Address NORTH JUSTIN LANE

City  
TUCSON

State  
AZ

Zip Code  
85739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2021

**Transaction ID : A920FAECEDDA54272953**

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:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. SCHOUWEILER, JEANETTE, , MRS.,**

Mailing Address 2109 TURNBERRY LANE

City  
FORT WAYNE

State  
IN

Zip Code  
46814

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

01 / 01 / 2021

Transaction ID : A5ED563A5CF824659A93

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. SCHOUWEILER, JEANETTE, , MRS.,**

Mailing Address 2109 TURNBERRY LANE

City  
FORT WAYNE

State  
IN

Zip Code  
46814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 13 / 2021

Transaction ID : AC2CAD2011A254601B49

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. SCHOUWEILER, JEANETTE, , MRS.,**

Mailing Address 2109 TURNBERRY LANE

City  
FORT WAYNE

State  
IN

Zip Code  
46814

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 ▼

850.00

Date of Receipt

05 / 24 / 2021

Transaction ID : A6F777E01CCF249ACAE

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)..... ►

850.00

# **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 59

(check only one)

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

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

**A. SCHOUWEILER, JEANETTE, , MRS.,**

Mailing Address 2109 TURNBERRY LANE

City  
FORT WAYNE

State  
IN

Zip Code  
46814

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 Y  
06 / 30 / 2021

Transaction ID : A9C8B0F9022CC4E7AA8A

Amount of Each Receipt this Period

250.00

☐ 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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2021

Transaction ID : AA84E0A30605F427D879

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2021

Transaction ID : A32105E4212034F91AA5

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)..... ►

300.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2021

Transaction ID : A8E8722885A2F448F89F

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2021

Transaction ID : A3003245518624D298E6

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2021

Transaction ID : A94072A8CEF8B4993838

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)..... ►

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 23 OF 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2021

**Transaction ID : AE450E069B8A94494A6B**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2021

**Transaction ID : A2841D7D7AF6D49F8A02**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2021

**Transaction ID : AA2CE4929532748F0BB9**

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 PageFOR LINE NUMBER:  
(check only one)

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<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. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLERState  
AZZip Code  
85226-1307FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2021

Transaction ID : AD953E36B207342899D9

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLERState  
AZZip Code  
85226-1307FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2021

Transaction ID : AA8A21EFC27B1462F874

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLERState  
AZZip Code  
85226-1307FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2021

Transaction ID : AB1D56A5B6B3744A5BE3

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

150.00

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



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

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<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. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLERState  
AZZip Code  
85226-1307FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2021

**Transaction ID : A821419D0C1514916832**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLERState  
AZZip Code  
85226-1307FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2021

**Transaction ID : AE65E31E358CA40B6910**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLERState  
AZZip Code  
85226-1307FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2021

**Transaction ID : A66562F3366E042068D6**

Amount of Each Receipt this Period

25.00

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

75.00

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

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<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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**THE NATIONAL REPUBLICAN TRUST PAC**

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

**A. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLERState  
AZZip Code  
85226-1307FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2021

Transaction ID : A3F83D8DF01094CA49C5

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLERState  
AZZip Code  
85226-1307FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2021

Transaction ID : AD035CB9E04934B41A57

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLERState  
AZZip Code  
85226-1307FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2021

Transaction ID : A4E4D8FA35E9C4DA38EA

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

75.00

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 27 OF 59

(check only one)

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

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**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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 10 / 2021

Transaction ID : A5AEFB56A76494335AAC

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. SIMON, ALLEN, H, MR.,

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2021

Transaction ID : AECBB6CECE5F7445C91D

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. SIMON, ALLEN, H, MR.,

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 12 / 2021

Transaction ID : A27905E69580A4673AD4

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

150.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 59

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

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**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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 13 / 2021

