

**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

North Carolina Republican Party

ADDRESS (number and street)

1506 Hillsborough St

Check if different
than previously
reported. (ACC)

Raleigh

NC

27605-1831

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00038505

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

[]

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

[]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

11

01

2025

11

30

2025

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

Type or Print Name of Treasurer

Conrad, Marshall, , ,

Signature of Treasurer

Conrad, Marshall, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

04

2026

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

North Carolina Republican Party

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
11 / 01 / 2025

To:

M M / D D / Y Y Y Y Y
11 / 30 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		400228.52
(b) Cash on Hand at Beginning of Reporting Period.....	325461.40	
(c) Total Receipts (from Line 19)	74008.67	1888506.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	399470.07	2288735.24
7. Total Disbursements (from Line 31)	141248.24	2030513.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	258221.83	258221.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

North Carolina Republican Party

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
11	/	01	/	2025

To:

M M	/	D D	/	Y Y Y Y
11	/	30	/	2025

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).....	29454.08	676426.05
(ii) Unitemized	28595.39	336553.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	58049.47	1012979.97
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	6554.44	375520.01
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	64603.91	1388499.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	235979.94
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1953.03
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	3696.12
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	9404.76	258377.65
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	9404.76	258377.65
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	74008.67	1888506.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64603.91	1630129.07

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	5188.85	73871.50
(ii) Non-Federal Share.....	19519.98	277897.65
(b) Other Federal Operating Expenditures	108330.10	995987.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	133038.93	1347756.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	600590.59
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	539.31	17966.24
(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)).....	539.31	17966.24
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	7670.00	64200.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	7670.00	64200.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	141248.24	2030513.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	121728.26	1752615.76

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)	64603.91	1388499.98
34. Total Contribution Refunds (from Line 28(d))	539.31	17966.24
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64064.60	1370533.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	113518.95	1069858.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1953.03
38. Net Operating Expenditures (subtract Line 37 from Line 36)	113518.95	1067905.90

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XA
Transaction ID :

This amendment is correct an expenditure that was reported on schedule H4 that should have been on line 21b.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Absher, Alton, , ,

Mailing Address 3974 Huddington Ct

City
Winston SalemState
NCZip Code
27106-6362FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kilpatrick Townsend & Stockton LLPOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1189.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2025

Transaction ID : A242E641165C44728AC7

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Absher, Sarah, , ,

Mailing Address 3974 Huddington Ct

City
Winston SalemState
NCZip Code
27106-6362FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NovantOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1114.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2025

Transaction ID : A21BD465264FE4530806

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Almond, Zachary, , ,

Mailing Address 45322 Byrd Road

City
AlbemarleState
NCZip Code
28001-7872FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The DifferentiatorsOccupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

287.94

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2025

Transaction ID : AF45E16889AEB4EA7A90

Amount of Each Receipt this Period

207.14

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

447.14

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Ashworth, Ralph, H, ,

Mailing Address 110 Greenock Ct

City
CaryState
NCZip Code
27511-6308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : A62455C0B016C4E14BDD

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Ashworth, Ralph, H, ,

Mailing Address 110 Greenock Ct

City
CaryState
NCZip Code
27511-6308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A326644F112C749EAB36

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BAILEY, DENNIS, , ,

Mailing Address 1006 W SUMTER ST

City
SHELBYState
NCZip Code
28150FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bailey Real Estate Advisors LLC

Occupation (for Individual)

Appraiser

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

308.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A40F45D9EA3034EA2913

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Baldwin, Gail, A, ,

Mailing Address 6789 Old US Highway 29

City
PelhamState
NCZip Code
27311-8800FEC 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : AF6F64A2F988446EC997

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. Baldwin, Sheryl, , ,

Mailing Address 4590 Holiday Lake Dr

City

Shingle Springs

State

CA

Zip Code

95682-8419

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CCDEH

Occupation (for Individual)

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2025

Transaction ID : A220C882D60BB4190884

Amount of Each Receipt this Period

30.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219-1891

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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2025

Transaction ID : ABE9F98880AC1497F9C0

Amount of Each Receipt this Period

30.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Barry, Daniel, , ,

Mailing Address 8207 Lake Providence Dr

City
MatthewsState
NCZip Code
28104-9540FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NFPOccupation (for Individual)
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2025

Transaction ID : A3A84A505C26942D2B92

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Barry, Daniel, , ,

Mailing Address 8207 Lake Providence Dr

City
MatthewsState
NCZip Code
28104-9540FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NFPOccupation (for Individual)
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1019.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A75A70F8E90F34BA9AAD

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Beddow, Thomas, , ,

Mailing Address 19 Edinburg Ln

City
PinehurstState
NCZip Code
28374-6714FEC 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 ▼

1164.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2025

Transaction ID : AB10A2F6E19CA40B096B

Amount of Each Receipt this Period

120.00

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

570.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Black, K, Bain, ,

Mailing Address 15133 Rangeworth Ct

City
HuntersvilleState
NCZip Code
28078-9777FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kewaunee Scientific CorpOccupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A4A008EFD82E645FF866

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Blackwell, Hugh, , ,

Mailing Address 321 Mountain View Ave SE

City
ValdeseState
NCZip Code
28690-3320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A8796D2807E4145A381E

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

C. Blaney, Patricia, , ,

Mailing Address 125 Running Creek Church Rd

City
LocustState
NCZip Code
28097-6216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cigna HealthcareOccupation (for Individual)
CLIENT SERVICE EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1189.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2025

Transaction ID : A6FE4F52F765A469E907

Amount of Each Receipt this Period

20.00

☐ Memo Item

Earmarked through WinRed PAC

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

270.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2025**Transaction ID : A673315C91E424A1E80E**

Amount of Each Receipt this Period

20.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Blaney, Patricia, , ,

Mailing Address 125 Running Creek Church Rd

City
LocustState
NCZip Code
28097-6216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Cigna Healthcare

CLIENT SERVICE EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1214.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2025**Transaction ID : A30AA0BC816D44464AE1**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Blaney, Patricia, , ,

Mailing Address 125 Running Creek Church Rd

City
LocustState
NCZip Code
28097-6216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Cigna Healthcare

CLIENT SERVICE EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1514.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025**Transaction ID : A54FDCE4C2ECB437EA95**

Amount of Each Receipt this Period

300.00

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

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Boliek, David, , ,

Mailing Address 17 Treviso Pl

City
DurhamState
NCZip Code
27707-9204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.80

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2025

Transaction ID : AA2E0B6E899C847F9B8A

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Branch, Edward, , ,

Mailing Address 3520 Timberwood Ct

City
RaleighState
NCZip Code
27606-4463FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
US Army Retiree

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A2A262C9E84784CF1861

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Branson, Jerry, Alan, ,

Mailing Address 3731 Old Julian Rd

City
JulianState
NCZip Code
27283-9108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stout Trucking, IncOccupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

778.83

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2025

Transaction ID : AB3D1E26DB3CC4105AEE

Amount of Each Receipt this Period

258.84

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

408.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Britton, William, , ,

Mailing Address 108 Gelding Gap Ln

City
CarthageState
NCZip Code
28327-9736FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Moore CountyOccupation (for Individual)
Register of Deeds

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A2BA2DB74F1404019986

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Brody, Mark, , ,

Mailing Address 5315 S Rocky River Rd

City
MonroeState
NCZip Code
28112-8055FEC 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 ▼

619.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2025

Transaction ID : ACB8CD70D374D4C47A06

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2025

Transaction ID : AAF2D131814EC43EFA1A

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

145.00

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

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

FOR LINE NUMBER: PAGE 15 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Buie, Drew, , ,

Mailing Address 2815 Eland Drive

City
Winston Salem

State
NC

Zip Code
27127-7284

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 17 / 2025

Transaction ID : A17701E9B205A462CA7D

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Burkhart, Marcia E, , ,

Mailing Address 4324 Monnett-New Winchester Road

City
Bucyrus

State
OH

Zip Code
44820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
AG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

11 / 16 / 2025

Transaction ID : A5E3905AE867F4F5EAD2

Amount of Each Receipt this Period

37.50

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
Arlington

State
VA

Zip Code
22219-1891

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 ▼

117815.02

Date of Receipt

11 / 16 / 2025

Transaction ID : A0C3661AFAD0142669F1

Amount of Each Receipt this Period

37.50

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

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

337.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Burns, Michael J, , ,

Mailing Address 7287 Horizon Drive

City
West Palm BeachState
FLZip Code
33412FEC 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 ▼

2348.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2025

Transaction ID : AD5764B1A571D407EB46

Amount of Each Receipt this Period

20.82

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2025

Transaction ID : AEAB342FD2C3D433EBE8

Amount of Each Receipt this Period

20.82

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Burns, Michael J, , ,

Mailing Address 7287 Horizon Drive

City
West Palm BeachState
FLZip Code
33412FEC 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 ▼

2348.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2025

Transaction ID : AAA663562B9AB4CFFA09

Amount of Each Receipt this Period

41.64

☐ Memo Item

Earmarked through WinRed PAC

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

62.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2025

Transaction ID : AFC9E0E8430764EA5A0B

Amount of Each Receipt this Period

41.64

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Burns, Michael J, , ,

Mailing Address 7287 Horizon Drive

City

West Palm Beach

State

FL

Zip Code

33412

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 ▼

2348.03

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2025

Transaction ID : ACF78482CCB1048F8912

Amount of Each Receipt this Period

52.05

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219-1891

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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2025

Transaction ID : A8DA72F34A5544C76818

Amount of Each Receipt this Period

52.05

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

52.05

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Burns, Michael J, , ,

Mailing Address 7287 Horizon Drive

City
West Palm BeachState
FLZip Code
33412FEC 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 ▼

2400.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : AD9466C1A0E2E4EF7BDC

Amount of Each Receipt this Period

52.05

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : A266219BB9A934AE5832

Amount of Each Receipt this Period

52.05

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Burns, Michael J, , ,

Mailing Address 7287 Horizon Drive

City
West Palm BeachState
FLZip Code
33412FEC 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 ▼

2472.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2025

Transaction ID : A2268C3CCF8F24983B2A

Amount of Each Receipt this Period

72.87

☐ Memo Item

Earmarked through WinRed PAC

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

124.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2025

Transaction ID : AEE9294A3D57D4761892

Amount of Each Receipt this Period

72.87

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Burns, Michael J, , ,

Mailing Address 7287 Horizon Drive

City

West Palm Beach

State

FL

Zip Code

33412

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 ▼

2567.95

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2025

Transaction ID : A9316F2D843C34C5297D

Amount of Each Receipt this Period

95.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219-1891

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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2025

Transaction ID : AF601563171154492AB0

Amount of Each Receipt this Period

95.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Cairns, Celeste, , ,

Mailing Address 9705 Ashley Place

City
Emerald IsleState
NCZip Code
28594-1831FEC 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 ▼

879.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2025**Transaction ID : A9D2D1E1F339B4372B96**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2025**Transaction ID : A6FAD1CB19F6E42F489B**

Amount of Each Receipt this Period

10.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Cairns, Robert, , ,

Mailing Address 9705 Ashley Place

City
Emerald IsleState
NCZip Code
28594-1831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USMCOccupation (for Individual)
Government Civilian

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

889.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2025**Transaction ID : A7368676CE8A447BBBD8**

Amount of Each Receipt this Period

120.00

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Carr, Ted, E, , Jr.

Mailing Address 1812 McClure Creek Rd

City
CantonState
NCZip Code
28716-7605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HoneywellOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.80

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2025**Transaction ID : ABF21ED5448CD49B6950**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Carver, Julia, , ,

Mailing Address 1630 Paterna Rd

City

Santa Barbara

State

CA

Zip Code

93103

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SelfOccupation (for Individual)
MOVEMENT THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.05

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2025**Transaction ID : AC075CE6FB220415A9F4**

Amount of Each Receipt this Period

44.55

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219-1891

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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2025**Transaction ID : AF71DC827C77B432DAC1**

Amount of Each Receipt this Period

44.55

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

64.55

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 193
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Challa, Venkata, R, Dr.,

Mailing Address 1063 Woodview Ridge Trl

City
LewisvilleState
NCZip Code
27023-7647FEC 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 ▼

1015.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2025

Transaction ID : A0B3614CFF7A546CFB78

Amount of Each Receipt this Period

85.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2025

Transaction ID : ACF56EECE60C14D4C9D2

Amount of Each Receipt this Period

85.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Channing, Donald, R, ,

Mailing Address 80 Bishop Branch Ln SE

City
LelandState
NCZip Code
28451-9616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Registered Nurse

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
11 / 24 / 2025

Transaction ID : AE2025F868A3A44D8884

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Chu, Miriam, Stack, ,

Mailing Address 120 Harvest Ln

City
Whispering PinesState
NCZip Code
28327-8902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Production Designer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

889.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A7BF79E696A6F45AEAB2

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Clark, Roy, , ,

Mailing Address 3240 US Highway 158 E

City
LittletonState
NCZip Code
27850-7954FEC 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 ▼

218.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2025

Transaction ID : A8BC2265E3D5743C59BD

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Cline, Brenda, , ,

Mailing Address 870 18th Avenue Ct NW

City
HickoryState
NCZip Code
28601-1271FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2025

Transaction ID : AF7DC1B95CD214FDA909

Amount of Each Receipt this Period

5000.00

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

5130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 193

(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)

North Carolina Republican Party

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

A. Conrad, Marshall, , ,

Mailing Address 108 Kodi Ct

City
GarnerState
NCZip Code
27529-7654FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Strata Clean EnergyOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.80

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A29C6807190C5409E968

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Corning, Avery, , ,

Mailing Address 15 Batts Hill Rd

City
New BernState
NCZip Code
28562-7365FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HNC, Inc.Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2025

Transaction ID : A443AECF019D94EF393F

Amount of Each Receipt this Period

30.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2025

Transaction ID : A1FCAE6AA4D0D4385856

Amount of Each Receipt this Period

30.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Cotten-West, Kimberly, , ,

Mailing Address 378 Jordan Thick Rd

City
PlymouthState
NCZip Code
27962-9436FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Parexel

