

# 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**  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

ADDRESS (number and street) **471 EAST BROAD STREET**  
**SUITE 1510**  
 Check if different than previously reported. (ACC) **COLUMBUS** **OH** **43215**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** **C00162339** 3. IS THIS REPORT  NEW (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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 **REDDEN, DIANE, CUNNINGHAM, ,**

Signature of Treasurer **REDDEN, DIANE, CUNNINGHAM, ,** Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2025"/>		1063189.91
(b) Cash on Hand at Beginning of Reporting Period.....	1062348.46	
(c) Total Receipts (from Line 19) .....	183272.35	1646923.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1245620.81	2710113.37
7. Total Disbursements (from Line 31).....	123689.94	1588182.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1121930.87	1121930.87
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

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

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).....	50035.00	566867.95
(ii) Unitemized .....	19513.00	248313.31
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	69548.00	815181.26
(b) Political Party Committees .....	0.00	23525.00
(c) Other Political Committees (such as PACs).....	0.00	34825.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	69548.00	873531.26
12. Transfers From Affiliated/Other Party Committees.....	65278.12	680561.63
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	7992.02
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	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	48446.23	84838.55
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	48446.23	84838.55
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	183272.35	1646923.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	134826.12	1562084.91

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	48446.17	83286.66
(ii) Non-Federal Share.....	12878.10	22139.49
(b) Other Federal Operating Expenditures .....	62365.67	1406237.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	123689.94	1511663.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	250.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	76268.70
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	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 .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	123689.94	1588182.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110811.84	1566043.01

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	69548.00	873531.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69548.00	873531.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	110811.84	1489524.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	7992.02
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	110811.84	1481532.29

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

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

FOR LINE NUMBER: PAGE 6 OF 87  
(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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. GROSS, PAUL, J., MR.,**  
 Mailing Address 1150 US HIGHWAY 42 SE  
 City LONDON State OH Zip Code 43140-8517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4445.00

Date of Receipt 12 / 01 / 2025  
**Transaction ID : SA11A.1820314**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. GROSS, PAUL, J., MR.,**  
 Mailing Address 1150 US HIGHWAY 42 SE  
 City LONDON State OH Zip Code 43140-8517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4445.00

Date of Receipt 12 / 01 / 2025  
**Transaction ID : SA11A.1820315**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. HILL, KIRSTEN, , ,**  
 Mailing Address 44905 N RIDGE RD  
 City AMHERST State OH Zip Code 44001-1263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 01 / 2025  
**Transaction ID : SA11A.1820318**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 87
<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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. PIERCE, GENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 359 E LONGVIEW AVE  
 City COLUMBUS State OH Zip Code 43202-1254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PIERCE COMMUNICATIONS Occupation (for Individual) ADVERTISING  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 01 / 2025  
**Transaction ID : SA11A.1820309**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. ROEGNER, KRISTINA, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1556 E HINES HILL ROAD  
 City HUDSON State OH Zip Code 44236-1634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE OF OHIO Occupation (for Individual) STATE SENATOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 01 / 2025  
**Transaction ID : SA11A.1820319**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. TIMKEN, JANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6559 HILLS AND DALES RD NW  
 City CANTON State OH Zip Code 44708-1121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 12 / 01 / 2025  
**Transaction ID : SA11A.1820317**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. VARNER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1498 FOLK REAM RD  
 City NEW CARLISLE State OH Zip Code 45344-9164  
 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 ▼ 6000.00

Date of Receipt 12 / 01 / 2025  
**Transaction ID : SA11A.1820311**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 31214.96

Date of Receipt 12 / 01 / 2025  
**Transaction ID : SA11C.1820321**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. PATRY, SIMON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1720 GREENBRIAR DRIVE  
 City TROY State OH Zip Code 45373-9524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DYSINGER PATRY, LLC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 01 / 2025  
**Transaction ID : SA11A.1820322**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ADVISORS, SHUMAKER, , ,**

Mailing Address 41 S HIGH ST STE 2400

City COLUMBUS	State OH	Zip Code 43215-6150
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SHUMAKER ADVISORS, LLC	Occupation (for Individual) GOVERNMENT AFFAIRS
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2025

**Transaction ID : SA11A.1820329**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ANDERSON, MICHELLE, , ,**

Mailing Address 283 THAMES COURT

City LONDON	State OH	Zip Code 43140-9519
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2025

**Transaction ID : SA11A.1820330**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. HAWK, DAPHNE, , ,**

Mailing Address 2374 WHITE RD.

City GROVE CITY	State OH	Zip Code 43123-3629
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JACKSON CO.	Occupation (for Individual) REALTOR
--	--

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
12		02		2025

**Transaction ID : SA11A.1820326**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 87  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. HEDRICK, STERLING, , ,**  
 Mailing Address 1206 ROCK MILL DR  
 City BLACKLICK    State OH    Zip Code 43004-6055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COLUMBUS ARTHRITIS CENTER    Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2025  
**Transaction ID : SA11A.1820327**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. MENGEL, PETER, , ,**  
 Mailing Address 7816 RED FOX TRL  
 City MORROW    State OH    Zip Code 45152-7305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MICRONET    Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5500.00

Date of Receipt 12 / 02 / 2025  
**Transaction ID : SA11A.1820324**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. SINGH, AKASH, , ,**  
 Mailing Address 3395 RIVERWOOD CT  
 City PERRYSBURG    State OH    Zip Code 43551-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GAS & EXPRESS MARTS    Occupation (for Individual) VP  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 02 / 2025  
**Transaction ID : SA11A.1820323**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 87  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. STEVENS, JOE, , ,**  
 Mailing Address **2432 LANDINGS WAY**  
 City **GROVE CITY** State **OH** Zip Code **43123-9449**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **ROETZEL & ANDRESS** Occupation (for Individual) **GOV'T AFFAIRS DIRECTOR**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 02 / 2025**  
**Transaction ID : SA11A.1820325**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. GRANT, PATSY, , ,**  
 Mailing Address **750 S MCCORD RD**  
**118**  
 City **HOLLAND** State **OH** Zip Code **43528-9424**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **UNEMPLOYED** Occupation (for Individual) **UNEMPLOYED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **12 / 03 / 2025**  
**Transaction ID : SA11A.1820339**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. RANKIN, SARAH, , ,**  
 Mailing Address **418 E INDIANA AVE**  
 City **PERRYSBURG** State **OH** Zip Code **43551-2211**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **MELALEUCA** Occupation (for Individual) **SELF**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 03 / 2025**  
**Transaction ID : SA11A.1820340**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 87
	<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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. GOTTIPATI, VENKAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 COWBOYS WAY  
 300  
 City FRISCO State TX Zip Code 75034-2074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAND STAR REAL ESTATE Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 04 / 2025  
**Transaction ID : SA11A.1820357**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 31214.96

Date of Receipt 12 / 06 / 2025  
**Transaction ID : SA11C.1820372**  
 Amount of Each Receipt this Period 285.00  
 Memo Item  
**CONTRIBUTION**  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. ENGLISH, STEVEN, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1816 UPPER CHELSEA ROAD  
 City COLUMBUS State OH Zip Code 43212-1938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NATIONWIDE Occupation (for Individual) SVP, EXTERNAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2025  
**Transaction ID : SA11A.1820373**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. DEVER, JONATHAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 E. 5TH ST.  
 STE. 1900  
 City CINCINNATI State OH Zip Code 45202-4720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 08 / 2025  
**Transaction ID : SA11A.1820380**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**B. O'DONNELL, COLLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1160 GLENN AVENUE  
 City COLUMBUS State OH Zip Code 43212-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FRANKLIN COUNTY COMMON PLEAS COURT Occupation (for Individual) JUDGE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 08 / 2025  
**Transaction ID : SA11A.1820381**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
**CONTRIBUTION**