**Transaction ID : A8B1984C545314C979EB**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 20 / 2021

**Transaction ID : A4FC3D40B60364D99892**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 24 / 2021

**Transaction ID : AEFFE17BFB1EE4FCDA22**

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 29 OF 59

(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. SLOAN, LESLIE, , MRS.,**

Mailing Address 9311 NORTH FM 620  
267

City  
AUSTIN

State  
TX

Zip Code  
78726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
INVESTOR

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  
02 / 15 / 2021

Transaction ID : A1955A26D5AC347209CF

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. SLOAN, LESLIE, , MRS.,**

Mailing Address 9311 NORTH FM 620  
267

City  
AUSTIN

State  
TX

Zip Code  
78726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
INVESTOR

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  
02 / 22 / 2021

Transaction ID : A728EA1D5CBB641B59EE

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. SLOAN, LESLIE, , MRS.,**

Mailing Address 9311 NORTH FM 620  
267

City  
AUSTIN

State  
TX

Zip Code  
78726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2021

Transaction ID : AFDA78282E25041049C8

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)..... ►

600.00

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

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

FOR LINE NUMBER: PAGE 30 OF 59

(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. SLOAN, LESLIE, , MRS.,**

Mailing Address 9311 NORTH FM 620  
267

City  
AUSTIN

State  
TX

Zip Code  
78726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2021

Transaction ID : AEF146BC04FF14A92948

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. SPEIGHTS, JAMES, , ,**

Mailing Address 110 BENT OAK DRIVE

City

SHAVANO PARK

State

TX

Zip Code

78231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2021

Transaction ID : A4A24143F75B24EC3AA1

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. TRUELOVE, DANIEL, , MR.,**

Mailing Address 411 NORTHEAST 15TH STREET

City

CASEY

State

IL

Zip Code

62420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
FARMER

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  
04 / 22 / 2021

Transaction ID : ACB4E29B5C85349A6884

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)..... ►

1600.00

# 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 31 OF 59

☒ 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. TRUELOVE, DANIEL, , MR.,

Mailing Address 411 NORTHEAST 15TH STREET

City  
CASEY

State  
IL

Zip Code  
62420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2021

Transaction ID : A255EAF44DA5B4B19BF3

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. TRUELOVE, DANIEL, , MR.,

Mailing Address 411 NORTHEAST 15TH STREET

City  
CASEY

State  
IL

Zip Code  
62420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2021

Transaction ID : A340A9E7E855C44EE995

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. WITTIG, MALCOLM, , MR.,

Mailing Address HC 60 BOX 50

City  
WELLS

State  
NV

Zip Code  
89835

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 01 / 2021

Transaction ID : A373545302DC04466BD7

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: PAGE 32 OF 59

(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			

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. WITTIG, MALCOLM, , MR.,

Mailing Address HC 60 BOX 50

City  
WELLSState  
NVZip Code  
89835FEC 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	D D	Y Y Y Y Y Y
01	14	2021

Transaction ID : AFF5F9BD8FCB1401E80E

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. WITTIG, MALCOLM, , MR.,

Mailing Address HC 60 BOX 50

City  
WELLSState  
NVZip Code  
89835FEC 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 ▼

450.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
03	09	2021

Transaction ID : A5DA1C67AD23E4ACC91D

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	D D	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

200.00

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

12825.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 OF 59

(check only one)

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

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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. SINCLAIR BROADCAST GROUP**

Mailing Address 10706 BEAVER DAM GROUP INC

City  
COCKEYSVILLEState  
MDZip Code  
21030-2207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1390.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
03	29	2021

Transaction ID : AB2FD0AFC63BB4CC88A4

Amount of Each Receipt this Period

1390.00

☐ Memo Item

REFUND TV ADVERTISING

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)..... ▶

1390.00

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

1390.00

**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 34 OF 59

<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. ANDERSON, KATHERINE, E, MRS.,**

Mailing Address 13710 SUNRISE BLUFF RD

City  
MIDLOTHIANState  
VAZip Code  
23112FEC 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
01	06	2021

Transaction ID : A29CABE1F450B4415BC0

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. MATRIXMAGIC**

Mailing Address 158 ROCKINGHAM RD

City  
AUBURNState  
NHZip Code  
03032-3958FEC 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 ▼