Occupation (for Individual)

Senior Study Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1326.80

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : ACE5CE9B62DCD40BFA3I

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

B. Cox, Gregory, S, ,

Mailing Address 1381 Henley Rd

City
SanfordState
NCZip Code
27330-7524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Merck

Occupation (for Individual)

QA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A732A6BEE552040E785B

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Crosby, Christina, , ,

Mailing Address 5 Reliant PI

City
DurhamState
NCZip Code
27712-2475FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Duke Health

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

281.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2025

Transaction ID : AAE583AAD658E48DA9D9

Amount of Each Receipt this Period

10.00

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

485.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Cuminale, Robert, R, ,

Mailing Address 912 Ingraham Pl

City
CharlotteState
NCZip Code
28270-1039FEC 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 M / D D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A579BDD6A50244AAE918

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Cutchin, Lawrence, M, ,

Mailing Address 6200 US Highway 64 Alt. W

City
TarboroState
NCZip Code
27886FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brody School of Medicine

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A77A9CB249BD843BD8DB

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Dethero, David, L, ,

Mailing Address PO Box 159

City
ZirconiaState
NCZip Code
28790-0159FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

C&S National Bank

Occupation (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
11 / 24 / 2025

Transaction ID : AFC2CFE59CD1847FAA22

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)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Devore, Linda, , ,

Mailing Address 2616 Dartmouth Dr

City
FayettevilleState
NCZip Code
28304-5323FEC 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 ▼

1124.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2025

Transaction ID : A18E78DE6EF4D4EB48AC

Amount of Each Receipt this Period

103.72

☐ Memo Item

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

B. Devore, Linda, , ,

Mailing Address 2616 Dartmouth Dr

City
FayettevilleState
NCZip Code
28304-5323FEC 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 ▼

1224.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2025

Transaction ID : A5A9974C2C44F4617BF5

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2025

Transaction ID : A7360A580A82A4ECAAB1

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

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

203.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 193
(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Dillard, Gay, , ,

Mailing Address 136 Arrendal Court

City
MocksvilleState
NCZip Code
27028-4671FEC 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 ▼

1334.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : AAE8C66642DCF46BE848

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Douthit, Charles, E, ,Mailing Address 1111 Lupine Ct
ECity
RaleighState
NCZip Code
27606-3441FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Apartment owner mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2025

Transaction ID : A4F7095F030ED4F589D7

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Duke, John, , ,

Mailing Address 107 South Cromwell Drive

City
MooresvilleState
NCZip Code
28115-2977FEC 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 ▼

889.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2025

Transaction ID : AD430CB824C2B4074942

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

340.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Eastwood, Robert, P, ,

Mailing Address 1520 Lifespring Ln

City
Wake ForestState
NCZip Code
27587-4088FEC 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 M / D D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A34951D8BF5DF431F8E5

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Elmore, Bettie, Carolyn, ,

Mailing Address 1503 Fairview St

City
DunnState
NCZip Code
28334-2313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Elmore Furniture

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2025

Transaction ID : A0BDAB89EBC2F49F9A52

Amount of Each Receipt this Period

103.72

☐ Memo Item

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

C. Etheridge, Kenneth, P, ,

Mailing Address 107 Webb Dr

City
Morehead CityState
NCZip Code
28557-8920FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Petroleum Marketer

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
11 / 24 / 2025

Transaction ID : A4F87B9F6AC434057847

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)..... ►

303.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 193

(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)

North Carolina Republican Party

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

A. Ewart, Della, M, ,

Mailing Address 131 Spring View Drive

City
Black MountainState
NCZip Code
28711-0329FEC 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 M / D D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A5F23BBF2EE62417B86B

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Ferguson, C, Randy, ,

Mailing Address 10 Sturbridge Ln

City
GreensboroState
NCZip Code
27408-3842FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Executive

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
11 / 24 / 2025

Transaction ID : A43776CC33E8649B99CA

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Fletcher, Jonathan, , ,

Mailing Address 606 Queens Dr

City
DallasState
NCZip Code
28034-1536FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gaston County

Occupation (for Individual)

Register of Deeds

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2025

Transaction ID : AC047480534E64E6FABB

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

FOR LINE NUMBER: PAGE 31 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Fletcher, Jonathan, , ,

Mailing Address 606 Queens Dr

City
DallasState
NCZip Code
28034-1536FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Gaston CountyOccupation (for Individual)
Register of Deeds

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2025

Transaction ID : A3BE1C62D64E84ACD844

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Forman, Barbara, , ,

Mailing Address 21750 todd ave

City

Yorba Linda

State

CA

Zip Code

92887

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ETEKOccupation (for Individual)
GRADER

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
11		01		2025

Transaction ID : A5BED7AD3410643C882F

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219-1891

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 ▼

117815.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2025

Transaction ID : AA20C6770E7D24110945

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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 32 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Foxx, David, , ,

Mailing Address 1117 Wilmont Drive

City
Sanford

State
NC

Zip Code
27330-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NCOSA

Occupation (for Individual)
Liaison

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.80

Date of Receipt

11 / 03 / 2025

Transaction ID : AC393756E7F064767A64

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Franks, Stephanie, , ,

Mailing Address 1437 Georgetowne Dr

City
Gastonia

State
NC

Zip Code
28054-5768

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
King Law

Occupation (for Individual)
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.99

Date of Receipt

11 / 03 / 2025

Transaction ID : AEEBDDFA6CD264D3FB7E

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Fulcher, William, F, ,

Mailing Address 278 Salter Path Road

City
Pine Knoll Shores

State
NC

Zip Code
28512-6120

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 ▼

200.82

Date of Receipt

11 / 05 / 2025

Transaction ID : A4A3454D1E61F4116A00

Amount of Each Receipt this Period

20.82

☐ Memo Item

Earmarked through WinRed PAC

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

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

220.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2025

Transaction ID : A49EA2741CBB945AC97F

Amount of Each Receipt this Period

20.82

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Fulcher, William, F, ,

Mailing Address 278 Salter Path Road

City

Pine Knoll Shores

State

NC

Zip Code

28512-6120

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 ▼

304.92

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2025

Transaction ID : AD87E5F2594E14E468D3

Amount of Each Receipt this Period

104.10

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219-1891

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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2025

Transaction ID : AC0FF30D2068B4671A26

Amount of Each Receipt this Period

104.10

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

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

104.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Fulcher, William, F, ,

Mailing Address 278 Salter Path Road

City

Pine Knoll Shores

State

NC

Zip Code

28512-6120

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 ▼

330.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2025

Transaction ID : A48CB5AB0FD524FD8A8E

Amount of Each Receipt this Period

26.03

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219-1891

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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2025

Transaction ID : A62C942C6EF6C4632BD7

Amount of Each Receipt this Period

26.03

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Furman, Corey, , ,

Mailing Address 345 Deerfield Rd

City

Boone

State

NC

Zip Code

28607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boone Drug

Occupation (for Individual)

PHARMACIST - OWNER

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

572.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : AF6141C0332124AF4805

Amount of Each Receipt this Period

52.05

☐ Memo Item

Earmarked through WinRed PAC

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

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

78.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2025

Transaction ID : AFED315B1A2784B1CA93

Amount of Each Receipt this Period

52.05

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Fusch, Robbie, , ,

Mailing Address 4308 Avondale Ave

City
DallasState
TXZip Code
75219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FUSCH ARCHITECTS

Occupation (for Individual)

ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2025

Transaction ID : A9467F11567324F14AEE

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2025

Transaction ID : AF7E71AB7A0684D06B9A

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

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

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Fusch, Robbie, , ,

Mailing Address 4308 Avondale Ave

City
DallasState
TXZip Code
75219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FUSCH ARCHITECTSOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2025

Transaction ID : AAE906520714844D994A

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2025

Transaction ID : A24935B383F694DC7BB6

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Gaines, Kathy, , ,

Mailing Address 885 Bill Lambert Rd

City
Bear CreekState
NCZip Code
27207-9119FEC 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 ▼

200.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2025

Transaction ID : A15F436BA02A24281966

Amount of Each Receipt this Period

120.00

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

170.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Gall, Walter, , ,

Mailing Address 10921 Washington St

City
OmahaState
NEZip Code
68137FEC 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 M / D D D / Y Y Y Y Y Y
11 / 16 / 2025

Transaction ID : A0336BEE601E14AA481E

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2025

Transaction ID : A1765C4EB225C4A878D9

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Garrett, Leland, , ,

Mailing Address 3230 Rain Forrest Way

City
RaleighState
NCZip Code
27614-8664FEC 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 ▼

4250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : A1557CAAE639F42F99CC

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through WinRed PAC

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

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2025**Transaction ID : AAC94D74767D74D1D90C**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Garrett, Leland, , ,

Mailing Address 3230 Rain Forrest Way

City
RaleighState
NCZip Code
27614-8664FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2025**Transaction ID : AFC7C70FC5FA74E01ABB**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2025**Transaction ID : A10AC51CC05534189B8C**

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Garrett, Leland, , ,

Mailing Address 3230 Rain Forrest Way

City
RaleighState
NCZip Code
27614-8664FEC 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 ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2025**Transaction ID : AA1840F7EC87C498F9E4**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2025**Transaction ID : A54724AE48EAD407DB90**

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Gill, Cliff, , ,

Mailing Address 415 Lakeshore Dr

City
PaducahState
KYZip Code
42001FEC 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 ▼

243.07

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2025**Transaction ID : A5721794C72D6433380D**

Amount of Each Receipt this Period

23.75

☐ Memo Item

Earmarked through WinRed PAC

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

73.75

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2025

Transaction ID : AE6FAFBA0C9394E0587B

Amount of Each Receipt this Period

23.75

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Gilliam, Charles, , ,

Mailing Address 157 Dogwood Ln

City
Blowing RockState
NCZip Code
28605-6062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
REGISTER OF DEEDS

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

929.95

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2025

Transaction ID : AF14FB0C0BF8144BBA40

Amount of Each Receipt this Period

35.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2025

Transaction ID : A9319D880F2EC439B994

Amount of Each Receipt this Period

35.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

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

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Greene, Gordon, J, ,

Mailing Address 5901 Creola Rd

City
CharlotteState
NCZip Code
28270-5225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : ABBDB79127C6D42918FB

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Gregory, Beverly, C, ,

Mailing Address 805 Fox Ridge Ln

City
WilmingtonState
NCZip Code
28405-5259FEC 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 ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2025

Transaction ID : A29C97F0F39404B53843

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Guys, Raymond, F, ,

Mailing Address 2033 Montrose Ln

City
WilmingtonState
NCZip Code
28405-6208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Tobacco Company

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
11 / 24 / 2025

Transaction ID : A434281ECBEA946DAA5C

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)..... ►

200.00

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

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

FOR LINE NUMBER: PAGE 42 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Hall, Thomas, J, , II

Mailing Address 2969 Dogwood Dr

City
Claremont

State
NC

Zip Code
28610-9624

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.44

Date of Receipt

11 / 17 / 2025

Transaction ID : A7542E5BFCC94473E977

Amount of Each Receipt this Period

25.04

☐ Memo Item

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

B. Hartig, David, S, ,

Mailing Address 2626 Laurel Park Hwy

City
Hendersonville

State
NC

Zip Code
28739-7942

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

11 / 24 / 2025

Transaction ID : A07583EC1B48B4092A23

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Haynes, Nell, E, ,

Mailing Address 20860 US Highway 264

City
Swanquarter

State
NC

Zip Code
27885-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 24 / 2025

Transaction ID : A11A64862F9C84A37B1F

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)..... ►

175.04

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Healy, Robert, E, ,

Mailing Address 3200 Providence Branch Lane

City
CharlotteState
NCZip Code
28270-8560FEC 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 M / D D D / Y Y Y Y Y Y
11 / 15 / 2025

Transaction ID : AAD9E362B0ED74F6BAE6

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2025

Transaction ID : A13CA3C30B4754623977

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Hicks, Thomas, , ,

Mailing Address PO Box 306

City
StarState
NCZip Code
27356-0306FEC 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 ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A856CD6EEB4864D0FB86

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

FOR LINE NUMBER: PAGE 44 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Hillings, Edward, Joseph, ,Mailing Address 620 Wade Ave
Unit 502City
RaleighState
NCZip Code
27605-3293FEC 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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : AFE1967CCC45F4CA380C

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Hixson, Mark, E, ,

Mailing Address 4117 Gardenlake Dr

City
RaleighState
NCZip Code
27612-6953FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : AB7D33C010945473BB1F

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Holland, Christopher, , ,

Mailing Address 139 Chapel Hill Dr

City
RaefordState
NCZip Code
28376-5662FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Accenture Federal Services

Occupation (for Individual)

Technical Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

698.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2025

Transaction ID : A4B738277CED04500A27

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 193
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Holton, Beverly, , ,

Mailing Address 478 Forestridge Dr

City
BooneState
NCZip Code
28607-9508FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Holton Mountain RentalsOccupation (for Individual)
Property Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : ABFAB81DB34054C40AB1

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Hood, Dean, , ,

Mailing Address 7358 Old Shelby Rd

City
ValeState
NCZip Code
28168-9403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A0E17A2799ABB40D9A77

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Hooten, Bill, , ,

Mailing Address 6409 Meadow Hills NE

City
AlbuquerqueState
NMZip Code
87111FEC 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 ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2025

Transaction ID : AEF0B3B6FFC2D4918984

Amount of Each Receipt this Period

10.41

☐ Memo Item

Earmarked through WinRed PAC

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

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

1110.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2025**Transaction ID : AF9C68D0D186248038AF**

Amount of Each Receipt this Period

10.41

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Howington, Richard, B, ,

Mailing Address 3433 Jameson Lane

City
Winston SalemState
NCZip Code
27106-4772FEC 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
11 / 21 / 2025**Transaction ID : AE5F5A1BA029C4551899**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2025**Transaction ID : A57F0295B52224DA28ED**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

25.00

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

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

FOR LINE NUMBER: PAGE 47 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Howington, Richard, B, ,