**C. MATHEWS, TY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 323 S MAIN ST  
 STE 302  
 City FINDLAY State OH Zip Code 45840-3327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OHIO HOUSE OF REPRESENTATIVES Occupation (for Individual) STATE REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt 12 / 09 / 2025  
**Transaction ID : SA11A.1820398**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 14 OF 87  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. RAJADHYAKSHA, RAM, V., MR.,**  
 Mailing Address P.O. BOX 1131  
 City WORTHINGTON State OH Zip Code 43085-1131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DLZ CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 09 / 2025  
**Transaction ID : SA11A.1820397**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ANDERSON, CRAIG, W., DR.,**  
 Mailing Address 2370 ONANDAGA DR  
 City COLUMBUS State OH Zip Code 43221-3618  
 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 ▼ 2000.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820431**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. AQUILLO, ANN, , ,**  
 Mailing Address 10736 NEW CASTLE PL.  
 City POWELL State OH Zip Code 43065-7973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCOTTS MIRACLE GRO Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820460**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 15 OF 87
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. BERK, JADEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1085 EAGLE TRACE ST NE  
 City WARREN State OH Zip Code 44484-6710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EXPRESS Occupation (for Individual) STORE ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820403**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. BOYLAN, RICHARD, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8199 WINCHCOMBE DRIVE  
 City DUBLIN State OH Zip Code 43016-8270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820444**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**C. BRUMBAUGH, SHERRI, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6830 TR 135  
 9291 COUNTY ROAD 313  
 City FINDLAY State OH Zip Code 45840-9005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GARNER TRUCKING INC Occupation (for Individual) SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820441**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. CAMPBELL, GINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12333 CO. RD. 216  
 City FINDLAY State OH Zip Code 45840-9719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VAN BURTON HIGH SCHOOL Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820446**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. CARTER, DANIEL, , MR. ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30651 BROOKWOOD DRIVE  
 City PEPPER PIKE State OH Zip Code 44124-5422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUCKLEY , KING & BLUSO Occupation (for Individual) ATTORNEY AT LAW  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820448**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. CONNER, WILLIS, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2550 CORPORATE EXCHANGE DRIVE, STE  
 City COLUMBUS State OH Zip Code 43231-1660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN CONSULTING, INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820455**  
 Amount of Each Receipt this Period 750.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 17 OF 87  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. COREY, DAVID, P., ,**

Mailing Address **3757 INDIANOLA AVENUE**

City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43214-3753</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PACA INC</b>	Occupation (for Individual) <b>ASSOC MGMT</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**12 / 10 / 2025**

**Transaction ID : SA11A.1820430**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. FLOCK, EVELYN, ADELE, MS,**

Mailing Address **1806 WESTLAKE DR**

City <b>SIDNEY</b>	State <b>OH</b>	Zip Code <b>45365-8108</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt  
**12 / 10 / 2025**

**Transaction ID : SA11A.1820421**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. FUTSCHER, ALAN, A., ,**

Mailing Address **9734 ROSS AVE**

City <b>MONTGOMERY</b>	State <b>OH</b>	Zip Code <b>45242-7125</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>CDC DISTRIBUTIONS INC.</b>	Occupation (for Individual) <b>CEO</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**6000.00**

Date of Receipt  
**12 / 10 / 2025**

**Transaction ID : SA11A.1820422**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. HAWKINS, DANIEL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8119 BARLOW ROAD  
 City WESTERVILLE State OH Zip Code 43081-8502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FRANKLIN COURT OF COMMON PLEASE Occupation (for Individual) JUDGE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820453**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. HILLIS, RICHARD, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 S HIGH STREET STE. 245  
 City COLUMBUS State OH Zip Code 43215-3413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) R H RESOURCES Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3561.20

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820458**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. KILBOURNE, HARRY, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2434 CYPRESS POINT RD  
 City GROVE CITY State OH Zip Code 43123-7663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820419**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 19 OF 87
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. KIMBLE, CHRISTOPHER, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1935 GORDON RD. NW  
 City DOVER State OH Zip Code 44622-7740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KIMBLE COMPANIES Occupation (for Individual) RECYCLING  
 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  
 12 / 10 / 2025  
**Transaction ID : SA11A.1820434**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MARCHBANKS, JACK, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 N OHIO AVE  
 City COLUMBUS State OH Zip Code 43203-1949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADMINISTRATOR Occupation (for Individual) STATE OF OHIO  
 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  
 12 / 10 / 2025  
**Transaction ID : SA11A.1820426**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MCKEE, ROZLAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 399 TRAIL WEST  
 City PATASKALA State OH Zip Code 43062-8030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2025  
**Transaction ID : SA11A.1820436**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 20 OF 87  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. ODIOSO, LESLIE, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6073 GARDEN VIEW COURT  
 City CINCINNATI    State OH    Zip Code 45247-5780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROBERT E CARROLL, CPA    Occupation (for Individual) ADMINISTRATIVE ASSISTANT  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820425**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. PELL, TY, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 EAST MAIN STREET  
 City WEST UNION    State OH    Zip Code 45693-1301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS    Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820439**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**C. PLATT, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 268  
 City BASCOM    State OH    Zip Code 44809-0268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS    Occupation (for Individual) TEENAGE REPUBLICANS  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820435**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. POPHAM, KEVIN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3950 RYLELAND CT.  
 City POWELL State OH Zip Code 43065-7781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE OF OHIO Occupation (for Individual) JUDGE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820423**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**B. REED, FRANK, J., MR., JR. ESQ.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 WEST BROAD STREET STE 2300  
 City COLUMBUS State OH Zip Code 43215-3484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FROST BROWN & TODD Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820443**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

**C. VAN NESS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5571 FRAZER AVE NW  
 City NORTH CANTON State OH Zip Code 44720-4039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820429**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. VOGEL, A., FRED, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2198 TROPHY DRIVE  
 City MARYSVILLE State OH Zip Code 43040-7090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OHIO DEPT. OF TRANSPORTATION Occupation (for Individual) REGIONAL MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820440**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**B. VONTZ MILLER, CAROL, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3629 RED OAK RD  
 City OREGONIA State OH Zip Code 45054-9763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820420**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**C. WARD, BONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1757 COAL DOCK RD  
 City WAVERLY State OH Zip Code 45690-9744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WAVERLY CITY SCHOOLS Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11A.1820417**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 87

(check only one)

11a     11b     11c     12

13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. PUBLIC SECTOR CONSULTING LLC**

Mailing Address **372 DAY LIGHT LANE**

City **POWELL**    State **OH**    Zip Code **43065-8212**

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 ▼  
**2500.00**

Date of Receipt  
**12 / 10 / 2025**

**Transaction ID : SA11A.1820449**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ADAMS, MICHAEL, , MR.,**

Mailing Address **2735 NEEDMORE RD**

City **DAYTON**    State **OH**    Zip Code **45414-4207**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)    Occupation (for Individual)  
**ADAMS ROBINSON ENTERPRISES, INC.    BUSINESS OWNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3000.00**