600.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
03	31	2021

Transaction ID : AF7DDDB1C1A87E414DA86

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CAREY ACCOUNT

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

**C. SLOAN, LESLIE, , MRS.,**Mailing Address 9311 NORTH FM 620  
267City  
AUSTINState  
TXZip Code  
78726FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
04	07	2021

Transaction ID : AACAC3B78B9104FDB843

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CAREY ACCOUNT

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

1250.00

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

1250.00

**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 59

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	2	1		

FEC Identification Number

**C****Transaction ID : B503C98378E**

Amount of Each Disbursement this Period

743.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	2	1		

FEC Identification Number

**C****Transaction ID : BC18E7EC91**

Amount of Each Disbursement this Period

457.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	2	1		

FEC Identification Number

**C****Transaction ID : B866408FE8**

Amount of Each Disbursement this Period

55.00

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

1255.97

**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 59

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

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NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

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

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2021

FEC Identification Number

**C****Transaction ID : B629BF9CFE**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

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

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2021

FEC Identification Number

**C****Transaction ID : B13BCFCCA**

Amount of Each Disbursement this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

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

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2021

FEC Identification Number

**C****Transaction ID : B09590E3E7**

Amount of Each Disbursement this Period

35.00

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

125.00

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

PAGE 37 OF 59

<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  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : B16409D04F**

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	8			2	0	2	1		

FEC Identification Number

**C****Transaction ID : B3B1B4827F**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	5			2	0	2	1		

FEC Identification Number

**C****Transaction ID : B76EA7657D**

Amount of Each Disbursement this Period

55.00

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

145.00

**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 38 OF 59

<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. BOOST MOBILE**

Mailing Address 9060 IRVINE CENTER DR

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	2	1		

FEC Identification Number

**C** **Transaction ID : B25B7D220C**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	2	1		

FEC Identification Number

**C** **Transaction ID : BD234B0921f**

Amount of Each Disbursement this Period

 1500.00☐ 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  
STRATEGIC MANAGEMENT CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C** **Transaction ID : BA4ABA20A**

Amount of Each Disbursement this Period

 1500.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 3035.00

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

PAGE 39 OF 59

<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. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B5FC84AC25**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B92E17D9EF**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B51A3AFE4E**

Amount of Each Disbursement this Period

1500.00

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

4500.00

**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 40 OF 59

<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. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : BC7122A2A9

Amount of Each Disbursement this Period

750.00

☐ 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
04		01		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : B01C50AF9E

Amount of Each Disbursement this Period

3000.00

☐ 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
04		14		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : B1CD1B976E

Amount of Each Disbursement this Period

1300.00

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

5050.00

**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 41 OF 59

<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. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : B07A150CA7

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : B8560A723C/

Amount of Each Disbursement this Period

900.00

☐ 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
05		10		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : BD6A2F2F6E

Amount of Each Disbursement this Period

750.00

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

2650.00

**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 42 OF 59

<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. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : B72F03C196f

Amount of Each Disbursement this Period

600.00

☐ 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
05		20		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : B12DD8AB7E

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : B04CC66F39

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).....▶

3600.00

**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 43 OF 59

<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
06		01		2021

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

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : B2ADB8C6

Amount of Each Disbursement this Period

650.00

☐ 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
06		04		2021

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

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : B909B813AC

Amount of Each Disbursement this Period

400.00

☐ 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
06		09		2021

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

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : B5A2F6F920

Amount of Each Disbursement this Period

350.00

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

1400.00

**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 44 OF 59

<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
06		14		2021

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

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : B8D1CFF41E**

Amount of Each Disbursement this Period

150.00

☐ 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
06		16		2021

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

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : B03B3007ED/**

Amount of Each Disbursement this Period

160.00

☐ 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
01		19		2021

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

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : B2FF90D581**

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).....▶

2810.00

**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 45 OF 59

<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. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD, SUITE 329