Mailing Address 3433 Jameson Lane

City
Winston Salem

State
NC

Zip Code
27106-4772

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

11 / 25 / 2025

Transaction ID : A34B1F3747FEA4198BAF

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
Arlington

State
VA

Zip Code
22219-1891

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 ▼

117815.02

Date of Receipt

11 / 25 / 2025

Transaction ID : A31D79556F44D4005A39

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Ivey, Robert, Wilson, ,

Mailing Address 2666 Lennoxville Road

City
Beaufort

State
NC

Zip Code
28516-7804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ivey's Spring Creek Farms

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 17 / 2025

Transaction ID : A92D14739D0FC4228B8B

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

FOR LINE NUMBER: PAGE 48 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Jaeger, Jerry, W, ,

Mailing Address 718 Brunswick Pl

City
CaryState
NCZip Code
27513-4627FEC 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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : AC6541927A18748DFB64

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. Jarrett, Thomas, E, ,

Mailing Address 1402 Overland Dr

City
High PointState
NCZip Code
27262-7467FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Internal Medicine

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
11 / 17 / 2025

Transaction ID : A3C28FCA9ADC44ED0901

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Jeffery, Roger, , ,

Mailing Address 18 Sleeping Colt

City
SpringState
TXZip Code
77389FEC 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 ▼

271.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A6BD1EE980980412FAF7

Amount of Each Receipt this Period

4.00

☐ Memo Item

Earmarked through WinRed PAC

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

539.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A2DD349E459114A93BE3

Amount of Each Receipt this Period

4.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Jeffery, Roger, , ,

Mailing Address 18 Sleeping Colt

City
SpringState
TXZip Code
77389FEC 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 ▼

271.59

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025

Transaction ID : AA6586C480B654FCB839

Amount of Each Receipt this Period

8.33

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A429C4DEE25B745A4868

Amount of Each Receipt this Period

8.33

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

8.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 193

(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)

North Carolina Republican Party

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

A. Jeffery, Roger, , ,

Mailing Address 18 Sleeping Colt

City
SpringState
TXZip Code
77389FEC 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 ▼

271.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A626FC0D3FA574C1282D

Amount of Each Receipt this Period

15.62

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : AF10AF5F4C6DF4D28A1B

Amount of Each Receipt this Period

15.62

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Jeffery, Roger, , ,

Mailing Address 18 Sleeping Colt

City
SpringState
TXZip Code
77389FEC 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 ▼

271.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A800A784E73F24FD0AC3

Amount of Each Receipt this Period

8.33

☐ Memo Item

Earmarked through WinRed PAC

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

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

23.95

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025**Transaction ID : AE17174BE01954ECFA7C**

Amount of Each Receipt this Period

8.33

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Jeffery, Roger, , ,

Mailing Address 18 Sleeping Colt

City
SpringState
TXZip Code
77389FEC 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 ▼

271.59

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025**Transaction ID : A881355BBD4AA474781B**

Amount of Each Receipt this Period

4.16

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025**Transaction ID : A459211FC9CD8456988D**

Amount of Each Receipt this Period

4.16

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

4.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Jeffery, Roger, , ,

Mailing Address 18 Sleeping Colt

City
SpringState
TXZip Code
77389FEC 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 ▼

271.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : AAA106E7A80E5433A9B5

Amount of Each Receipt this Period

15.62

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A98E4FBB257F94BECA57

Amount of Each Receipt this Period

15.62

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Jeffery, Roger, , ,

Mailing Address 18 Sleeping Colt

City
SpringState
TXZip Code
77389FEC 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 ▼

271.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : AA4784DAB3FE94EF49DE

Amount of Each Receipt this Period

8.33

☐ Memo Item

Earmarked through WinRed PAC

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

23.95

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A4DC95FF001D14001B67

Amount of Each Receipt this Period

8.33

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Jeffery, Roger, , ,

Mailing Address 18 Sleeping Colt

City
SpringState
TXZip Code
77389FEC 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 ▼

271.59

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025

Transaction ID : AEE364506EF654BACB3A

Amount of Each Receipt this Period

8.33

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A609D4B906D5246E08A4

Amount of Each Receipt this Period

8.33

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

8.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Jeffery, Roger, , ,

Mailing Address 18 Sleeping Colt

City
SpringState
TXZip Code
77389FEC 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 ▼

271.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : ABAC4D979A0DB478C89E

Amount of Each Receipt this Period

8.33

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A47A3EC6FC88B41148B3

Amount of Each Receipt this Period

8.33

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Jeffery, Roger, , ,

Mailing Address 18 Sleeping Colt

City
SpringState
TXZip Code
77389FEC 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 ▼

271.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A96E4336203D543F6BE5

Amount of Each Receipt this Period

4.16

☐ Memo Item

Earmarked through WinRed PAC

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

12.49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025**Transaction ID : A530360964CEE46B8B8B**

Amount of Each Receipt this Period

4.16

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Jeffery, Roger, , ,

Mailing Address 18 Sleeping Colt

City
SpringState
TXZip Code
77389FEC 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 ▼

271.59

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025**Transaction ID : AAB04EF233D2E48F8A81**

Amount of Each Receipt this Period

4.16

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025**Transaction ID : A4097B67510604724BF6**

Amount of Each Receipt this Period

4.16

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

4.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 193
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Jenkins, Martha, Williams, ,

Mailing Address 3615 Moonlight Dr

City
Chapel HillState
NCZip Code
27516-5595FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NC General AssemblyOccupation (for Individual)
LEGISLATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1335.95

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2025

Transaction ID : A199537B2FF154AD5A3E

Amount of Each Receipt this Period

31.00

☐ Memo Item

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

B. Jones, Wilbur, D, ,

Mailing Address 3002 Joy Pl

City
WilmingtonState
NCZip Code
28409-2073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
AUTHOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : A5DC5AF6367CC4DFEB8A

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Jordan, Jonathan, , ,Mailing Address 215 S Jefferson Ave
105City
West JeffersonState
NCZip Code
28694-9737FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jordan and Jordan Law OfficesOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

469.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2025

Transaction ID : AC7D33EB4A58E48E1849

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

401.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Justice, Carolyn, , ,Mailing Address PO Box 296
102 Coral CourtCity
HampsteadState
NCZip Code
28443-0296FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hampstead ServicesOccupation (for Individual)
Property Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.77

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A211B099D1AA44863B1E

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Kasler, Barbara, P, Mrs,

Mailing Address 7624 Bosham Ln

City
CharlotteState
NCZip Code
28270-0395FEC 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
11 / 17 / 2025

Transaction ID : A253C8C27A254468ABF1

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Kemker, Bernard, , ,

Mailing Address 6296 Waters Edge Dr

City
Rocky MountState
NCZip Code
27803-8923FEC 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 ▼

226.03

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2025

Transaction ID : AFB17B186AA3D4F2AA2F

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through WinRed PAC

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

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

420.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2025

Transaction ID : AB22503F18E6C416F935

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. KEPHART, MARK, , ,

Mailing Address 270 CECIL TIMPSON LN

City
MurphyState
NCZip Code
28906-7455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Owner

Kephart Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.80

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A64CA686CF1F141E28D3

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Kivett, Robert, , ,

Mailing Address PO Box 590

City
ClintonState
NCZip Code
28329-0590FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Owner

Kivett's Inc

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

828.83

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2025

Transaction ID : ABB618955603A41DEAD0

Amount of Each Receipt this Period

258.84

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

378.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Knight, Jessie, J., Jr.

Mailing Address 4329 Fox Brook Ln

City
CharlotteState
NCZip Code
28211-5006FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Semptra Energy

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1109.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A5F9E3A96C2F74F7BA36

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Kubinec, Michael, , Captain,

Mailing Address 125 Huntington Ridge Pl

City
MooresvilleState
NCZip Code
28115-9100FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

US Navy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2025

Transaction ID : A0E8C5AFAAE0A4C03A2D

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Lancaster, Shannon, , ,

Mailing Address 4901 Phoenix Circle

City
ConcordState
NCZip Code
28025-6627FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Lancaster Company

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

673.71

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2025

Transaction ID : A1204FDCF062E4DEA949

Amount of Each Receipt this Period

103.72

☐ Memo Item

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

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

723.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Langdon, James, , ,

Mailing Address 10176 NC 50 Hwy N

City
AngierState
NCZip Code
27501-8139FEC 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 ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2025

Transaction ID : AA89AE3B232E24E9C89C

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. Lanier, William, , ,

Mailing Address 3011 Steeple Chase Court

City
JacksonvilleState
NCZip Code
28546-6938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
USMC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2025

Transaction ID : A3AF36B66F21247838B0

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Leath, Clifford, Tapscott, ,

Mailing Address 6600 Maynard Farm Rd

City
Chapel HillState
NCZip Code
27516-4100FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
1st Choice CabinetryOccupation (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
11 / 24 / 2025

Transaction ID : A7F998BAFFA594910878

Amount of Each Receipt this Period

150.00

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

435.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Lewis, Paul, , ,

Mailing Address 151 Cape Cod Way

City
MooresvilleState
NCZip Code
28117-7342FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2025

Transaction ID : A2F381E5B8279485A8A6

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Leyva, Hilda, , ,

Mailing Address 6925 Tulipan Ct

City
Coral GablesState
FLZip Code
33143FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.05

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2025

Transaction ID : A4E0691BFD51C4FB2A9E

Amount of Each Receipt this Period

44.55

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2025

Transaction ID : A176CE59F16F941F692A

Amount of Each Receipt this Period

44.55

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

164.55

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Lidberg, Julie, , ,

Mailing Address 12 Bransford Ct.

City
GreensboroState
NCZip Code
27407-5000FEC 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 ▼

294.90

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2025

Transaction ID : A15F1D9491BBC42BB845

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. LILIEHOLM, WILLIAM, C, , III

Mailing Address 5134 WICKFORD LN

City
DENVERState
NCZip Code
28037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Unemployed

Occupation (for Individual)

Aircraft Technician/ mechanic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.80

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A6A87921090BE40D8AF2

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Liptak, David, , ,

Mailing Address 26 East 63rd Street , PHA

City
New YorkState
NYZip Code
10065FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SPRING STREET PARTNERS

Occupation (for Individual)

INVESTMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.51

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2025

Transaction ID : AE13B3F3603BC46D5B91

Amount of Each Receipt this Period

520.51

☐ Memo Item

Earmarked through WinRed PAC

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

670.51

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2025**Transaction ID : A0CBE6ACDF95A4BDC8B**

Amount of Each Receipt this Period

520.51

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Little, William, D, ,

Mailing Address 5001 Sunningdale Court

City
CharlotteState
NCZip Code
28226-7937FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025**Transaction ID : AD924DC83A58945C39E6**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Lockerman, Tony, M, ,

Mailing Address 6320 Gainsborough Dr

City
RaleighState
NCZip Code
27612-6615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025**Transaction ID : A3F566B5160EA4F1CAE1**

Amount of Each Receipt this Period

35.00

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

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Lonaberger, Michelle, , ,

Mailing Address 10074 N NC Highway 109

City
Winston SalemState
NCZip Code
27107-9266FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Berean Baptist ChurchOccupation (for Individual)
Administrative Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2025**Transaction ID : A475758EC3B8A4E39B22**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Lyston, Laura, , ,

Mailing Address 3181 Guerrant Springs Road

City
RuffinState
NCZip Code
27326-9295FEC 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 ▼

289.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2025**Transaction ID : A4838D6787815462F8CA**

Amount of Each Receipt this Period

103.72

☐ Memo Item

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

C. Lyston, Laura, , ,

Mailing Address 3181 Guerrant Springs Road

City
RuffinState
NCZip Code
27326-9295FEC 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 ▼

289.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2025**Transaction ID : A594F90DD986F49BA84B**

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)..... ►

453.72

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Made, David, , ,

Mailing Address PO Box 68

City
FairfieldState
CTZip Code
06824FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IRG REALTY ADVISORSOccupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : AF3AA286E7F9645CF9C2

Amount of Each Receipt this Period

29.70

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : A8DC0C410540D44EF97A

Amount of Each Receipt this Period

29.70

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Mahmood, Rana, , ,

Mailing Address 6105 Babl Ln

City
SchofieldState
WIZip Code
54476FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORIELLY AUTO PARTSOccupation (for Individual)
DELIVERY DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

326.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : AEF779D66C03542E2A81

Amount of Each Receipt this Period

29.70

☐ Memo Item

Earmarked through WinRed PAC

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

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

59.40

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2025

Transaction ID : AF99049E58C2546F9B10

Amount of Each Receipt this Period

29.70

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Mangelsdorf, George, E, , II

Mailing Address 6584 Longwater Ct SW

City
Ocean Isle BeachState
NCZip Code
28469-7324FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A00ACEA1FE0FF4E80891

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Markandaya, Manjunath, , ,

Mailing Address 560 Westminster Cir

City
GreenvilleState
NCZip Code
27858FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

NGPG

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2025

Transaction ID : A791A8527EA144767BE2

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked through WinRed PAC

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2025**Transaction ID : A1F9004BA66DD42FE854**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Masters, Richard, , ,

Mailing Address 675 Rio Grande Way

City
OxnardState
CAZip Code
93036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2025**Transaction ID : A2076A251177247A7BDB**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2025**Transaction ID : A9078EC0F5A944E1DAD6**

Amount of Each Receipt this Period

20.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

20.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 193

(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)

North Carolina Republican Party

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

A. Matthews, Jennifer, , ,

Mailing Address 3730 Inverness Way

City
AugustaState
GAZip Code
30907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BANKS PHARMACYOccupation (for Individual)
Pharmacy worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2025

Transaction ID : A719A68B6328A4091A6C

Amount of Each Receipt this Period

75.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2025

Transaction ID : A0A185466D0564DD6AC0

Amount of Each Receipt this Period

75.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. McBride, James, , ,

Mailing Address 58 High Ridge Rd

City
NorwayState
MEZip Code
04268FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A9A908C49B17E4CAFA73

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked through WinRed PAC

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A3C829617909C4F1FA90

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. McBride, James, , ,

Mailing Address 58 High Ridge Rd

City
NorwayState
MEZip Code
04268FEC 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
11 / 30 / 2025

Transaction ID : A666D1B5523AF4CB6992

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A5E6AE856BC4848ABA2B

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

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

50.00

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

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

FOR LINE NUMBER: PAGE 70 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. McGowan, Sean, , ,

Mailing Address 228 Rowan Road

City
Cleveland

State
NC

Zip Code
27013-8740

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wayne Brothers

Occupation (for Individual)
Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2944.99

Date of Receipt

11 / 22 / 2025

Transaction ID : ADB7C7E0795CC4932AAA

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. McGowan, Sean, , ,

Mailing Address 228 Rowan Road

City
Cleveland

State
NC

Zip Code
27013-8740

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wayne Brothers

Occupation (for Individual)
Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2944.99

Date of Receipt

11 / 22 / 2025

Transaction ID : AA3396DEEC9A94766BDF

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. Meeker, Frank, G, , Jr.