Date of Receipt  
**12 / 12 / 2025**

**Transaction ID : SA11A.1820652**

Amount of Each Receipt this Period  
**1500.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. AIMAN, SCOTT, A., MR.,**

Mailing Address **P.O. BOX 646**

City **LANCASTER**    State **OH**    Zip Code **43130-0646**

FEC 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 ▼  
**1000.00**

Date of Receipt  
**12 / 12 / 2025**

**Transaction ID : SA11A.1820511**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 87
<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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. BAIRD, DELORES, A., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 COLONY PARK DRIVE  
 City TROY State OH Zip Code 45373-2514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MIAMI COUNTY Occupation (for Individual) COMMISSIONER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820651**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. BALDWIN, WAYNE, K., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3939 ERIE AVE APT 211  
 City CINCINNATI State OH Zip Code 45208-1913  
 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 12 / 12 / 2025  
**Transaction ID : SA11A.1820746**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. BERO, JAMES, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6600 N CLIPPINGER DR  
 City CINCINNATI State OH Zip Code 45243-3211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820750**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. BIXLER, DALTON, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1216 FORREST RIDGE DR  
 City DOVER State OH Zip Code 44622-1353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820661**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**B. BROWN, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 WHALEY RD  
 City NEW CARLISLE State OH Zip Code 45344-9700  
 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 ▼ 310.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820662**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**

**C. CAPUTO, MICHAEL, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24956 LETCHWORTH RD.  
 City BEACHWOOD State OH Zip Code 44122-4151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820590**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 87
	<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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. CHISHOLM, GERTRUDE, K., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20926 BRANTLEY RD  
 City SHAKER HEIGHTS    State OH    Zip Code 44122-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820663**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**B. CRAWFORD, JOHN, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 PORTER ORCHARD LN  
 City HOPEWELL    State OH    Zip Code 43746-9760  
 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 12 / 12 / 2025  
**Transaction ID : SA11A.1820672**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**C. DROBNACK, MICHAEL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25144 COUNTY RD. 24  
 City COSHOCTON    State OH    Zip Code 43812-9719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820572**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. EBOH, NOEL, N., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1150 RETREAT LANE  
 City MARION State OH Zip Code 43302-6793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820514**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
**CONTRIBUTION**

**B. GEBHARDT, DALE, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1055 YORKSHIRE CT NE  
 City WARREN State OH Zip Code 44484-3976  
 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 ▼ 310.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820647**  
 Amount of Each Receipt this Period 310.00  
 Memo Item  
**CONTRIBUTION**

**C. GLOVER, ROBERT, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6236 OLD FOREST DR.  
 City MAINEVILLE State OH Zip Code 45039-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820520**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	435.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 28 OF 87
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. GONCY, BILL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6546 OLDE EIGHT RD.  
 City PENINSULA State OH Zip Code 44264-9793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820748**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 CONTRIBUTION

**B. GOTTSCHALK, NANCY, R., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3939 ERIE AVE APT. 1060  
 City CINCINNATI State OH Zip Code 45208-1969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820788**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**C. HAGEN, JOHN, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 JACKSON STREET  
 City SOUTH WEBSTER State OH Zip Code 45682-9059  
 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 12 / 12 / 2025  
**Transaction ID : SA11A.1820571**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 87
	<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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. HART, JOHN, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 KNOLLWOOD DR  
 City OXFORD State OH Zip Code 45056-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820599**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. HARVEY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1828 CUMBERLAND CRST.  
 City HEATH State OH Zip Code 43056-1787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820543**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. HERMILLER, DAVID, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 109  
 City GLANDORF State OH Zip Code 45848-  
 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 ▼ 270.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820673**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. HUGHES, GREGORY, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2719 TIHART WAY  
 City BEAVERCREEK State OH Zip Code 45430-1943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820649**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. IRWIN, WAYNE, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6608 MCCUTCHEONVILLE RD  
 City WAYNE State OH Zip Code 43466-  
 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 12 / 12 / 2025  
**Transaction ID : SA11A.1820576**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**C. KAESGEN, DIETERICH, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19460 FRAZIER DR  
 City ROCKY RIVER State OH Zip Code 44116-1727  
 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 ▼ 4900.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820772**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. KANKEY, ROLAND, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 CIMMARON TRL  
 City ENON State OH Zip Code 45323-1653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820762**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

**B. KIMBLE, GREGORY, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4653 OLD ROUTE 39 N.W.  
 City DOVER State OH Zip Code 44622-7775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KIMBLE COMPANY Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820635**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**C. KULIKOWSKI, RONALD, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1499 CHESTERLAND AVE  
 City LAKEWOOD State OH Zip Code 44107-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820618**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	730.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 87  
(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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. KULPER, BENJAMIN, J., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 749 SHADOWOOD LN. SE

City WARREN	State OH	Zip Code 44484-2442
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : SA11A.1820636**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

**B. LANE, ROBERT, E., MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3215 BELMONT PL SW

City CANTON	State OH	Zip Code 44710-2217
----------------	-------------	------------------------

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 ▼  
285.00

Date of Receipt  

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

**Transaction ID : SA11A.1820739**

Amount of Each Receipt this Period  
55.00

Memo Item  
CONTRIBUTION

**C. LEONARD, JAMES, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 1/2 S MAIN ST

City MANSFIELD	State OH	Zip Code 44907-5005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WAL-MART STORES	Occupation (for Individual) CLERK/CASHIER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

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

**Transaction ID : SA11A.1820616**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 33 OF 87
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. LESLIE, JAMES, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12655 COUNTY HIGHWAY 64  
 City UPPER SANDUSKY State OH Zip Code 43351-9522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WAYNE COUNTY Occupation (for Individual) COMMISSIONER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820669**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. LONG, RICK, L., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4975 DUBLIN RD  
 City DUBLIN State OH Zip Code 43017-4314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CENTRAL OHIO PRIMARY CARE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820770**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MACDOUGALL, ROBERT, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 133 NANTUCKET CIR.  
 City PAINESVILLE State OH Zip Code 44077-1549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820639**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. MAGNUSSEN, JAMES, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 1ST AVE  
 City GALLIPOLIS State OH Zip Code 45631-1127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820558**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. MARHEFKA, BRUCE, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31366 ACKER RD.  
 City KENSINGTON State OH Zip Code 44427-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820493**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**C. MYER, DAVID, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26856 SENTRY LN.  
 City WESTLAKE State OH Zip Code 44145-1449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INSURANCE SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820623**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. REIF, BARBARA, A., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6720 POWNER FARM DR  
 City CINCINNATI State OH Zip Code 45248-2974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2025  
**Transaction ID : SA11A.1820761**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**

**B. RENTZ, JAMES, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1019 HOMESTEAD DR  
 City COLDWATER State OH Zip Code 45828-2010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2025  
**Transaction ID : SA11A.1820677**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item  
**CONTRIBUTION**

**C. ROBINSON, SAM, , , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2663 BLUEFLAG ST.  
 City TIPP CITY State OH Zip Code 45371-1298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2025  
**Transaction ID : SA11A.1820583**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. ROTH, MARTHA, P., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7370 APPLERIDGE CT  
 City CINCINNATI State OH Zip Code 45247-5031  
 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 ▼ 415.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820679**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
**CONTRIBUTION**