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2021

FEC Identification Number

**C****Transaction ID : B89FC579F0I**

Amount of Each Disbursement this Period

238.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD, SUITE 329

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2021

FEC Identification Number

**C****Transaction ID : BDE0B65AF6**

Amount of Each Disbursement this Period

238.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD, SUITE 329

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2021

FEC Identification Number

**C****Transaction ID : BB0D92B5F1**

Amount of Each Disbursement this Period

238.50

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

715.50

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

PAGE 46 OF 59

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

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

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD, SUITE 329

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		12		2021

FEC Identification Number

**C****Transaction ID : B51C44A385I**

Amount of Each Disbursement this Period

238.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD, SUITE 329

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2021

FEC Identification Number

**C****Transaction ID : B16602415A5**

Amount of Each Disbursement this Period

238.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD, SUITE 329

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2021

FEC Identification Number

**C****Transaction ID : B7643F07F0I**

Amount of Each Disbursement this Period

238.50

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

715.50

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

PAGE 47 OF 59

<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
06		21		2021

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 : B39EC089141**

Amount of Each Disbursement this Period

190.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MAILCHIMP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B6E6330E592**

Amount of Each Disbursement this Period

196.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MAILCHIMP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : BAC82DDD5**

Amount of Each Disbursement this Period

196.10

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

582.87

**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 59

<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
0	4			2	6			2	0	2	1		

FEC Identification Number

**C****Transaction ID : B1B2291F5E**

Amount of Each Disbursement this Period

196.10

☐ 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
0	5			2	5			2	0	2	1		

FEC Identification Number

**C****Transaction ID : BB61A4F2A4**

Amount of Each Disbursement this Period

180.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	2	1		

FEC Identification Number

**C****Transaction ID : BB5413EEC**

Amount of Each Disbursement this Period

180.20

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

556.50



**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 49 OF 59

<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 M	/	D D D	/	Y Y Y Y Y Y
04		05		2021

FEC Identification Number

**C****Transaction ID : B4B9984F13**

Amount of Each Disbursement this Period

58.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2021

FEC Identification Number

**C****Transaction ID : BE6A937319**

Amount of Each Disbursement this Period

58.46

☐ 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
06		07		2021

FEC Identification Number

**C****Transaction ID : BF6A6FA974**

Amount of Each Disbursement this Period

58.46

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

175.38

27316.72

**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 59

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

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

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B01F0AB6E6**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

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

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

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B93610442A1**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

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

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

Candidate Name

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

State: District:

FEC Identification Number

**C****Transaction ID : B1670BA41A**

Amount of Each Disbursement this Period

1500.00

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

4500.00

**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 51 OF 59

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

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : BB58CBF15C

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	9		2	0	2	1		

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : B0E4A81678I

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				0	5		2	0	2	1		

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : B3369792DE

Amount of Each Disbursement this Period

500.00

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

3000.00

**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 52 OF 59

<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 M	/	D D D	/	Y Y Y Y Y
03		12		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : B94ABF13AC

Amount of Each Disbursement this Period

450.00

☐ 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
04		01		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : B54E7D55904

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C** Transaction ID : B5CC17CE2I

Amount of Each Disbursement this Period

900.00

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

1850.00

**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 53 OF 59

<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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	1		

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

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : B8C551BD4D

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	1		

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

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : B5FAAD61A6

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL MEDIA GROUP, LLC**

Date of Disbursement

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

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

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : BBE37A0949

Amount of Each Disbursement this Period

250.00

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

1050.00

**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 54 OF 59

<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 M	/	D D D	/	Y Y Y Y Y
05		14		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : BC8F3988E9

Amount of Each Disbursement this Period

300.00

☐ 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
06		01		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : B8E7CA246A

Amount of Each Disbursement this Period

250.00

☐ 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
06		04		2021

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

Candidate Name

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

State: District:

FEC Identification Number

**C**

Transaction ID : BF4E36CC3C

Amount of Each Disbursement this Period

200.00

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

750.00

**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 55 OF 59

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

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

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

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

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

FEC Identification Number

**C****Transaction ID : BBC02E5550**

Amount of Each Disbursement this Period

267.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

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

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

FEC Identification Number

**C****Transaction ID : B178F79B3A!**

Amount of Each Disbursement this Period

86.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. POLITICAL.LAW**Mailing Address 441 N LEE ST  
STE 300City  
ALEXANDRIAState  
VAZip Code  
22314-2301Purpose of Disbursement  
CAREY ACCOUNT: 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
02		01		2021