Mailing Address 131 E Debbie Dr

City
Shelby

State
NC

Zip Code
28150-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 17 / 2025

Transaction ID : AEB0A27BC511F465DB4F

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)..... ►

170.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Miller, Martha, , ,

Mailing Address 4803 Scarlet Haw Drive

City
GreensboroState
NCZip Code
27410-8293FEC 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 ▼

774.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : AEAF C839296644190B2A

Amount of Each Receipt this Period

30.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : AE382387BFE074951B7D

Amount of Each Receipt this Period

30.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Mills, Michael, , ,

Mailing Address 4158 Bent Grass Dr

City
FayettevilleState
NCZip Code
28312-8712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PharmaviteOccupation (for Individual)
Reverse Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

258.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2025

Transaction ID : AB4E338CCC5064D66981

Amount of Each Receipt this Period

258.84

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

288.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Moeller, Michael, , ,

Mailing Address 8808 Sound View Ct

City
Emerald IsleState
NCZip Code
28594-1946FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Navy

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

944.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A4DE1E6864E2F44799A1

Amount of Each Receipt this Period

124.92

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A9F1C03E2BDEF431D9F8

Amount of Each Receipt this Period

124.92

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Montgomery, Bruce, , ,

Mailing Address 267 Vestal Rd

City
SpartaState
NCZip Code
28675FEC 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 ▼

252.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2025

Transaction ID : A15DB4EAA3F8F4F86AA5

Amount of Each Receipt this Period

21.06

☐ Memo Item

Earmarked through WinRed PAC

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

145.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2025

Transaction ID : A02B82BD7E70D4EDCBCf

Amount of Each Receipt this Period

21.06

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Montgomery, Bruce, , ,

Mailing Address 267 Vestal Rd

City
SpartaState
NCZip Code
28675FEC 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 ▼

273.06

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2025

Transaction ID : AC3575F8FA3934D5E92A

Amount of Each Receipt this Period

20.82

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2025

Transaction ID : A16028870254940E7997

Amount of Each Receipt this Period

20.82

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

20.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Moody, Anita, , ,

Mailing Address 4604 Beacon Park Ln

City
WalkertownState
NCZip Code
27051-9215FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RetiredOccupation (for Individual)
Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

794.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2025

Transaction ID : ACCA09381D4D743AD963

Amount of Each Receipt this Period

240.00

☐ Memo Item

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

B. Morgan, Richard, , ,

Mailing Address 28 Southampton Pl

City
DurhamState
NCZip Code
27705-1857FEC 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
11		30		2025

Transaction ID : A7EC9DBE802224DE1A0A

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2025

Transaction ID : A73AFA29A8BF54FA5B8C

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

340.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Moyer, Sandy, , ,

Mailing Address 2101 Sir Raleigh Ct

City
GreenvilleState
NCZip Code
27858-5567FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2025

Transaction ID : AF90CD6A0A4B64EB5826

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Mullen, Spears, , ,

Mailing Address 2100 Fairview Rd

City
RaleighState
NCZip Code
27608-2235FEC 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
11 / 24 / 2025

Transaction ID : AC2260097A0834973B5E

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Newman, Charles, , ,

Mailing Address 165 Newman Ln

City
Iron StationState
NCZip Code
28080-9261FEC 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 ▼

409.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2025

Transaction ID : A08DB9568B99A4D8FB2C

Amount of Each Receipt this Period

20.23

☐ Memo Item

Earmarked through WinRed PAC

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

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

440.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 193

(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)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2025

Transaction ID : AD4F06BC3F2FB4C19A96

Amount of Each Receipt this Period

20.23

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Norwood, Lynn, , ,

Mailing Address 240 Ravenswood Road

City
HampsteadState
NCZip Code
28443-2342FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

Paralegal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

848.67

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2025

Transaction ID : AF9123B593C3943D486C

Amount of Each Receipt this Period

103.72

☐ Memo Item

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

C. O'Shaughnessy, Patrick, , ,

Mailing Address 38 East Ave

City
NorwalkState
CTZip Code
06851FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

261.25

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2025

Transaction ID : AAD3C8B104CE6486D88A

Amount of Each Receipt this Period

23.75

☐ Memo Item

Earmarked through WinRed PAC

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

127.47

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2025

Transaction ID : A2DB373E31E43474481A

Amount of Each Receipt this Period

23.75

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Ott, Frances E., , ,

Mailing Address 157 Rimma Way

City
RosevilleState
CAZip Code
95661FEC 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 ▼

261.47

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : ADBF7B8A7949646DC93C

Amount of Each Receipt this Period

23.77

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : A6D5BFFD8A9634FE7AD7

Amount of Each Receipt this Period

23.77

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

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

23.77

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 193
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Owings, William, R, Dr.,

Mailing Address 701 W Parkway Ave

City
High PointState
NCZip Code
27262-2923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carolina AnesthesiologyOccupation (for Individual)
Physician

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
11 / 24 / 2025**Transaction ID : A74CC848E61FC4C348ED**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Padgett, Sheila, , ,

Mailing Address 1163 Upper East Fork Rd

City
SylvaState
NCZip Code
28779-0260FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2025**Transaction ID : AAB7AB10377E8499FB7F**

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Pelt, Mary, , ,

Mailing Address 17587 Red Bud Rd

City
CastaliaState
NCZip Code
27816-9777FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lewis AdvertisingOccupation (for Individual)
Print Media

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2025**Transaction ID : A4246AC046BCF4A54B1D**

Amount of Each Receipt this Period

20.00

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

390.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Pelton, Grant, R, ,

Mailing Address 6619 Sidbury Ln SW

City

Ocean Isle Beach

State

NC

Zip Code

28469-6144

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 ▼

226.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2025

Transaction ID : A3C892B139C9C452FBC5

Amount of Each Receipt this Period

26.03

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219-1891

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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2025

Transaction ID : ABB88269048804C09AE3

Amount of Each Receipt this Period

26.03

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Potter, Kenneth, , ,

Mailing Address 5404 Amsterdam Pl

City

Raleigh

State

NC

Zip Code

27606-9708

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 ▼

282.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : A0803C43484AF4FBA976

Amount of Each Receipt this Period

25.65

☐ Memo Item

Earmarked through WinRed PAC

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

51.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2025

Transaction ID : A491FAC6AB9864361A2E

Amount of Each Receipt this Period

25.65

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Powell, Joseph, A, , Sr.

Mailing Address 691 Macedonia Rd

City
Spring HopeState
NCZip Code
27882-8152FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : AA56E1039D7D44E3C8B9

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Powers, Allison, , ,

Mailing Address 1322 Churchill Downs Dr

City
WaxhawState
NCZip Code
28173-6585FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1319.99

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : A6784DA67D21542948E1

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through WinRed PAC

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : A8EA7F8D83CD74BFCB21

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Prendergast, Thomas, J, ,

Mailing Address 1081 6th Avenue Drive NW

City
HickoryState
NCZip Code
28601-3455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A37CBD2A3AC834D3BAB0

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Prestage, Marsha, C, ,

Mailing Address 496 Coharie

City
ClintonState
NCZip Code
28328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2025

Transaction ID : A81C6240B5EC94DB18F8

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through WinRed PAC

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2025

Transaction ID : A2AB66667672A4753913

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Prestage, Marsha, C, ,

Mailing Address 496 Coharie

City
ClintonState
NCZip Code
28328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2025

Transaction ID : ACF932CFB1F9F47C29AA

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2025

Transaction ID : A7B97C69E21D24840904

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Prestage, Marsha, C, ,

Mailing Address 496 Coharie

City
ClintonState
NCZip Code
28328FEC 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 ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : AEA154DF3BC4143A4B33

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Prestage, Marsha, C, ,

Mailing Address 496 Coharie

City
ClintonState
NCZip Code
28328FEC 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 ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : AE5A22A3A63FB4428953

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A2E28DC53AF2E4BE5BB7

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Rankin, Edward, M., Jr.

Mailing Address 6659 Good News Church Rd

City
StantonsburgState
NCZip Code
27883-9304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
US Navy Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A0D9C7C4828464F80B9D

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Reale, Joseph, J.,

Mailing Address 10327 Blackstone Dr

City
HuntersvilleState
NCZip Code
28078-5465FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2025

Transaction ID : AABD36A97CEC44B5DBF8

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Reel, Charles, Steven, ,

Mailing Address 2751 Landers Church Rd

City
LincolntonState
NCZip Code
28092-6930FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A93B588C666644419A82

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)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Reid, Anna, Smalts, ,

Mailing Address 2216 Lexington St

City
BelmontState
NCZip Code
28012-2916FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2025**Transaction ID : A538F8F2409504EBCB58**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Reynolds, Sidney, , ,

Mailing Address 434 Moore Perkerson Rd

City
Spring HopeState
NCZip Code
27882-7859FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Advertising

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2025**Transaction ID : A20D93F609B4C4257BA9**

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Rice, Myron, K, , Jr.

Mailing Address 216 Stornoway Drive

City
Southern PinesState
NCZip Code
28387-7518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
US Army

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2025**Transaction ID : A9DC229A33C2246BA9C0**

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)..... ►

195.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Rice, Myron, K, , Jr.

Mailing Address 216 Stornoway Drive

City
Southern PinesState
NCZip Code
28387-7518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
US Army

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : AADE458DC9D83449CB85

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Rivas, Rudolph G, , ,

Mailing Address 13228 Lindo Ln

City
LakesideState
CAZip Code
92040FEC 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 ▼

490.05

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2025

Transaction ID : AF6BD6A7B0D754A67A45

Amount of Each Receipt this Period

44.55

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2025

Transaction ID : A92BF03E5BA304C6F98B

Amount of Each Receipt this Period

44.55

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

119.55

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Roberts, Marty, , ,

Mailing Address 1208 Union Ch Rd

City
HamptonvilleState
NCZip Code
27020FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rid-A-Bug

Occupation (for Individual)

pMP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A0EFA982851454216B02

Amount of Each Receipt this Period

156.15

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A0CFE008715C84000910

Amount of Each Receipt this Period

156.15

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Robinson, Barbara, , ,

Mailing Address 4803 Von Ct

City
MonroeState
NCZip Code
28110-8588FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Charlotte Latin School

Occupation (for Individual)

Receptionist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2025

Transaction ID : A2CDAFF1590154362B0C

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

281.15

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

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

FOR LINE NUMBER: PAGE 88 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Roehm, Margaret, , ,

Mailing Address 4026 Blythewood Pl

City
Fort Wayne

State
IN

Zip Code
46804

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 ▼

326.70

Date of Receipt

11 / 11 / 2025

Transaction ID : A850D30B70F3343B3A66

Amount of Each Receipt this Period

29.70

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
Arlington

State
VA

Zip Code
22219-1891

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 ▼

117815.02

Date of Receipt

11 / 11 / 2025

Transaction ID : A436029F9B07F4D4E85F

Amount of Each Receipt this Period

29.70

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Rogers, George, E, ,

Mailing Address 433 Walnut Ridge Dr

City
Clyde

State
NC

Zip Code
28721-6781

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 24 / 2025

Transaction ID : AA4558D2D363E472FAF6

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)..... ►

129.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Rogers, Jean, N, ,

Mailing Address 3 Smith Graveyard Rd

City
AshevilleState
NCZip Code
28806-9655FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : AE31C681D019F45C4A93

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Rosenblatt, Jack, , ,

Mailing Address 4009 Sherbrooke Dr

City
CharlotteState
NCZip Code
28210FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.25

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2025

Transaction ID : A50D2BB3A75CC48A396C

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2025

Transaction ID : AFB E481D9F154473B90C

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Rosenthal, Jim, , ,

Mailing Address 67 Crestview Dr

City
BrevardState
NCZip Code
28712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2025

Transaction ID : A2C02D6FAD0584EBBBE5

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2025

Transaction ID : ABA5E579EE7314F1F840

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Ruffner, Robert, F, , Jr.