**B. RUSSELL, JUDITH, A., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6735 SWISSWAY DR.  
 City DAYTON State OH Zip Code 45459-1234  
 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 ▼ 435.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820479**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
**CONTRIBUTION**

**C. RUSSELL, JUDITH, A., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6735 SWISSWAY DR.  
 City DAYTON State OH Zip Code 45459-1234  
 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 ▼ 435.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820523**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 37 OF 87
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SCHROEDER, ROBERT, A., MR.,**

Mailing Address 2651 COUNTY ROAD 93

City GIBSONBURG	State OH	Zip Code 43431-9516
--------------------	-------------	------------------------

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 ▼  
210.00

Date of Receipt  

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

**Transaction ID : SA11A.1820680**

Amount of Each Receipt this Period  
55.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SCHROEDER, ROBERT, A., MR.,**

Mailing Address 2651 COUNTY ROAD 93

City GIBSONBURG	State OH	Zip Code 43431-9516
--------------------	-------------	------------------------

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 ▼  
210.00

Date of Receipt  

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

**Transaction ID : SA11A.1820707**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. SCHUMACHER, STEVEN, G., MR.,**

Mailing Address 4240 PENNY PIKE

City SPRINGFIELD	State OH	Zip Code 45502-8103
---------------------	-------------	------------------------

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 ▼  
235.00

Date of Receipt  

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

**Transaction ID : SA11A.1820604**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	205.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. SIMON, JAMES, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6900 MURRAY AVE.  
 City CINCINNATI State OH Zip Code 45227-3340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUSINESS INTELLIGENCE, INC. Occupation (for Individual) LICENSED PRIVATE INVESTIGATOR  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 275.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820775**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. SLUHAN, WILLIAM, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19337 TONTOGANY CREEK ROAD  
 City BOWLING GREEN State OH Zip Code 43402-8955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820694**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. SOMMER, JOHN, E., MR., SR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3466 GREEN DR.  
 City AKRON State OH Zip Code 44333-2410  
 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 12 / 12 / 2025  
**Transaction ID : SA11A.1820780**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 39 OF 87  
(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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. STEINER, EDWARD, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2624 HANDASYDE AVE.

City CINCINNATI	State OH	Zip Code 45208-2718
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SQUIRE PATTON BOGGS	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

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

**Transaction ID : SA11A.1820738**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. STRAIT, WILBUR, C., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 221 FOUNDERS CT

City COLUMBUS	State OH	Zip Code 43230-5076
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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 ▼  
6000.00

Date of Receipt  

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

**Transaction ID : SA11A.1820502**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**C. SWACK, BERNARD, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1873 EVLINE DRIVE

City MANSFIELD	State OH	Zip Code 44904-1722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

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

**Transaction ID : SA11A.1820813**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. SWORD, GWENDOLYN, A., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 277 PASADENA AVE  
 City COLUMBUS State OH Zip Code 43228-1148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820686**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**B. THOMAS, GREGORY, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1026 STEPHENS ROAD  
 City MAINEVILLE State OH Zip Code 45039-8663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820657**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**C. TRIMBLE, C., DAVID, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 E. PARK DR.  
 City GREENVILLE State OH Zip Code 45331-2360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAID RITE SANDWICH SHOPPE Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820589**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. VANSCOY, RANDALL, LEE, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5845 SAINT JACOBS LOGTOWN RD  
 City LISBON State OH Zip Code 44432-9317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PATH MASTER, INC. Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820790**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. WARGO, NANCY, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4314 ASHLAND AVE.  
 City LORAIN State OH Zip Code 44053-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820586**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. WORSTELL, JOHNATHAN, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1110 W LOVELAND AVE  
 City LOVELAND State OH Zip Code 45140-2151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 12 / 2025  
**Transaction ID : SA11A.1820658**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. ARMONAS, DALIA, N., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6765 N PALMERSTON DR  
 City MENTOR State OH Zip Code 44060-3978  
 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 12 / 16 / 2025  
**Transaction ID : SA11A.1820840**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**B. CARSTEN, PETER, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5058 E WATER ST.  
 City PORT CLINTON State OH Zip Code 43452-9782  
 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 ▼ 290.00

Date of Receipt 12 / 16 / 2025  
**Transaction ID : SA11A.1820826**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**C. ELSASSER, JON , T., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1074 HICKORY LANE  
 PO BOX 589  
 City ZOAR State OH Zip Code 44697-0589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 16 / 2025  
**Transaction ID : SA11A.1820846**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. FIELDING, JOHN, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2707 LILLY DRIVE  
 City ELIDA State OH Zip Code 45807-1442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 16 / 2025  
**Transaction ID : SA11A.1820855**  
 Amount of Each Receipt this Period 55.00  
 Memo Item  
**CONTRIBUTION**

**B. GALLINA, ANGELO, J., , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6142 WOODHALL DR.  
 City CINCINNATI State OH Zip Code 45247-6503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) C.P.A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 16 / 2025  
**Transaction ID : SA11A.1820856**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**C. JOHNSTON, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1690 ARTHUR DRIVE  
 City WOOSTER State OH Zip Code 44691-1538  
 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 12 / 16 / 2025  
**Transaction ID : SA11A.1820844**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. KERN, THOMAS, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1520 FINEFROCK RD  
 City FREMONT State OH Zip Code 43420-8779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STYLE CREST ENTERPRISES Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 16 / 2025  
**Transaction ID : SA11A.1820834**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. MORENO, ELIAS, B., , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1591 DIPLOMAT DR  
 City BEAVERCREEK State OH Zip Code 45432-2503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INSERSO CORPORATION Occupation (for Individual) BUSINESS ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 16 / 2025  
**Transaction ID : SA11A.1820829**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. PADUCHIK, ROBERT, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5573 SALEM DR.  
 City WESTERVILLE State OH Zip Code 43082-8034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 16 / 2025  
**Transaction ID : SA11A.1820843**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. SAMSON, DAVID, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3840 ARCADIA CIRCLE  
 City WILLOUGHBY State OH Zip Code 44094-7876  
 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 12 / 16 / 2025  
**Transaction ID : SA11A.1820850**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 31214.96

Date of Receipt 12 / 17 / 2025  
**Transaction ID : SA11C.1820871**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. JOHNSTON, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7038 COSIMO LN  
 City PICKERINGTON State OH Zip Code 43147-7999  
 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 12 / 17 / 2025  
**Transaction ID : SA11A.1820872**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. BAUMANN, MICHAEL, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2119 SANDOVER CT.  
 City COLUMBUS State OH Zip Code 43220-3072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 18 / 2025  
**Transaction ID : SA11A.1820887**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. BUTLER, JOHN, CHARLES, , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7575 OLD MILL ROAD P.O. BOX 477  
 City GATES MILLS State OH Zip Code 44040-9753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 18 / 2025  
**Transaction ID : SA11A.1820888**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**C. DI DONATO, LOUIS, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1021 W MILTON STREET  
 City ALLIANCE State OH Zip Code 44601-4619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 18 / 2025  
**Transaction ID : SA11A.1820884**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. KIMBLE, KATHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3509 STATE ROUTE 39 NW  
 City DOVER State OH Zip Code 44622-7232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KIMBLE COMPANY Occupation (for Individual) PROJECT MANAGER & DESIGNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 18 / 2025  
**Transaction ID : SA11A.1820893**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**B. MAGUIRE SCHNEIDER HASSAY LLP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1650 LAKE SHORE DR. STE. 150  
 City COLUMBUS State OH Zip Code 43204-4942  
 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 ▼ 2000.00