FEC Identification Number

**C****Transaction ID : BBD109A5D!**

Amount of Each Disbursement this Period

700.00

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

1054.13

**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 56 OF 59

<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. THE UPS STORE**

Mailing Address 2100 M ST NW, STE 170

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

Candidate Name

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

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2021

FEC Identification Number

C

Transaction ID : B4F6D7D126

Amount of Each Disbursement this Period

262.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

262.00

12466.13



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

PAGE 57 OF 59

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

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**ACTIVE ENGAGEMENT**

Nature of Debt (Purpose):

PAC EMAIL COMMUNICATION

Mailing Address 44084 RIVERSIDE PKWY, SUITE 350

City

LEESBURG

State

VA

Zip Code

20176

Outstanding Balance Beginning This Period

840.00

Transaction ID : D9C0B70D8209542CC9DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

840.00

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

**CAPITOL MEDIA GROUP, LLC**

Nature of Debt (Purpose):

PAC MANAGEMENT CONSULTING

Mailing Address 2021 L ST NW

SUITE 101-340

City

WASHINGTON

State

DC

Zip Code

20036-4909

Outstanding Balance Beginning This Period

2500.00

Transaction ID : D8540FE97E9304297B09

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

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

**DB CAPITOL STRATEGIES PLLC**

Nature of Debt (Purpose):

PAC LEGAL FEES

Mailing Address 717 KING ST, STE 300

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

2000.00

Transaction ID : DFBEEC2F084A641DA905

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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

2840.00

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

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

PAGE 58 OF 59

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

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**KOCH & HOOS, LLC**

Nature of Debt (Purpose):

PAC ACCOUNTING CONSULTING

Mailing Address P.O. BOX 1154

City

ALEXANDRIA

State

VA

Zip Code

22313-1154

Outstanding Balance Beginning This Period

19064.60

Transaction ID : DB6C379F8530A4FA9912

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19064.60

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

**LEXISNEXIS**

Nature of Debt (Purpose):

PAC SUBSCRIPTION

Mailing Address P.O. BOX 7247-7090

City

PHILADELPHIA

State

PA

Zip Code

19170

Outstanding Balance Beginning This Period

1356.80

Transaction ID : D0121370A31684390970

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1356.80

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

**MAELSTROM TECHNOLOGIES SOLUTIONS**

Nature of Debt (Purpose):

PAC CREDIT CARD PROCESSING

Mailing Address PO BOX 44

City

SUSSEX

State

WI

Zip Code

53089-0044

Outstanding Balance Beginning This Period

240.00

Transaction ID : D5C95E0A1195241F7A37

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

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

20661.40

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

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

PAGE 59 OF 59

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

NAME OF COMMITTEE (In Full)

**THE NATIONAL REPUBLICAN TRUST PAC**

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

**PR NEWswire**

Nature of Debt (Purpose):

PAC PRESS RELEASES

Mailing Address G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Outstanding Balance Beginning This Period

1722.50

Transaction ID : DD6F3BF0120F847BBADA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1722.50

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

**SPECTRUM COMMUNICATIONS**

Nature of Debt (Purpose):

PAC TELEPHONE EXPENSE

Mailing Address 125 N EXECUTIVE DR, STE. 300

City

BROOKFIELD

State

WI

Zip Code

53005-6035

Outstanding Balance Beginning This Period

750.15

Transaction ID : D42583FA7204D4613A60

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.15

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

**THE POLITICAL INSIDER, LLC**

Nature of Debt (Purpose):

IE EMAIL COMMUNICATION

Mailing Address P.O. BOX 25574

City

ALEXANDRIA

State

VA

Zip Code

22313-5574

Outstanding Balance Beginning This Period

520.00

Transaction ID : D5F263575A27941F2943

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

520.00

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

2992.65

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

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