Mailing Address 1801 Hawthorne Rd

City
WilmingtonState
NCZip Code
28403-6615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Clancy Theys Construction

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A4BAF8712727B4A35811

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 91 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Russo, Michele, , ,

Mailing Address 3176 Exum Rd NW

City
Ash

State
NC

Zip Code
28420-2739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAR Consultants

Occupation (for Individual)
Code Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.95

Date of Receipt

11 / 08 / 2025

Transaction ID : AAFA09906099417D89D

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Russo, Vincent, , ,

Mailing Address 3176 Exum Rd NW

City
Ash

State
NC

Zip Code
28420-2739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Police Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.95

Date of Receipt

11 / 10 / 2025

Transaction ID : A06E9027162B948EEB91

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Ruth, Judith, , ,

Mailing Address 244 Ted Poppy Trail

City
Georgetown

State
TX

Zip Code
78633

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 ▼

262.50

Date of Receipt

11 / 06 / 2025

Transaction ID : A6994741971324EE2A69

Amount of Each Receipt this Period

23.75

☐ Memo Item

Earmarked through WinRed PAC

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

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

263.75

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2025

Transaction ID : A3835599F32EE402F9E1

Amount of Each Receipt this Period

23.75

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Ryder, Jeff, , ,

Mailing Address 403 Dartmouth Road

City
RaleighState
NCZip Code
27609-5849FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2025

Transaction ID : A6E239B1A0CBB46B6811

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2025

Transaction ID : AE74AF62095414D53B04

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Saine, Jason, , ,

Mailing Address 1954 Hidden Valley Ave

City
LincolntonState
NCZip Code
28092-8958FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Southern GroupOccupation (for Individual)
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2025**Transaction ID : A2FBCAB7D0963417183E**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Saine, Jason, , ,

Mailing Address 1954 Hidden Valley Ave

City
LincolntonState
NCZip Code
28092-8958FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Southern GroupOccupation (for Individual)
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2025**Transaction ID : A29C44D659DDE4210A32**

Amount of Each Receipt this Period

258.84

☐ Memo Item

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

C. Schoonover, Michael, A, ,

Mailing Address 1790 Lick Creek Church Rd

City
DentonState
NCZip Code
27239-8703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 24 / 2025**Transaction ID : A0CB4627A97A84BAD8E3**

Amount of Each Receipt this Period

60.00

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

568.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Scott, Paul, , ,

Mailing Address 501 Big Springs Church Rd

City
EllenboroState
NCZip Code
28040-8711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Big Springs Baptist ChurchOccupation (for Individual)
Pastor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.80

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : ACE57CAD1F4394B659AB

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Seese, Shawnee, , ,

Mailing Address 959 Burning Maple Ln

City
MebaneState
NCZip Code
27302-9958FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont CCOccupation (for Individual)
Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2025

Transaction ID : A92F79469CA244784BC6

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Seiter, John H, , ,

Mailing Address 3293 Padaro Ln

City
CarpinteriaState
CAZip Code
93013FEC 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 ▼

261.25

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2025

Transaction ID : A17FE030E86BD4CA5ADB

Amount of Each Receipt this Period

23.75

☐ Memo Item

Earmarked through WinRed PAC

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

393.75

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 95 OF 193
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2025

Transaction ID : AECC506245B1145DF973

Amount of Each Receipt this Period

23.75

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Shaheen, Lawrence, , ,

Mailing Address 4440 Canoebrook Rd

City
CharlotteState
NCZip Code
28210-7350FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
ATTORNEY

The McIntosh Law Firm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1069.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A5285EBF8BDA041B4B45

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Shaw, Jacqueline, Lee, ,

Mailing Address 6328 Mooresville Rd

City
SalisburyState
NCZip Code
28147-7669FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
OFFICE MANAGER

Sudden Impact

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
11 / 17 / 2025

Transaction ID : A1920D80325BB425BBFF

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)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Shuback, James, A, ,

Mailing Address 2328 Tattersall Dr

City
CharlotteState
NCZip Code
28210-6770FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : AC3DAFDBD626D457D933

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Silver, Pam, S, ,

Mailing Address 1900 E Walnut St

City
GoldsboroState
NCZip Code
27530-5333FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SILVER REAL ESTATE, LLC

Occupation (for Individual)

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

869.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : ACDB0628BA1634330A7A

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

C. Simms, Jack, , ,

Mailing Address 794 W Main Ave

City
TaylorsvilleState
NCZip Code
28681-2308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

445.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2025

Transaction ID : AB1B38F8D46434F15BA6

Amount of Each Receipt this Period

103.72

☐ Memo Item

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

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

348.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Smith, Diane, , ,

Mailing Address 1916 Lambert Dr

City
AsheboroState
NCZip Code
27205-7210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2025

Transaction ID : AB0207325389F4E16A2F

Amount of Each Receipt this Period

258.84

☐ Memo Item

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

B. Smith, Ronald, , ,

Mailing Address POB 898

City
Banner ElkState
NCZip Code
28604FEC 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 ▼

1068.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : A1F8CD76D489F4F3F899

Amount of Each Receipt this Period

213.75

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : A5CFDFAD3743043D8915

Amount of Each Receipt this Period

213.75

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

472.59

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Solana, Alberto, G, ,

Mailing Address 2732 Chadsworth Ln

City
SouthportState
NCZip Code
28461-8351FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2025

Transaction ID : AE5AEE7BA3E07408B9C0

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Stallings, Kenneth, , ,

Mailing Address 5204 Old Adams Rd

City
Holly SpringsState
NCZip Code
27540-9114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Army Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A27A38484C8734122B22

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Stevens, Charles, H, ,

Mailing Address 120 Hickory Rd

City
Sneads FerryState
NCZip Code
28460FEC 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
11 / 03 / 2025

Transaction ID : A62BD6F8024444D5FA68

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through WinRed PAC

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

320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2025

Transaction ID : AA0F577B4DAE0412CA56

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Stiles, Edward, , ,

Mailing Address 2529 Pond Drive N

City
WilsonState
NCZip Code
27896-1705FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NC General AssemblyOccupation (for Individual)
LEGISLATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.48

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2025

Transaction ID : A701A883937B3406CA5B

Amount of Each Receipt this Period

258.84

☐ Memo Item

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

C. Stiles, Edward, , ,

Mailing Address 2529 Pond Drive N

City
WilsonState
NCZip Code
27896-1705FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NC General AssemblyOccupation (for Individual)
LEGISLATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

870.48

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2025

Transaction ID : A7E6FD1DEFD554B5DB93

Amount of Each Receipt this Period

258.84

☐ Memo Item

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

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

517.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 193
(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Stobbs, Emmett, E, , Jr.

Mailing Address 62 Winding Ridge Rd

City
DurhamState
NCZip Code
27713-5812FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Financial Planner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2025

Transaction ID : A65B814C70EB7424AA4D

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Stock, Christopher, , ,

Mailing Address 1013 Dashwood Dr

City

Wake Forest

State

NC

Zip Code

27587-3478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Stock Law Firm PLLC

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2025

Transaction ID : A314C9814CBD8456AB56

Amount of Each Receipt this Period

258.84

☐ Memo Item

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

C. Stroupe, Julie, , ,

Mailing Address 457 Saint Marks Church Rd

City

Bessemer City

State

NC

Zip Code

28016-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Truist

Occupation (for Individual)

Employee Banking Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

564.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : A5CE79F95651142E2883

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)..... ►

478.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Swaney, Paul, , ,Mailing Address 139 Avian Dr
Unit 3612City
Sunset BeachState
NCZip Code
28468FEC 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 ▼

990.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2025**Transaction ID : A15027994B7AF42E7B9C**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2025**Transaction ID : AEA2D3A7CB98F4DE8B36**

Amount of Each Receipt this Period

90.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Taylor-Boswell, Katherine, , ,

Mailing Address 2182 Gaines Ave

City
GastoniaState
NCZip Code
28054-5935FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

474.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2025**Transaction ID : A0D8B5EBEF2EC4D0982E**

Amount of Each Receipt this Period

10.00

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

FOR LINE NUMBER: PAGE 102 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Teem, David, Edward, ,

Mailing Address 203 Live Oak Ln

City
WashingtonState
NCZip Code
27889-9765FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lawson ProductsOccupation (for Individual)
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : A31C1D066F9184497BCB

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. THOMAS, ANDREW, , ,

Mailing Address 225 BENJAMIN DR

City
BOONEState
NCZip Code
28607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Check Point SoftwareOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.12

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A5621D00CE6A14FCC9BF

Amount of Each Receipt this Period

240.00

☐ Memo Item

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

C. Thomas, Robert, S, ,

Mailing Address 3820 Noremac Dr

City
RaleighState
NCZip Code
27612-4337FEC 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 / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : A1A5ADD0D8CE14797AA0

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

490.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Tolan, Duane, , ,

Mailing Address 308 Old Coach Rd

City
Rocky MountState
NCZip Code
27804-2133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : A8F623B2FCB854BD68E0

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : AA8106910217B49488C0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Toohey, Michael, , ,

Mailing Address 2418 St James Dr

City
SouthportState
NCZip Code
28461-8319FEC 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 ▼

625.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2025

Transaction ID : AA1B0ED31D4F14EF3A7A

Amount of Each Receipt this Period

120.00

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

220.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Trusty, Juanele, , ,

Mailing Address 614 Georgetown Dr

City
CharlotteState
NCZip Code
28213-6018FEC 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 ▼

324.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : AA2C21A0B102E48F18F8

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : AB870419B623F43629A7

Amount of Each Receipt this Period

10.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Trusty, Juanele, , ,

Mailing Address 614 Georgetown Dr

City
CharlotteState
NCZip Code
28213-6018FEC 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 ▼

324.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : A147D37E9772341B6BD0

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmarked through WinRed PAC

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

15.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 193

(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)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : AB20A46C4B905434C9BD

Amount of Each Receipt this Period

5.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Trusty, Juanele, , ,

Mailing Address 614 Georgetown Dr

City
CharlotteState
NCZip Code
28213-6018FEC 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 ▼

324.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : AC23541EBBA8E41B0BC9

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : A52B420BBC6B84A4D802

Amount of Each Receipt this Period

5.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

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

5.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Trusty, Juanele, , ,

Mailing Address 614 Georgetown Dr

City
CharlotteState
NCZip Code
28213-6018FEC 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 ▼

324.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : A68F97F59BC13400E866

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : AA321F7C515FE4048AD8

Amount of Each Receipt this Period

5.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Turner, Bartley, K, Mr.,

Mailing Address 1509 20th St

City
GreensboroState
NCZip Code
27405-4517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USPS

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A4293429410AD4116A89

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)..... ►

30.00

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

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

FOR LINE NUMBER: PAGE 107 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Turner, Rena, W, ,

Mailing Address 247 Gethsemane Rd

City
Olin

State
NC

Zip Code
28660-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NC General Assembly

Occupation (for Individual)
State Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 24 / 2025

Transaction ID : AA2851FB97F484F9CAAA

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

B. Vacek, Angela, , ,

Mailing Address 240 Main Street

City
Vass

State
NC

Zip Code
28394-9019

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 ▼

864.99

Date of Receipt

11 / 08 / 2025

Transaction ID : A15FA7A70646445268A2

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Warren, David, , ,

Mailing Address 17587 Red Bud Rd

City
Castalia

State
NC

Zip Code
27816-9777

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jack Lucas Consulting

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

418.94

Date of Receipt

11 / 06 / 2025

Transaction ID : A6FD51739ED1648548F3

Amount of Each Receipt this Period

258.84

☐ Memo Item

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

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

438.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Wetherill, Edward, , ,

Mailing Address 238 Michelangelo Way

City
CaryState
NCZip Code
27518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WETHERILL ENGINEERING, INC.Occupation (for Individual)
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.50

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2025

Transaction ID : ABAB07E2DCB904261B43

Amount of Each Receipt this Period

260.25

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2025

Transaction ID : A61A503B63B254E039B3

Amount of Each Receipt this Period

260.25

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Wheeler, Linda, , ,

Mailing Address 24748 S Michaels St

City
CreteState
ILZip Code
60417FEC 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 ▼

398.35

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2025

Transaction ID : AEFC484CFE3684E39906

Amount of Each Receipt this Period

14.85

☐ Memo Item

Earmarked through WinRed PAC

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

275.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2025

Transaction ID : A70B8F38E399A4C33A38

Amount of Each Receipt this Period

14.85

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Wheeler, Linda, , ,

Mailing Address 24748 S Michaels St

City
CreteState
ILZip Code
60417FEC 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 ▼

411.85

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2025

Transaction ID : AE2230CA296654454A6A

Amount of Each Receipt this Period

13.50

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2025

Transaction ID : A6388ED1667374D6189C

Amount of Each Receipt this Period

13.50

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

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

13.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Wheeler, Linda, , ,

Mailing Address 24748 S Michaels St

City
CreteState
ILZip Code
60417FEC 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 ▼

421.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2025

Transaction ID : A353106FE83BD40138D8

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmarked through WinRed PAC

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

B. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2025

Transaction ID : A5D69C5B1AF634872876

Amount of Each Receipt this Period

10.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

C. Wheeless, Carol, , ,

Mailing Address 209 Prestwick Drive

City
High PointState
NCZip Code
27265-8667FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
FURNITURE DESIGNER

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
11 / 12 / 2025

Transaction ID : A3B8DCEA0622649F4A0B

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked through WinRed PAC

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

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2025**Transaction ID : AF4B8C79CDA6041A4A4F**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Whitaker, Bruce, , ,

Mailing Address 331 Richmond Avenue

City
SwannanoaState
NCZip Code
28778-3114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.20

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2025**Transaction ID : A343315F0C41344C2BEB**

Amount of Each Receipt this Period

25.20

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2025**Transaction ID : A44589DE13DB54685856**

Amount of Each Receipt this Period

25.20

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

25.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Whitaker, Bruce, , ,

Mailing Address 331 Richmond Avenue

City
SwannanoaState
NCZip Code
28778-3114FEC 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 ▼

307.20

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : AF489C0F992234E828B9

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. White, Sara, W, ,

Mailing Address 2991 Morganton Rd

City
FayettevilleState
NCZip Code
28303-5007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : ABD8569ACCA234067946

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Wickersham, David, , ,

Mailing Address 38 Sunshine Dr

City
ArapahoeState
NCZip Code
28510-9007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HoneywellOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1103.83

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2025

Transaction ID : A5AFD1D76CC794564AAA

Amount of Each Receipt this Period

258.84

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

338.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 113 OF 193
(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)

North Carolina Republican Party

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

A. Wickersham, David, , ,

Mailing Address 38 Sunshine Dr

City
ArapahoeState
NCZip Code
28510-9007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HoneywellOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1303.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : AA4A859689B5040C69B4

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Williamson, Donna, , ,

Mailing Address 229 Harkers Island Rd

City
BeaufortState
NCZip Code
28516-7274FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A194474C24152437DBA7

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Williams, Susan, Webb, ,

Mailing Address 3401 Mill Pond Rd

City
CharlotteState
NCZip Code
28226-6344FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Therapist

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
11 / 17 / 2025

Transaction ID : ABDC6E1C2808249D28CA

Amount of Each Receipt this Period

200.00

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

520.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 193

(check only one)

<input checked="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)

North Carolina Republican Party

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

A. Willis, Candler, A, ,

Mailing Address 2858 Green River Rd

City
ZirconiaState
NCZip Code
28790-7769FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Electrical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

993.71

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : ABBCE165F64514E548B1

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Woods, Richard, , ,

Mailing Address 193 Valley Stran Dr

City
BooneState
NCZip Code
28607-8890FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.01

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2025

Transaction ID : AF1530DEEFF654BAAA74

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Wyatt, Steven, , ,

Mailing Address 816 Greenwood Dr

City
HendersonvilleState
NCZip Code
28791FEC 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
11 / 25 / 2025

Transaction ID : A09493B038EC649F7AE9

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through WinRed PAC

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

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

340.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2025

Transaction ID : AB2A5A8B321B947C38DA

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

B. Yancey, Jo Ann, , ,

Mailing Address 14170 F M 2854 Rd

City
ConroeState
TXZip Code
77304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Retired

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.55

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2025

Transaction ID : A138B9EDDCCFA49B982C

Amount of Each Receipt this Period

26.03

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2025

Transaction ID : A91C96B22E8734A6C9A1

Amount of Each Receipt this Period

26.03

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

26.03

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 OF 193

(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Yocum, Sherry, , ,

Mailing Address 2111 Chatfield Rd

City
ShelbyState
NCZip Code
28150-9491FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium HealthOccupation (for Individual)
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.79

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2025**Transaction ID : A9FBF542717CD467AA3A**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Zane, Tim, , ,

Mailing Address 15011 Harmony Road

City
HuntleyState
ILZip Code
60142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASCENSION HEALTHOccupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2025**Transaction ID : AF0392FA0DBF847399ED**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Earmarked through WinRed PAC

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

C. WinRed PAC

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219-1891FEC 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 ▼

117815.02

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2025**Transaction ID : AF8C1A108EA784A20B14**

Amount of Each Receipt this Period

20.00

☒ Memo Item

Total Earmarked Through Conduit. PAC Limit Not Affected.