Date of Receipt 12 / 18 / 2025  
**Transaction ID : SA11A.1820889**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. THE CREDO COMPANY LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15154 RUSSELL ROAD  
 City CHAGRIN FALLS State OH Zip Code 44022-2659  
 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 ▼ 400.00

Date of Receipt 12 / 18 / 2025  
**Transaction ID : SA11A.1820883**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
**CONTRIBUTION**  
 SEE ATTRIBUTION BELOW

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. KOVEY, ROBERT, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 956 NEIL AVENUE  
 City COLUMBUS State OH Zip Code 43201-3435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KOVEY CONSULTING Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 18 / 2025  
**Transaction ID : SA11A.1820988**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 31214.96

Date of Receipt 12 / 20 / 2025  
**Transaction ID : SA11C.1820899**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. HOUSEMAN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1828 MAXFIELD DR  
 City COLUMBUS State OH Zip Code 43212-1803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HARROP INDUSTRIES, INC. Occupation (for Individual) C.E.O.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 20 / 2025  
**Transaction ID : SA11A.1820900**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. BOWERSOCK, KRISTI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1625 STONEWALL DR  
 City NEWARK State OH Zip Code 43055-1724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROWNS GATE ENTERPRISE Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 26 / 2025  
**Transaction ID : SA11A.1820919**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 31214.96

Date of Receipt 12 / 30 / 2025  
**Transaction ID : SA11C.1820925**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
**CONTRIBUTION**  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. ANDREWS, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1483 WOODWARD AVENUE,  
 City LAKEWOOD State OH Zip Code 44107-3631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIGHHOUSE SOLUTIONS Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 30 / 2025  
**Transaction ID : SA11A.1820926**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	50035.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 87
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. TEAM HUSTED**

Mailing Address **PO BOX 6290**

City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43206-0290</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00896928**

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**334551.45**

Date of Receipt  
**12 / 23 / 2025**

**Transaction ID : SA12.1820906**

Amount of Each Receipt this Period  
**39872.70**

Memo Item  
**TRANSFER**

**TRANSFER OF JOINT FUNDRAISING PROCEEDS**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. BATMASIAN, JAMES, H., ,**

Mailing Address **890 LAKE DRIVE**

City <b>BOCA RATON</b>	State <b>FL</b>	Zip Code <b>33432-6229</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>INVESTMENTS LIMITED</b>	Occupation (for Individual) <b>OWNER</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5500.00**

Date of Receipt  
**10 / 14 / 2025**

**Transaction ID : SA12.1820911**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
**TRANSFER**

**JFC ATTRIB: TEAM HUSTED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. DEASCENTIS, MELANIE, , ,**

Mailing Address **8 HAWKSMOOR DR.**

City <b>NEW ALBANY</b>	State <b>OH</b>	Zip Code <b>43054-8183</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>/LIFESTYLE COMMUNITIES/</b>	Occupation (for Individual) <b>INFORMATION REQUESTED PER BE</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
**10 / 01 / 2025**

**Transaction ID : SA12.1820907**

Amount of Each Receipt this Period  
**10000.00**

Memo Item  
**TRANSFER**

**JFC ATTRIB: TEAM HUSTED**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>39872.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 87
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. DEASCENTIS, MICHAEL, J., MR., II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 563  
 City NEW ALBANY State OH Zip Code 43054-0563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFESTYLE COMMUNITIES Occupation (for Individual) PRESIDENT/OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 01 / 2025  
**Transaction ID : SA12.1820908**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: TEAM HUSTED

**B. DEASCENTIS, MICHAEL, , , SR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 HAWKSMOOR DR.  
 City NEW ALBANY State OH Zip Code 43054-8183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 01 / 2025  
**Transaction ID : SA12.1820909**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: TEAM HUSTED

**C. DEASCENTIS, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 HAWKSMOOR DRIVE  
 City NEW ALBANY State OH Zip Code 43054-8183  
 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 ▼ 10000.00

Date of Receipt 10 / 01 / 2025  
**Transaction ID : SA12.1820910**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: TEAM HUSTED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 87
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SMITH, GREGORY, B., MR., SR.**

Mailing Address **400 WEST RAILROAD STREET  
SUITE 1**

City **COLUMBIANA** State **OH** Zip Code **44408-1294**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **COMPCO** Occupation (for Individual) **COB**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8000.00**

Date of Receipt  
**11 / 07 / 2025**

**Transaction ID : SA12.1820912**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
**TRANSFER**

**JFC ATTRIB: TEAM HUSTED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SOKOLOV, KONSTANTIN, , ,**

Mailing Address **7914 HARBOR ISLAND DRIVE  
APT 305**

City **NORTH BAY VILLAGE** State **FL** Zip Code **33141-3382**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **IJS INVESTMENTS** Occupation (for Individual) **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8000.00**

Date of Receipt  
**11 / 11 / 2025**

**Transaction ID : SA12.1820913**

Amount of Each Receipt this Period  
**8000.00**

Memo Item  
**TRANSFER**

**JFC ATTRIB: TEAM HUSTED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. NRSC VICTORY**

Mailing Address **228 S WASHINGTON ST  
STE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314-5404**

FEC ID number of contributing federal political committee. **C C00837518**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **54056.63**

Date of Receipt  
**12 / 31 / 2025**

**Transaction ID : SA12.1820983**

Amount of Each Receipt this Period  
**17637.74**

Memo Item  
**TRANSFER**

**TRANSFER OF JOINT FUNDRAISING PROCEEDS**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>17637.74</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 87
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. WYNN, ANDREA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2449 NORTH TENAYA WAY  
 UNIT 35290  
 City LAS VEGAS State NV Zip Code 89133-8093  
 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 ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2025  
**Transaction ID : SA12.1820984**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC VICTORY

**B. WYNN, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2449 NORTH TENAYA WAY  
 UNIT 35290  
 City LAS VEGAS State NV Zip Code 89133-8093  
 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 ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2025  
**Transaction ID : SA12.1820985**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC VICTORY

**C. TEAM MORENO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 340797  
 City COLUMBUS State OH Zip Code 43234-0797  
 FEC ID number of contributing federal political committee. **C** C00867010  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 82672.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA12.1820982**  
 Amount of Each Receipt this Period  
 7767.68  
 Memo Item  
 TRANSFER  
 TRANSFER OF JOINT FUNDRAISING PROCEEDS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7767.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 87
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BOOK, ROBERT, , ,

Mailing Address 200 FIESTA WAY

City FT LAUDERDALE	State FL	Zip Code 33301-1468
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOOK CAPITAL ENTERPRISES LLC	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	18	/	2025

**Transaction ID : SA12.1820987**

Amount of Each Receipt this Period  
10000.00

Memo Item  
TRANSFER

JFC ATTRIB: TEAM MORENO

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	65278.12

**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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BCMS**

Mailing Address 5006 CEMETERY RD

City  
HILLIARD

State  
OH

Zip Code  
43026

Purpose of Disbursement

BANK FEE

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
12			01			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I32221