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

30.00

29454.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 117 OF 193
(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Brad Knott For Congress

Mailing Address PO Box 97275

City
RaleighState
NCZip Code
27624-7275FEC ID number of contributing
federal political committee.**C**

C00855361

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2025

Transaction ID : A32F82EF8579146A9AEC

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Don Brown for Senate

Mailing Address PO Box 1350

City
NorwoodState
NCZip Code
28128-1350FEC ID number of contributing
federal political committee.**C**

C00857110

Name of Employer (for Individual)

Occupation (for Individual)

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
11		05		2025

Transaction ID : A8D98246AF7344B66BEC

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Don Brown for Senate

Mailing Address PO Box 1350

City
NorwoodState
NCZip Code
28128-1350FEC ID number of contributing
federal political committee.**C**

C00857110

Name of Employer (for Individual)

Occupation (for Individual)

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
11		05		2025

Transaction ID : AB59E1755DB1D482D884

Amount of Each Receipt this Period

200.00

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

420.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 118 OF 193
(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

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

A. Don Brown for Senate

Mailing Address PO Box 1350

City
NorwoodState
NCZip Code
28128-1350FEC ID number of contributing
federal political committee.

C

C00857110

Name of Employer (for Individual)

Occupation (for Individual)

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
11 / 05 / 2025

Transaction ID : A3C507551780B4BD8AFD

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Republican National Committee

Mailing Address 310 1st St SE

City
WashingtonState
DCZip Code
20003-1885FEC ID number of contributing
federal political committee.

C

C00003418

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

370000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2025

Transaction ID : A6E4A773EF4D34E608F0

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. Whatley for Senate

Mailing Address PO Box 97037

City
RaleighState
NCZip Code
27624-7037FEC ID number of contributing
federal political committee.

C

C00913996

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

1500.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2025

Transaction ID : AA71DBCD32BFA4DA6993

Amount of Each Receipt this Period

1034.44

☐ Memo Item

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

6134.44

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

6554.44

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

PAGE 119 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. AC Hotel By Marriott

Mailing Address 867 New Jersey Ave SE

City
WashingtonState
DCZip Code
20003-3385

Purpose of Disbursement

Hotel Room for Staff

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B2CA26F8A4

Amount of Each Disbursement this Period

1397.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AC Hotel By Marriott

Mailing Address 867 New Jersey Ave SE

City
WashingtonState
DCZip Code
20003-3385

Purpose of Disbursement

Hotel Room for Staff

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BE25E608004

Amount of Each Disbursement this Period

1397.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AC Hotel By Marriott

Mailing Address 867 New Jersey Ave SE

City
WashingtonState
DCZip Code
20003-3385

Purpose of Disbursement

Meal for Staff

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BE00221156:

Amount of Each Disbursement this Period

30.40

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

2824.80

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

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

PAGE 120 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986

Purpose of Disbursement

Employee Navigator Connection Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B3CEE4D7Df

Amount of Each Disbursement this Period

7.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986

Purpose of Disbursement

Employee Navigator Connection Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B9F8737FC4f

Amount of Each Disbursement this Period

1.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986

Purpose of Disbursement

Payroll Taxes

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B588C062BE

Amount of Each Disbursement this Period

5284.15

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

5292.90

**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 121 OF 193

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986

Purpose of Disbursement

Payroll Taxes

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B24B96326C

Amount of Each Disbursement this Period

108.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986

Purpose of Disbursement

Payroll Professional Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B7AA50D4CA

Amount of Each Disbursement this Period

116.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986

Purpose of Disbursement

Payroll Professional Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B4BB773422

Amount of Each Disbursement this Period

127.58

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

351.72

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

PAGE 122 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986Purpose of Disbursement
Worker's Comp Insurance

Candidate Name

001

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2025			

FEC Identification Number

C

Transaction ID : BFE60CBAEf

Amount of Each Disbursement this Period

0.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986Purpose of Disbursement
Worker's Comp Insurance

Candidate Name

001

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2025			

FEC Identification Number

C

Transaction ID : B55EA3AFA9

Amount of Each Disbursement this Period

25.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986Purpose of Disbursement
Payroll Taxes

Candidate Name

001

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2025			

FEC Identification Number

C

Transaction ID : B71A7A7DCI

Amount of Each Disbursement this Period

5262.61

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

5288.69

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

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986

Purpose of Disbursement

Payroll Professional Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B3429213779

Amount of Each Disbursement this Period

127.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986

Purpose of Disbursement

Payroll Professional Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BD29542CDB

Amount of Each Disbursement this Period

116.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986

Purpose of Disbursement

Payroll Taxes

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B1692057C4I

Amount of Each Disbursement this Period

108.13

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

351.73

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

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986

Purpose of Disbursement

Worker's Comp Insurance

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BC036B2233

Amount of Each Disbursement this Period

0.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADP Easypay

Mailing Address 201 Regncy Ex Pk Dr

City
CharlotteState
NCZip Code
28217-3986

Purpose of Disbursement

Worker's Comp Insurance

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B6475BEB36

Amount of Each Disbursement this Period

25.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Allison Kuhn Photography LLC

Mailing Address 4944 Morrowick Rd

City
CharlotteState
NCZip Code
28226-7379

Purpose of Disbursement

Photographer for NCGOP Hall of Fame

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B2592B77ED

Amount of Each Disbursement this Period

482.63

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

508.67

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

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Amazon.com, Inc.

Mailing Address PO Box 81226

City
SeattleState
WAZip Code
98108-1300

Purpose of Disbursement

Office Supplies

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B3CFF3E52B

Amount of Each Disbursement this Period

109.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. America Direct, Inc.Mailing Address 1272 Corporate Park Dr
FI 2City
ForestState
VAZip Code
24551-2277

Purpose of Disbursement

Donor Direct Mail Expense

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B77BF4571C

Amount of Each Disbursement this Period

537.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. America First Strategies

Mailing Address 3717 Habitat Dr

City
TrinityState
NCZip Code
27370-7337

Purpose of Disbursement

Graphic Design Consulting Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BE1B033948

Amount of Each Disbursement this Period

1200.00

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

1846.99

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

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

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address PO Box 619612

City
BedfordState
TXZip Code
76021

Purpose of Disbursement

Flight for Staff

Candidate Name

002

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BA68D63D68

Amount of Each Disbursement this Period

399.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address PO Box 619612

City
BedfordState
TXZip Code
76021

Purpose of Disbursement

Flight for Staff

Candidate Name

002

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BF212D2A5D

Amount of Each Disbursement this Period

268.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address PO Box 619612

City
BedfordState
TXZip Code
76021

Purpose of Disbursement

Flight for Staff

Candidate Name

002

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : BD6D7CB561

Amount of Each Disbursement this Period

338.49

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

1006.45

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)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address PO Box 619612

City
BedfordState
TXZip Code
76021

Purpose of Disbursement

Flight for Staff

Candidate Name

002

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : B02014770A

Amount of Each Disbursement this Period

338.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address PO Box 619612

City
BedfordState
TXZip Code
76021

Purpose of Disbursement

Flight for Staff

Candidate Name

002

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B12BC29504

Amount of Each Disbursement this Period

70.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address PO Box 619612

City
BedfordState
TXZip Code
76021

Purpose of Disbursement

Flight for Staff

Candidate Name

002

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B7AB3E8480

Amount of Each Disbursement this Period

613.96

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

1022.46

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

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

PAGE 128 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BBAC578742

Amount of Each Disbursement this Period

7.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B46D9ABAC8

Amount of Each Disbursement this Period

33.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B8B1A343AC

Amount of Each Disbursement this Period

77.32

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

118.28

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

PAGE 129 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B9876F57E4

Amount of Each Disbursement this Period

71.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B133B943BB

Amount of Each Disbursement this Period

34.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B306D4BD3E

Amount of Each Disbursement this Period

36.32

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

142.79

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

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

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : BAC1567B34

Amount of Each Disbursement this Period

28.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B680885C490

Amount of Each Disbursement this Period

118.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : B69CE8D015

Amount of Each Disbursement this Period

8.52

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

154.79

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)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B0222C8CE8

Amount of Each Disbursement this Period

37.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B6D552457D2

Amount of Each Disbursement this Period

1.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B7F2FDC264

Amount of Each Disbursement this Period

21.69

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

60.18

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

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : BFF34009BE

Amount of Each Disbursement this Period

[REDACTED] 1.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : BA8E1D2F14I

Amount of Each Disbursement this Period

[REDACTED] 0.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : B73DCD34B

Amount of Each Disbursement this Period

[REDACTED] 49.73

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

[REDACTED] 51.62

[REDACTED]

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

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : B1D050006C

Amount of Each Disbursement this Period

13.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BEDB3799F1

Amount of Each Disbursement this Period

4.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : BEA3E48855

Amount of Each Disbursement this Period

9.65

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

27.32

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

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

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras Street

City
New Orleans

State
LA

Zip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 21 / 2025

FEC Identification Number

C [REDACTED]

Transaction ID : BAD513CE82

Amount of Each Disbursement this Period

[REDACTED] 5.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras Street

City
New Orleans

State
LA

Zip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 22 / 2025

FEC Identification Number

C [REDACTED]

Transaction ID : B7E5CE2F76I

Amount of Each Disbursement this Period

[REDACTED] 2.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras Street

City
New Orleans

State
LA

Zip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 24 / 2025

FEC Identification Number

C [REDACTED]

Transaction ID : B143DF4B04

Amount of Each Disbursement this Period

[REDACTED] 4.26

☐ Memo Item

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

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

[REDACTED] 12.89

[REDACTED]

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

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : BED6A4BCB

Amount of Each Disbursement this Period

0.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BE89309873C

Amount of Each Disbursement this Period

0.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : B80E9D257D

Amount of Each Disbursement this Period

0.96

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

2.39

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

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

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras Street

City
New OrleansState
LAZip Code
70112-1251

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B6F0FC7EDC

Amount of Each Disbursement this Period

10.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003-1164

Purpose of Disbursement

Computer Support & Software

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : B8B71D5CEC

Amount of Each Disbursement this Period

1530.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Athena Print Solutions

Mailing Address 602 S Edwardia Dr

City
GreensboroState
NCZip Code
27409-2806

Purpose of Disbursement

Print NCGOP Posters for Hall of Fame

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : B644ACC719

Amount of Each Disbursement this Period

72.59

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

1612.79

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

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Christian Fraley

Mailing Address 200 Saint Andrews Ct

City
High PointState
NCZip Code
27265-8622

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : BD138F7ADC

Amount of Each Disbursement this Period

 2297.29
☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christian Fraley

Mailing Address 200 Saint Andrews Ct

City
High PointState
NCZip Code
27265-8622

Purpose of Disbursement

Mileage Reimbursement

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C
Transaction ID : BD1F2325BD

Amount of Each Disbursement this Period

 106.40
☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Christian Fraley

Mailing Address 200 Saint Andrews Ct

City
High PointState
NCZip Code
27265-8622

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : BD50DD81E/

Amount of Each Disbursement this Period

 2297.29
☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►
 4700.98

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

PAGE 138 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Chubby Chicks

Mailing Address 630 Rodney Orr Bypass

City
RobbinsvilleState
NCZip Code
28771

Purpose of Disbursement

Dinner Meeting

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B5D563E0CC

Amount of Each Disbursement this Period

404.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1595 Spring Hill Rd
Ste 500City
ViennaState
VAZip Code
22182-2216

Purpose of Disbursement

Donor Direct Mail Expense

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B7EC672C44I

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1595 Spring Hill Rd
Ste 500City
ViennaState
VAZip Code
22182-2216

Purpose of Disbursement

Donor Direct Mail Expense

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B9454AE613

Amount of Each Disbursement this Period

823.66

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

1328.22

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

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

PAGE 139 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1595 Spring Hill Rd
Ste 500City
ViennaState
VAZip Code
22182-2216

Purpose of Disbursement

Donor Direct Mail Expense

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BB00761734E

Amount of Each Disbursement this Period

180.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dakota Cook

Mailing Address 400 Lily Pad Ct

City
ZebulonState
NCZip Code
27597-9266

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B677291E373

Amount of Each Disbursement this Period

2159.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dakota Cook

Mailing Address 400 Lily Pad Ct

City
ZebulonState
NCZip Code
27597-9266

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BD2DA04411

Amount of Each Disbursement this Period

2159.72

☐ Memo Item

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

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

4499.45

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

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Delta Air Lines, Inc.