Amount of Each Disbursement this Period

25.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVE

City  
MOUNTAIN VIEW

State  
CA

Zip Code  
94043

Purpose of Disbursement

SOFTWARE

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
12			02			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I32221

Amount of Each Disbursement this Period

297.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. ISTREAM**

Mailing Address 13555 BISHOPS CT, SUITE 102

City  
BROOKFIELD

State  
WI

Zip Code  
53005

Purpose of Disbursement

PROCESSING FEE

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
12			03			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I32221

Amount of Each Disbursement this Period

35.08
-------

Memo Item

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

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

357.08
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**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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ISTREAM**

Mailing Address 13555 BISHOPS CT, SUITE 102

City  
BROOKFIELD

State  
WI

Zip Code  
53005

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2025			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I3227!**

Amount of Each Disbursement this Period

[REDACTED] 17.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS STREET SUITE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112

Purpose of Disbursement  
PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2025			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I32224**

Amount of Each Disbursement this Period

[REDACTED] 130.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS STREET SUITE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2025			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I3222**

Amount of Each Disbursement this Period

[REDACTED] 252.45

Memo Item

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

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

[REDACTED] 400.40

[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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address 1776 WILSON BLVDSTE 530  
STE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2025			

FEC Identification Number

**C**

**Transaction ID : SB21B.I3222!**

Amount of Each Disbursement this Period

10.85
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS STREETSUITE 1770  
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2025			

FEC Identification Number

**C**

**Transaction ID : SB21B.I3223C**

Amount of Each Disbursement this Period

46.35
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROADSUITE 400  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2025			

FEC Identification Number

**C**

**Transaction ID : SB21B.I3222**

Amount of Each Disbursement this Period

1253.29
---------

Memo Item

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

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

1310.49
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# 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)

<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)

## OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

### A. DOT THE I

Mailing Address 338 S SHARON AMITY RDPMB 115

City  
CHARLOTTE

State  
NC

Zip Code  
28211

Purpose of Disbursement  
DIRECT MAIL EXPENSES

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
12			09			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3222

Amount of Each Disbursement this Period

[REDACTED] 8200.21

Memo Item

Full Name (Last, First, Middle Initial)

### B. DOT THE I

Mailing Address 338 S SHARON AMITY RDPMB 115

City  
CHARLOTTE

State  
NC

Zip Code  
28211

Purpose of Disbursement  
DIRECT MAIL EXPENSES

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
12			09			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3222

Amount of Each Disbursement this Period

[REDACTED] 2268.17

Memo Item

Full Name (Last, First, Middle Initial)

### C. ANEDOT

Mailing Address 1340 POYDRAS STREETSUITE 1770  
SUITE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112

Purpose of Disbursement  
PROCESSING FEE

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
12			10			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3223

Amount of Each Disbursement this Period

[REDACTED] 2.55

Memo Item

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

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

[REDACTED] 10470.93

[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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UNITED HEALTH CARE**

Mailing Address P.O. BOX 1459  
22070 NETWORK PL

City MINNEAPOLIS State MN Zip Code 55440-1220

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 10 / 2025

FEC Identification Number

C

Transaction ID : SB21B.I3228I

Amount of Each Disbursement this Period

717.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. TRIANTAFILOU, ALEX, , ,**

Mailing Address 471 EAST BROAD STREET SUITE 1510  
SUITE 1510

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I3223I

Amount of Each Disbursement this Period

4121.31

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS STREETSUITE 1770  
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I3223I

Amount of Each Disbursement this Period

64.65

Memo Item

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

4903.47

**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 Page

FOR LINE NUMBER:  
(check only one)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HR BUTLER**

Mailing Address 63 CORBIN MILLS DR

City  
DUBLIN

State  
OH

Zip Code  
43017

Purpose of Disbursement

TAXES

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
12			11			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I32234

Amount of Each Disbursement this Period

[REDACTED] 3710.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. HR BUTLER**

Mailing Address 63 CORBIN MILLS DR

City  
DUBLIN

State  
OH

Zip Code  
43017

Purpose of Disbursement

PAYROLL BILLING

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
12			11			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I32235

Amount of Each Disbursement this Period

[REDACTED] 114.84

Memo Item

Full Name (Last, First, Middle Initial)

**C. HR BUTLER**

Mailing Address 63 CORBIN MILLS DR

City  
DUBLIN

State  
OH

Zip Code  
43017

Purpose of Disbursement

WORKER'S COMP PREMIUM

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
12			11			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3223

Amount of Each Disbursement this Period

[REDACTED] 6.56

Memo Item

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

[REDACTED] 3832.05

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

[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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HUNTINGTON NATIONAL BANK**

Date of Disbursement

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

Mailing Address 7 EASTON OVAL

City COLUMBUS State OH Zip Code 43219

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I32211**  
Amount of Each Disbursement this Period

[ ] 6480.32

Purpose of Disbursement  
CREDIT CARD PAYMENT

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN MONITOR**

Date of Disbursement

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

Mailing Address 11 LEA AVENUE

City NASHVILLE State TN Zip Code 37210

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I32286**  
Amount of Each Disbursement this Period

[ ] 37.16

Purpose of Disbursement  
COMPUTER SOFTWARE

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN MONITOR**

Date of Disbursement

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

Mailing Address 11 LEA AVENUE

City NASHVILLE State TN Zip Code 37210

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I3228**  
Amount of Each Disbursement this Period

[ ] 67.01

Purpose of Disbursement  
COMPUTER SOFTWARE

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

[ ] 6480.32

**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 Page

FOR LINE NUMBER:  
(check only one)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN MONITOR**

Mailing Address 11 LEA AVENUE

City  
NASHVILLE

State  
TN

Zip Code  
37210

Purpose of Disbursement  
COMPUTER SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I3228!**

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									7.87

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN MONITOR**

Mailing Address 11 LEA AVENUE

City  
NASHVILLE

State  
TN

Zip Code  
37210

Purpose of Disbursement  
COMPUTER SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I3229!**

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									94.28

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN MONITOR**

Mailing Address 11 LEA AVENUE

City  
NASHVILLE

State  
TN

Zip Code  
37210

Purpose of Disbursement  
COMPUTER SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I3229!**

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									6.79

Memo Item

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

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									0.00

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

**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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN MONITOR**

Mailing Address 11 LEA AVENUE

City  
NASHVILLE

State  
TN

Zip Code  
37210

Purpose of Disbursement  
COMPUTER SOFTWARE

Candidate Name

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
12			12			2025			

FEC Identification Number

C [ ]

Transaction ID : SB21B.I3229f

Amount of Each Disbursement this Period

[ ] 57.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN MONITOR**

Mailing Address 11 LEA AVENUE

City  
NASHVILLE

State  
TN

Zip Code  
37210

Purpose of Disbursement  
COMPUTER SOFTWARE

Candidate Name

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
12			12			2025			

FEC Identification Number

C [ ]

Transaction ID : SB21B.I3229f

Amount of Each Disbursement this Period

[ ] 25.98

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN MONITOR**

Mailing Address 11 LEA AVENUE

City  
NASHVILLE

State  
TN

Zip Code  
37210

Purpose of Disbursement  
COMPUTER SOFTWARE

Candidate Name

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
12			12			2025			

FEC Identification Number

C [ ]

Transaction ID : SB21B.I3230

Amount of Each Disbursement this Period

[ ] 11.02

Memo Item

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

[ ] 0.00

**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 Page

FOR LINE NUMBER:  
(check only one)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN MONITOR**

Mailing Address 11 LEA AVENUE

City  
NASHVILLE

State  
TN

Zip Code  
37210

Purpose of Disbursement  
COMPUTER SOFTWARE

Candidate Name

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3230!

Amount of Each Disbursement this Period

25.91
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN MONITOR**

Mailing Address 11 LEA AVENUE

City  
NASHVILLE

State  
TN

Zip Code  
37210

Purpose of Disbursement  
COMPUTER SOFTWARE

Candidate Name

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3230f

Amount of Each Disbursement this Period

87.18
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. DROPBOX INC**

Mailing Address 1800 OWENS ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94158

Purpose of Disbursement  
COMPUTER SOFTWARE

Candidate Name

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3228

Amount of Each Disbursement this Period

136.08
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Memo Item

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

0.00
------

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

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# 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)

<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)

## OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

**A. GODADDY.COM**

Mailing Address 14455 NORTH HAYDEN ROAD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3230'

Amount of Each Disbursement this Period

[REDACTED] 22.19

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I32283

Amount of Each Disbursement this Period

[REDACTED] 297.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3228

Amount of Each Disbursement this Period

[REDACTED] 297.00

Memo Item

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

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

[REDACTED] 0.00

[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)

<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)

## OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

### A. NUMINAR

Mailing Address 1201 WILSON BLVD

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
VOTER DATA PLATFORM

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3228

Amount of Each Disbursement this Period

[REDACTED] 3250.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. NUMINAR

Mailing Address 1201 WILSON BLVD

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
VOTER DATA PLATFORM

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3230

Amount of Each Disbursement this Period

[REDACTED] 94.35

Memo Item

Full Name (Last, First, Middle Initial)

### C. USPS

Mailing Address 475 LENFANT PLAZA SW  
675 WOLF LEDGES PARKWAY

City  
WASHINGTON

State  
DC

Zip Code  
20260-9004

Purpose of Disbursement  
POSTAGE

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3229

Amount of Each Disbursement this Period

[REDACTED] 53.35

Memo Item

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

[REDACTED] 0.00

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

[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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. USPS**

Date of Disbursement

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

Mailing Address 475 LENFANT PLAZA SW  
675 WOLF LEDGES PARKWAY

City WASHINGTON State DC Zip Code 20260-9004

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.I3229I

Amount of Each Disbursement this Period

156.00

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Date of Disbursement

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

Mailing Address 475 LENFANT PLAZA SW  
675 WOLF LEDGES PARKWAY

City WASHINGTON State DC Zip Code 20260-9004

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.I3230I

Amount of Each Disbursement this Period

1560.00

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Date of Disbursement

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

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702-1453

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.I3229I

Amount of Each Disbursement this Period

43.19

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

0.00

**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 Page

FOR LINE NUMBER:  
(check only one)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS STREETSUITE 1770  
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2025

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3224

Amount of Each Disbursement this Period

[REDACTED] 63.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. BROGHAMER COMPLIANCE**

Mailing Address PO BOX 72100

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2025

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3224

Amount of Each Disbursement this Period

[REDACTED] 1827.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. DOT THE I**

Mailing Address 338 S SHARON AMITY RDPMB 115

City CHARLOTTE State NC Zip Code 28211

Purpose of Disbursement  
DIRECT MAIL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2025

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3224

Amount of Each Disbursement this Period

[REDACTED] 6971.45

Memo Item

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

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

[REDACTED] 8862.70

[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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HUNTINGTON NATIONAL BANK**

Mailing Address 7 EASTON OVAL

City  
COLUMBUS

State  
OH

Zip Code  
43219

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I32241

Amount of Each Disbursement this Period

[REDACTED] 255.55

Memo Item

Full Name (Last, First, Middle Initial)

**B. MICROSOFT**

Mailing Address 1 MICROSOFT WAY  
SUITE #100

City  
REDMOND

State  
WA

Zip Code  
98052

Purpose of Disbursement

SOFTWARE

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I32241

Amount of Each Disbursement this Period

[REDACTED] 135.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MICROSOFT**

Mailing Address 1 MICROSOFT WAY  
SUITE #100

City  
REDMOND

State  
WA

Zip Code  
98052

Purpose of Disbursement

SOFTWARE

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I32241

Amount of Each Disbursement this Period

[REDACTED] 347.77

Memo Item

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

[REDACTED] 738.32

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

[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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MICROSOFT**

Mailing Address 1 MICROSOFT WAY  
SUITE #100

City  
REDMOND

State  
WA

Zip Code  
98052

Purpose of Disbursement  
SOFTWARE

Candidate Name

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	2			1	5			2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3224

Amount of Each Disbursement this Period

[REDACTED]	32.41
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. MICROSOFT**

Mailing Address 1 MICROSOFT WAY  
SUITE #100

City  
REDMOND

State  
WA

Zip Code  
98052

Purpose of Disbursement  
SOFTWARE

Candidate Name

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	2			1	5			2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3224

Amount of Each Disbursement this Period

[REDACTED]	44.55
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address 1776 WILSON BLVDSTE 530  
STE 530

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

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	2			1	5			2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3224

Amount of Each Disbursement this Period

[REDACTED]	30.94
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Memo Item

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

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

[REDACTED]	107.90
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[REDACTED]	
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**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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS STREETSUITE 1770  
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement

PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2025

FEC Identification Number

C [ ]

Transaction ID : SB21B.I3225

Amount of Each Disbursement this Period

[ ] 2.55

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROADSUITE 400  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement

SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2025

FEC Identification Number

C [ ]

Transaction ID : SB21B.I32251

Amount of Each Disbursement this Period

[ ] 750.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DGPERRY, PLLC**

Mailing Address 999 VANDERBILT BEACH ROAD SUITE 70

City NAPLES State FL Zip Code 34108

Purpose of Disbursement

ACCOUNTING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2025

FEC Identification Number

C [ ]

Transaction ID : SB21B.I3225

Amount of Each Disbursement this Period

[ ] 1985.00

Memo Item

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

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

[ ] 2737.55

[ ]

**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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. OHIO CONTENT**

Mailing Address 2189 JERVIS RD

City  
COLUMBUS

State  
OH

Zip Code  
43221

Purpose of Disbursement  
EXPENSE REIMBURSEMENT FOR SOCIAL MEDIA SUBSCRIPTION

Candidate Name

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
12	/	17	/	2025

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3225!

Amount of Each Disbursement this Period

600.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. OHIO CONTENT**

Mailing Address 2189 JERVIS RD

City  
COLUMBUS

State  
OH

Zip Code  
43221

Purpose of Disbursement  
EXPENSE REIMBURSEMENT FOR SOCIAL MEDIA SUBSCRIPTION

Candidate Name

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
12	/	17	/	2025

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3225!

Amount of Each Disbursement this Period

600.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. TWO CATERERS INC**

Mailing Address 550 S HIGH STREET

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
FUNDRAISING EVENT EXPENSES - CHRISTMAS PARTY

Candidate Name

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
12	/	18	/	2025

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3225!