Mailing Address PO Box 20706

City
AtlantaState
GAZip Code
30320-6001

Purpose of Disbursement

Flight for Staff

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BDE5ACF894

Amount of Each Disbursement this Period

642.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dot the i

Mailing Address 2825 Glendale Rd

City
CharlotteState
NCZip Code
28209-1744

Purpose of Disbursement

Donor Direct Mail Expense

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B029635E0A1

Amount of Each Disbursement this Period

16163.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fairfield Inn & Suites

Mailing Address 25 Fairfield Approach Dr

City
WeavervilleState
NCZip Code
28787-0570

Purpose of Disbursement

Hotel Room for Staff

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B262F310B1

Amount of Each Disbursement this Period

164.98

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

16971.06

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

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Fairfield Inn & Suites

Mailing Address 25 Fairfield Approach Dr

City
WeavervilleState
NCZip Code
28787-0570

Purpose of Disbursement

Hotel Room for Staff

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B86F9BAA9A

Amount of Each Disbursement this Period

164.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
PittsburghState
PAZip Code
15250-7461

Purpose of Disbursement

Postage/Shipping

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B0C092C324F

Amount of Each Disbursement this Period

486.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. First Citizens Bank

Mailing Address 2005 Clark Ave

City
RaleighState
NCZip Code
27605-1603

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B91C7357AF

Amount of Each Disbursement this Period

240.00

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

891.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**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"/> 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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. First Citizens Bank

Mailing Address 2005 Clark Ave

City
RaleighState
NCZip Code
27605-1603

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B368D3DC38

Amount of Each Disbursement this Period

271.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. First Citizens Bank

Mailing Address 2005 Clark Ave

City
RaleighState
NCZip Code
27605-1603

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BE6F4557774

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FP Mailing SolutionsMailing Address 140 N Mitchell Ct
Ste 200City
AddisonState
ILZip Code
60101-7200

Purpose of Disbursement

Postage Meter Rental

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BF23B76E54

Amount of Each Disbursement this Period

227.02

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

508.02

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

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

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BE1BAA3B17

Amount of Each Disbursement this Period

53.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B01FAD28C3

Amount of Each Disbursement this Period

793.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B70014E1B6

Amount of Each Disbursement this Period

297.03

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

1143.76

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)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BFFE7A7723

Amount of Each Disbursement this Period

165.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BDC3DD746F

Amount of Each Disbursement this Period

594.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B9685C60F4

Amount of Each Disbursement this Period

99.44

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

859.07

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

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : BD219E7E3B

Amount of Each Disbursement this Period

158.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B5AE5509E5

Amount of Each Disbursement this Period

266.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : BB3FD05867

Amount of Each Disbursement this Period

583.04

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

1008.22

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

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : BFBD9942E6

Amount of Each Disbursement this Period

288.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

NCGOP Digital Fundraising

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : B3E59C9842/

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B63881F230:

Amount of Each Disbursement this Period

281.72

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

4069.72

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

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

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B46912A24B

Amount of Each Disbursement this Period

183.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B950AC891C

Amount of Each Disbursement this Period

255.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BACDAA75F

Amount of Each Disbursement this Period

303.08

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

742.52

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

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : B36D80F8BE

Amount of Each Disbursement this Period

 184.35☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : B7C9B19B4E

Amount of Each Disbursement this Period

 232.02☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : B71F838955t

Amount of Each Disbursement this Period

 260.58☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

676.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 149 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : B48CB056FA

Amount of Each Disbursement this Period

[REDACTED] 163.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	8		2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : B4E87D71893

Amount of Each Disbursement this Period

[REDACTED] 406.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	9		2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : BFF27DB3A7

Amount of Each Disbursement this Period

[REDACTED] 206.62

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

[REDACTED] 776.29

[REDACTED]

**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 150 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : B2B20C7AB0

Amount of Each Disbursement this Period

92.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : B28CAE5D77

Amount of Each Disbursement this Period

152.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	2		2	0	2	5		

FEC Identification Number

C

Transaction ID : B70F687C65

Amount of Each Disbursement this Period

90.44

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

335.10

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : B1E53EE993

Amount of Each Disbursement this Period

546.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : BD5939EA70I

Amount of Each Disbursement this Period

315.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : B042BABE9I

Amount of Each Disbursement this Period

135.63

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

997.19

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 152 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : BAF678306E!

Amount of Each Disbursement this Period

117.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : B8E1EE39594

Amount of Each Disbursement this Period

122.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : B46D47A223

Amount of Each Disbursement this Period

51.97

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

291.46

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 153 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : B9F2060788E

Amount of Each Disbursement this Period

179.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frontline Strategies LLC

Mailing Address 4 Holly Ln

City
MohntonState
PAZip Code
19540-8643

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : BA1C5DA06E

Amount of Each Disbursement this Period

720.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hampton Inn

Mailing Address 244 Cunningham Rd

City
FranklinState
NCZip Code
28734-7576

Purpose of Disbursement

Hotel Room for Staff

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	2			2	0	2	5		

FEC Identification Number

C

Transaction ID : B92CD68FDI

Amount of Each Disbursement this Period

154.55

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1055.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 154 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Hampton Inn

Mailing Address 244 Cunningham Rd

City
FranklinState
NCZip Code
28734-7576

Purpose of Disbursement

Hotel Room for Staff

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	2		2	0	2	5		

FEC Identification Number

C

Transaction ID : B850961D99f

Amount of Each Disbursement this Period

154.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hampton Inn

Mailing Address 1550 Andrews Rd

City
MurphyState
NCZip Code
28906-5113

Purpose of Disbursement

Hotel Room for Staff

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : B3A5D503CB

Amount of Each Disbursement this Period

214.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hampton Inn

Mailing Address 1550 Andrews Rd

City
MurphyState
NCZip Code
28906-5113

Purpose of Disbursement

Hotel Room for Staff

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : B76FE08E6D

Amount of Each Disbursement this Period

219.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

588.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Jason Simmons

Mailing Address 3737 Jordan Shires Dr

City
New HillState
NCZip Code
27562-9334

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : B64430771EF

Amount of Each Disbursement this Period

1737.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jason Simmons

Mailing Address 3737 Jordan Shires Dr

City
New HillState
NCZip Code
27562-9334

Purpose of Disbursement

Mileage & See Below

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : BA3F6713021

Amount of Each Disbursement this Period

934.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. T-Mobile

Mailing Address PO Box 660252

City
DallasState
TXZip Code
75266-0252

Purpose of Disbursement

Cell Phone Charges

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : B96C896829

Amount of Each Disbursement this Period

100.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2671.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Jason Simmons

Mailing Address 3737 Jordan Shires Dr

City
New HillState
NCZip Code
27562-9334

Purpose of Disbursement

Mileage & See Below

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : B7913E9BBE

Amount of Each Disbursement this Period

629.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Car Rental

Mailing Address 1750 E International Dr

City
MorrisvilleState
NCZip Code
27560-7689

Purpose of Disbursement

Car Rental

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : B31242E5384

Amount of Each Disbursement this Period

390.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Simmons

Mailing Address 3737 Jordan Shires Dr

City
New HillState
NCZip Code
27562-9334

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : B0E4E1ADD!

Amount of Each Disbursement this Period

1737.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2366.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. MailChimp

Mailing Address 512 Means St NW

City
AtlantaState
GAZip Code
30318-5798

Purpose of Disbursement

Email Distribution

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : BEFD053957

Amount of Each Disbursement this Period

340.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matt Mercer

Mailing Address 1000 Foggy Point Trl

City
KnightdaleState
NCZip Code
27545-5150

Purpose of Disbursement

See Below

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : B9DF93BAB0

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 660108

City
DallasState
TXZip Code
75266-0108

Purpose of Disbursement

Cell Phone Charges

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : BC5C652D1C

Amount of Each Disbursement this Period

100.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

440.00

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:
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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Matt Mercer

Mailing Address 1000 Foggy Point Trl

City
KnightdaleState
NCZip Code
27545-5150

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : B2BB3C8386

Amount of Each Disbursement this Period

573.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matt Mercer

Mailing Address 1000 Foggy Point Trl

City
KnightdaleState
NCZip Code
27545-5150

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : BC35ECE247

Amount of Each Disbursement this Period

2092.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matt Mercer

Mailing Address 1000 Foggy Point Trl

City
KnightdaleState
NCZip Code
27545-5150

Purpose of Disbursement

Mileage & See Below

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : B7717C8110

Amount of Each Disbursement this Period

380.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3045.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 660108

City
DallasState
TXZip Code
75266-0108

Purpose of Disbursement

Cell Phone Charges

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : BAB8C60150

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Matt Mercer

Mailing Address 1000 Foggy Point Trl

City
KnightdaleState
NCZip Code
27545-5150

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B4F8714D40C

Amount of Each Disbursement this Period

573.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matt Mercer

Mailing Address 1000 Foggy Point Trl

City
KnightdaleState
NCZip Code
27545-5150

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B9C5AA3CE

Amount of Each Disbursement this Period

2092.62

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2665.80

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Matthew Judge

Mailing Address 4320 Calvet Court

City
CharlotteState
NCZip Code
28210-4197

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : B0D997F1804

Amount of Each Disbursement this Period

3122.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew Judge

Mailing Address 4320 Calvet Court

City
CharlotteState
NCZip Code
28210-4197

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : BCCAF1A2E9

Amount of Each Disbursement this Period

3122.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Moore, A Series LLCMailing Address 4200 Parliament Pl
Ste 300City
LanhamState
MDZip Code
20706-1833

Purpose of Disbursement

Donor Direct Mail Expense

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : BC12C66A5E

Amount of Each Disbursement this Period

629.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6875.23

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
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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mort's, Inc.

Mailing Address PO Box 27531

City
RaleighState
NCZip Code
27611-7531

Purpose of Disbursement

Design/Create Awards for NCGOP Volunteers

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : B7D0331B94

Amount of Each Disbursement this Period

[REDACTED] 1659.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. William R. Miller

Mailing Address 3024 Commonwealth Ave

City
CharlotteState
NCZip Code
28205-6946

Purpose of Disbursement

Chair Executive Committee Meeting

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	8			2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : BABB8B7607

Amount of Each Disbursement this Period

[REDACTED] 700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mutual of Omaha

Mailing Address PO Box 2147

City
OmahaState
NEZip Code
68103-2147

Purpose of Disbursement

Employee Insurance

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	3			2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : B6D05973BE

Amount of Each Disbursement this Period

[REDACTED] 305.79

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

[REDACTED] 2664.95

[REDACTED]

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mutual of Omaha

Mailing Address PO Box 2147

City
Omaha

State
NE

Zip Code
68103-2147

Purpose of Disbursement

Employee Insurance

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 25 / 2025

FEC Identification Number

C

Transaction ID : B959DD2D0E

Amount of Each Disbursement this Period

473.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NC Department of Agriculture

Mailing Address 1010 Mail Service Ctr

City
Raleigh

State
NC

Zip Code
27699-1000

Purpose of Disbursement

Parking for Staff

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2025

FEC Identification Number

C

Transaction ID : BC6C8B018F

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Newby, Sarah, , ,

Mailing Address 4021 Booker Oak Circle
Apt 204

City
Raleigh

State
NC

Zip Code
27612-8075

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 14 / 2025

FEC Identification Number

C

Transaction ID : B4E96E38EF

Amount of Each Disbursement this Period

2215.36

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2690.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Newby, Sarah, , ,Mailing Address 4021 Booker Oak Circle
Apt 204City
RaleighState
NCZip Code
27612-8075

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : BEFA38C09E

Amount of Each Disbursement this Period

2215.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Olivia Stone

Mailing Address 525 Ashpole Church Road

City
RowlandState
NCZip Code
28383-7066

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : B2DE6629A6I

Amount of Each Disbursement this Period

1501.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Olivia Stone

Mailing Address 525 Ashpole Church Road

City
RowlandState
NCZip Code
28383-7066

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : B1747056A7I

Amount of Each Disbursement this Period

1501.02

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5217.40

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 164 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. PAC Management ServicesMailing Address 10521 Judicial Dr
Ste 200ACity
FairfaxState
VAZip Code
22030

Purpose of Disbursement

Compliance Services

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : B150421024C

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Precision Marketing, Inc.

Mailing Address 2503D N Harrison St

City
ArlingtonState
VAZip Code
22207-1640

Purpose of Disbursement

Direct Mail Expense

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : B1811A88639

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Precision Marketing, Inc.

Mailing Address 2503D N Harrison St

City
ArlingtonState
VAZip Code
22207-1640

Purpose of Disbursement

Direct Mail Expense

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : B170DC7F73

Amount of Each Disbursement this Period

2509.08

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11259.08

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 165 OF 193

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Preferred Communications

Mailing Address 4804 Eagle Feather Drive

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	5		2	0	2	5		

City
AustinState
TXZip Code
78735-6471

FEC Identification Number

C

Transaction ID : B2F1D9F1F4

Amount of Each Disbursement this Period

1350.00

☐ Memo Item

Purpose of Disbursement

Direct Mail Expense

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. RDU Airport Authority

Mailing Address 1000 Trade Dr

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

City
MorrisvilleState
NCZip Code
27560

FEC Identification Number

C

Transaction ID : B7A0F5E477

Amount of Each Disbursement this Period

105.00

☐ Memo Item

Purpose of Disbursement

Parking for Staff

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Real Time PaymentMailing Address 114 Avenue of the Americas
FI 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	2		2	0	2	5		

City
New YorkState
NYZip Code
10013-1607

FEC Identification Number

C

Transaction ID : B51D87B57F

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Purpose of Disbursement

Processing Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1456.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 166 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Real Time PaymentMailing Address 114 Avenue of the Americas
FI 17City
New YorkState
NYZip Code
10013-1607

Purpose of Disbursement

Processing Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : BEC916DC35

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Real Time PaymentMailing Address 114 Avenue of the Americas
FI 17City
New YorkState
NYZip Code
10013-1607

Purpose of Disbursement

Processing Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : B91F241EF99

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Real Time PaymentMailing Address 114 Avenue of the Americas
FI 17City
New YorkState
NYZip Code
10013-1607

Purpose of Disbursement

Processing Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : B39509AAE9

Amount of Each Disbursement this Period

1.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Real Time PaymentMailing Address 114 Avenue of the Americas
FI 17City
New YorkState
NYZip Code
10013-1607

Purpose of Disbursement

Processing Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : B173A30C9D

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Real Time PaymentMailing Address 114 Avenue of the Americas
FI 17City
New YorkState
NYZip Code
10013-1607

Purpose of Disbursement

Processing Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : B4A40223F4E

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Real Time PaymentMailing Address 114 Avenue of the Americas
FI 17City
New YorkState
NYZip Code
10013-1607

Purpose of Disbursement

Processing Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : B9F351258C

Amount of Each Disbursement this Period

1.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Real Time PaymentMailing Address 114 Avenue of the Americas
FI 17City
New YorkState
NYZip Code
10013-1607

Purpose of Disbursement

Processing Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : B2743B63E7I

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Real Time PaymentMailing Address 114 Avenue of the Americas
FI 17City
New YorkState
NYZip Code
10013-1607

Purpose of Disbursement

Processing Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : B3F6ABCF6E

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Real Time PaymentMailing Address 114 Avenue of the Americas
FI 17City
New YorkState
NYZip Code
10013-1607

Purpose of Disbursement

Processing Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : B3AE90070F

Amount of Each Disbursement this Period

1.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Real Time PaymentMailing Address 114 Avenue of the Americas
FI 17City
New YorkState
NYZip Code
10013-1607

Purpose of Disbursement

Processing Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		2	6		2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : BA80DF171F

Amount of Each Disbursement this Period

[REDACTED] 1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Real Time PaymentMailing Address 114 Avenue of the Americas
FI 17City
New YorkState
NYZip Code
10013-1607

Purpose of Disbursement

Processing Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		2	8		2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : B83AAE9278I

Amount of Each Disbursement this Period

[REDACTED] 1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Republican National Committee

Mailing Address 310 1st St SE

City
WashingtonState
DCZip Code
20003-1885

Purpose of Disbursement

Registration for Meeting

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	2		2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : B47611EEA9

Amount of Each Disbursement this Period

[REDACTED] 175.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

[REDACTED] 177.00

[REDACTED]

**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 170 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. RMET List Co.

Mailing Address PO Box 1006

City
PortsmouthState
NHZip Code
03802-1006

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : BFE103771C1

Amount of Each Disbursement this Period

125.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RMET List Co.

Mailing Address PO Box 1006

City
PortsmouthState
NHZip Code
03802-1006

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : BCC7A2A477

Amount of Each Disbursement this Period

192.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RMET List Co.

Mailing Address PO Box 1006

City
PortsmouthState
NHZip Code
03802-1006

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : BB067A3AE:

Amount of Each Disbursement this Period

17.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

335.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 171 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. RMET List Co.

Mailing Address PO Box 1006

City
PortsmouthState
NHZip Code
03802-1006

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : B0E1DE7B6E

Amount of Each Disbursement this Period

21.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RMET List Co.

Mailing Address PO Box 1006

City
PortsmouthState
NHZip Code
03802-1006

Purpose of Disbursement

Digital Fundraising Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	2		2	0	2	5		

FEC Identification Number

C

Transaction ID : B529F24CF35

Amount of Each Disbursement this Period

4.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sam Jones BBQ

Mailing Address 502 W Lenoir St

City
RaleighState
NCZip Code
27601-2132

Purpose of Disbursement

Lunch for Staff

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : BE059205DE

Amount of Each Disbursement this Period

234.37

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

259.87

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Sam Jones BBQ

Mailing Address 502 W Lenoir St

City
RaleighState
NCZip Code
27601-2132

Purpose of Disbursement

Lunch for Staff

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : B6826D27443

Amount of Each Disbursement this Period

100.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Samantha MooreMailing Address 1922 Stonehenge Dr
Apt 56City
GreenvilleState
NCZip Code
27858-5075

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : B446D0B0A61

Amount of Each Disbursement this Period

46.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Samantha MooreMailing Address 1922 Stonehenge Dr
Apt 56City
GreenvilleState
NCZip Code
27858-5075

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : B65E6ACC34

Amount of Each Disbursement this Period

138.53

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

285.09

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Staples Advantage

Mailing Address PO Box 105748

City
AtlantaState
GAZip Code
30348-5748

Purpose of Disbursement

Office Supplies

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : BEB4DDE25E

Amount of Each Disbursement this Period

37.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Staples Advantage

Mailing Address PO Box 105748

City
AtlantaState
GAZip Code
30348-5748

Purpose of Disbursement

Office Supplies

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : B8AE329023E

Amount of Each Disbursement this Period

156.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Valic

Mailing Address PO Box 301154

City
DallasState
TXZip Code
75303-1154

Purpose of Disbursement

Employee IRA Contribution

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : B766EFDA0F

Amount of Each Disbursement this Period

60.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

253.77

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 174 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Valic

Mailing Address PO Box 301154

City
DallasState
TXZip Code
75303-1154

Purpose of Disbursement

Employer IRA Contribution

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : BFF5C1BBD1

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Valic

Mailing Address PO Box 301154

City
DallasState
TXZip Code
75303-1154

Purpose of Disbursement

Employee IRA Contribution

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : BA91899BF6/

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Valic

Mailing Address PO Box 301154

City
DallasState
TXZip Code
75303-1154

Purpose of Disbursement

Employer IRA Contribution

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : B5A2F66D4A

Amount of Each Disbursement this Period

60.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

180.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Wiland, Inc.

Mailing Address PO Box 736849

City
DallasState
TXZip Code
75373-6849

Purpose of Disbursement

Donor Direct Mail Expense

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : BC20E7964A

Amount of Each Disbursement this Period

672.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : B2E98E1AE6I

Amount of Each Disbursement this Period

7.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		0	2		2	0	2	5		

FEC Identification Number

C

Transaction ID : B19FB2866A

Amount of Each Disbursement this Period

47.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

726.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 176 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : B3BE30B4F0

Amount of Each Disbursement this Period

24.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : B72AD18BDE

Amount of Each Disbursement this Period

23.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : B187A8816F

Amount of Each Disbursement this Period

34.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

82.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 177 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : BA50B60754

Amount of Each Disbursement this Period

11.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : B583E13B587

Amount of Each Disbursement this Period

16.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : BB64A5ADA

Amount of Each Disbursement this Period

36.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

64.29

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 178 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : B13947D532I

Amount of Each Disbursement this Period

38.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : BD463D1400I

Amount of Each Disbursement this Period

21.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : BF193BBD3I

Amount of Each Disbursement this Period

17.58

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

77.97

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 179 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2025			

FEC Identification Number

C

Transaction ID : B37A0615264

Amount of Each Disbursement this Period

18.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2025			

FEC Identification Number

C

Transaction ID : B9166D8AEC

Amount of Each Disbursement this Period

23.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2025			

FEC Identification Number

C

Transaction ID : B0227892AD

Amount of Each Disbursement this Period

41.17

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

82.61

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 180 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : BDA584BE71

Amount of Each Disbursement this Period

27.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : B1389B255A

Amount of Each Disbursement this Period

36.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : B5490F0A1A

Amount of Each Disbursement this Period

13.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

77.15

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 181 OF 193

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Transaction Dispute Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : BEE733F992/

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : B56C5D78D0/

Amount of Each Disbursement this Period

25.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : B6E0A21597

Amount of Each Disbursement this Period

22.28

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

62.73

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 182 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	0		2	0	2	5		

FEC Identification Number

C Transaction ID : B3C13EAA0F

Amount of Each Disbursement this Period

20.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	1		2	0	2	5		

FEC Identification Number

C Transaction ID : B2B4DF84EC

Amount of Each Disbursement this Period

21.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	2		2	0	2	5		

FEC Identification Number

C Transaction ID : BA47A AFC0I

Amount of Each Disbursement this Period

14.94

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

57.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 183 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : BE85822A2D

Amount of Each Disbursement this Period

27.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : B8E05BDA12

Amount of Each Disbursement this Period

18.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : B58342D706

Amount of Each Disbursement this Period

16.63

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

62.43

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 184 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Transaction Dispute Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : B412901777E

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : BDBE05455C

Amount of Each Disbursement this Period

18.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : BA5681BE77

Amount of Each Disbursement this Period

17.73

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

51.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 185 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : B0371FDD95

Amount of Each Disbursement this Period

11.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : B3F4DB1730I

Amount of Each Disbursement this Period

18.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209-2504

Purpose of Disbursement

Online Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B2D9981D1C

Amount of Each Disbursement this Period

52.21

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

82.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 186 OF 193

<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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Zach Eddinger

Mailing Address 227 competition road

City
RaleighState
NCZip Code
27603-1966

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : B526FE3B46

Amount of Each Disbursement this Period

[REDACTED] 387.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Zach Eddinger

Mailing Address 227 competition road

City
RaleighState
NCZip Code
27603-1966

Purpose of Disbursement

Payroll

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : B16CD0519D

Amount of Each Disbursement this Period

[REDACTED] 180.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Zoom

Mailing Address 55 Almaden Blvd

City
San JoseState
CAZip Code
95113-1608

Purpose of Disbursement

Video Software

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : B9CC4E458E

Amount of Each Disbursement this Period

[REDACTED] 444.93

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1012.88

107412.11

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 187 OF 193

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Bullock, Kathy, , ,

Mailing Address 13899 NE 220th St

City
ArcadiaState
OKZip Code
73007

Purpose of Disbursement

Partial Refund of 11/29/25 Contribution

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : BD0807A6911

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cotten-West, Kimberly, , ,

Mailing Address 378 Jordan Thick Rd

City
PlymouthState
NCZip Code
27962-9436

Purpose of Disbursement

Ret'd Ck 11/24/25

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : B80AC09AC3

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Graves, Rickie, , ,

Mailing Address 5330 Goshen rd lot 64

City
Fort WayneState
INZip Code
46818

Purpose of Disbursement

Partial Refund of 11/5/25 Contribution

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : B240C2C939

Amount of Each Disbursement this Period

1.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

377.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 188 OF 193

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Lewis, Nancy, , ,

Mailing Address 413 Browning Ave

City
JoannaState
SCZip Code
29351

Purpose of Disbursement

Refund of 10/30/25 Contribution

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : B46A5F918D

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lewis, Nancy, , ,

Mailing Address 413 Browning Ave

City
JoannaState
SCZip Code
29351

Purpose of Disbursement

Partial Refund of 10/30/25 Contribution

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : BA724A3B95

Amount of Each Disbursement this Period

0.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lonaberger, Michelle, , ,

Mailing Address 10074 N NC Highway 109

City
Winston SalemState
NCZip Code
27107-9266

Purpose of Disbursement

Partial Refund of 11/5/25 Contribution

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : BB443668C3

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

153.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 189 OF 193

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Patton, Donna, , ,

Mailing Address 1898 FM 211

City
WilsonState
TXZip Code
79381

Purpose of Disbursement

Partial Refund of 10/13/25 Contribution

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : B1905C1CCB

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Redfern, Kenneth, , ,

Mailing Address 6203 Skahan Lane

City
AustinState
TXZip Code
78739

Purpose of Disbursement

Partial Refund of 10/18/25 Contribution

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : BAD35B7D50

Amount of Each Disbursement this Period

5.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tan, Peiwen, , ,

Mailing Address 3323 N Park Ave

City
PhiladelphiaState
PAZip Code
19140

Purpose of Disbursement

Partial Refund of 11/16/25 Contribution

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : BD0E0C2375

Amount of Each Disbursement this Period

0.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6.31

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Upton, Billy, , ,

Mailing Address 2660 Laclede Ave

City
HenricoState
VAZip Code
23233

Purpose of Disbursement

Partial Refund of 10/8/25 Contribution

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : B4345842BCI

Amount of Each Disbursement this Period

2.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2.50

TOTAL This Period (last page this line number only).....▶

539.31

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Campaign Sidekick

Mailing Address 1550 Old Annetta Rd

City
Aledo

State
TX

Zip Code
76008-3855

Purpose of Disbursement

Mobile App Support

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2025

FEC Identification Number

C

Transaction ID : B1644E353E

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NationBuilder

Mailing Address 520 S Grand Ave

City
Los Angeles

State
CA

Zip Code
90071-2600

Purpose of Disbursement

Voter Data Development/Training

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2025

FEC Identification Number

C

Transaction ID : BE3C87C3F0

Amount of Each Disbursement this Period

5170.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7670.00

7670.00

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 192 OF 193

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

North Carolina Republican Party

NAME OF ACCOUNT

S

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
11 / 14 / 2025

TOTAL AMOUNT TRANSFERRED

9404.76

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

9404.76

Transaction ID : HB8781B9810344741A9C

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

9404.76

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred).....

9404.76

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 193 OF 193

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) Transaction ID : H1AAD76A16AFF41: <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Sheraton Greensboro Hotel			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3121 W Gate City Blvd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Greensboro	State NC	Zip Code 27407-4615	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Balance Owed for NCGOP Hall of Fame		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			351769.15	
Category/ Type		Date		
		11 / 24 / 2025		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
5188.85			19519.98	24708.83

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
State			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Zip Code			Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		<input type="text"/>		
Activity or Event Identifier:			Date	
Category/ Type		M M / D D / Y Y Y Y Y Y		
		11 / 24 / 2025		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
State			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Zip Code			Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		<input type="text"/>		
Activity or Event Identifier:			Date	
Category/ Type		M M / D D / Y Y Y Y Y Y		
		11 / 24 / 2025		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5188.85		19519.98		24708.83

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
5188.85		19519.98		24708.83