Amount of Each Disbursement this Period

565.02
--------

Memo Item

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

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

1765.02
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**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)

21b    22    23    26    27  
 28a    28b    28c    29    30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. TRIANTAFILOU, ALEX, , ,**

Mailing Address 471 EAST BROAD STREET SUITE 1510  
SUITE 1510

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
EXPENSE REIMBURSEMENT FOR HOTEL AND MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 19 / 2025

FEC Identification Number

C  
Transaction ID : SB21B.I3221!  
Amount of Each Disbursement this Period  
1421.28

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS STREET SUITE 1770  
SUITE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 19 / 2025

FEC Identification Number

C  
Transaction ID : SB21B.I3225!  
Amount of Each Disbursement this Period  
129.93

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
WIRE TRANSFER FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 19 / 2025

FEC Identification Number

C  
Transaction ID : SB21B.I3227  
Amount of Each Disbursement this Period  
25.00

Memo Item

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

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

1576.21

**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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CX MARKETING, LLC DBA MOORE, A SERIES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2025

Mailing Address 4200 PARLIAMENT PL 3RD FLOOR - STE

City LANHAM State MD Zip Code 20706

FEC Identification Number

C

**Transaction ID : SB21B.I3226I**  
Amount of Each Disbursement this Period

5534.45

Purpose of Disbursement  
DIRECT MAIL EXPENSES

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2025

Mailing Address 475 LENFANT PLAZA SW  
675 WOLF LEDGES PARKWAY

City WASHINGTON State DC Zip Code 20260-9004

FEC Identification Number

C

**Transaction ID : SB21B.I32217**  
Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
POSTAGE

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. OKG SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2025

Mailing Address 3932 SILVER OAK ST

City DAYTON State OH Zip Code 45424

FEC Identification Number

C

**Transaction ID : SB21B.I3226I**  
Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement  
ACCOUNTING CONSULTING

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

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

10534.45

**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)

21b     22     23     26     27  
 28a     28b     28c     29     30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address 1776 WILSON BLVDSTE 530  
STE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 22 / 2025

FEC Identification Number

C  
Transaction ID : SB21B.I3226  
Amount of Each Disbursement this Period  
11.23

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS STREETSUITE 1770  
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement  
PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 23 / 2025

FEC Identification Number

C  
Transaction ID : SB21B.I3226  
Amount of Each Disbursement this Period  
7.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. TRIANTAFILOU, ALEX, , ,**

Mailing Address 471 EAST BROAD STREET SUITE 1510  
SUITE 1510

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 29 / 2025

FEC Identification Number

C  
Transaction ID : SB21B.I3227  
Amount of Each Disbursement this Period  
4344.51

Memo Item

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

4363.54

**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 Page

FOR LINE NUMBER:  
(check only one)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HR BUTLER**

Mailing Address 63 CORBIN MILLS DR

City  
DUBLIN

State  
OH

Zip Code  
43017

Purpose of Disbursement

TAXES

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  
12 / 29 / 2025

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3226I

Amount of Each Disbursement this Period

[REDACTED] 3264.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. HR BUTLER**

Mailing Address 63 CORBIN MILLS DR

City  
DUBLIN

State  
OH

Zip Code  
43017

Purpose of Disbursement

PAYROLL BILLING

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  
12 / 29 / 2025

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3226I

Amount of Each Disbursement this Period

[REDACTED] 116.69

Memo Item

Full Name (Last, First, Middle Initial)

**C. HR BUTLER**

Mailing Address 63 CORBIN MILLS DR

City  
DUBLIN

State  
OH

Zip Code  
43017

Purpose of Disbursement

WORKER'S COMP PREMIUM

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  
12 / 29 / 2025

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3226I

Amount of Each Disbursement this Period

[REDACTED] 9.81

Memo Item

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

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

[REDACTED] 3390.75

[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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VERIZON**

Mailing Address 1095 AVENUE OF THE AMERICAS  
P.O. BOX 790292

City NEW YORK State NY Zip Code 10036-0292

Purpose of Disbursement

UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	29	/	2025

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I3226!

Amount of Each Disbursement this Period

413.91
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address 1776 WILSON BLVDSTE 530  
STE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement

PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	29	/	2025

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I32264

Amount of Each Disbursement this Period

20.30
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS STREETSUITE 1770  
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement

PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	30	/	2025

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I3227

Amount of Each Disbursement this Period

7.80
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Memo Item

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

442.01
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)

<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)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2025			

FEC Identification Number

C

Transaction ID : SB21B.I3227f

Amount of Each Disbursement this Period

73.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address 1776 WILSON BLVDSTE 530 STE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement

PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2025			

FEC Identification Number

C

Transaction ID : SB21B.I3227f

Amount of Each Disbursement this Period

18.88

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

92.48

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

62365.67

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Transaction ID : YE.H1

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Indicate ratio below**

Federal.....  %  
 Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative       Generic Voter Drive       Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
STATE ACCOUNT-NON-FEDERAL	MM / DD / YYYY 12 / 30 / 2025	41531.42

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	41531.42
<b>Transaction ID : YE.H3.1</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support .....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
SCF ACCOUNT-NON-FEDERAL	MM / DD / YYYY 12 / 30 / 2025	6914.81

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	6914.81
<b>Transaction ID : YE.H3.2</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) .....	
b) .....	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) .....	
b) .....	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	48446.23
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	48446.23

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

**A. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.32223**  Memo Item

SPECTRUM

Mailing Address 721 N REGIONAL RD

City GREENSBORO State NC Zip Code 27409

Purpose of Disbursement: UTILITIES

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 44521.88

Date: 12 / 04 / 2025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
331.80		88.20		420.00

**B. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.32231**  Memo Item

UNITED HEALTH CARE

Mailing Address P.O. BOX 1459  
22070 NETWORK PL

City MINNEAPOLIS State MN Zip Code 55440-1220

Purpose of Disbursement: INSURANCE

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 56108.68

Date: 12 / 10 / 2025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9153.57		2433.23		11586.80

**C. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.32237**  Memo Item

ANDERSON, CALEB, ,

Mailing Address 471 EAST BROAD STREET SUITE 1510  
SUITE 1510

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement: PAYROLL

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 58328.35

Date: 12 / 11 / 2025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1753.54		466.13		2219.67

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11238.91		2987.56		14226.47

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32238**  Memo Item

BATES, LAURA, , ,

Mailing Address 471 EAST BROAD STREET SUITE 1510  
SUITE 1510

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement: PAYROLL

Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 61162.28

Date: 12 / 11 / 2025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2238.80		595.13		2833.93

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32240**  Memo Item

TULLEY, MITCHELL, , ,

Mailing Address 471 EAST BROAD STREET SUITE 1510  
SUITE 1510

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement: PAYROLL

Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 64947.38

Date: 12 / 11 / 2025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2990.23		794.87		3785.10

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32281**  Memo Item

HR BUTLER

Mailing Address 63 CORBIN MILLS DR

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement: TAXES

Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 69068.83

Date: 12 / 11 / 2025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3255.95		865.50		4121.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8484.98		2255.50		10740.48

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32250**  Memo Item

THE GORDON FLESCH COMPANY INC

Mailing Address 2675 RESEARCH PARK DRIVE

City MADISON State WI Zip Code 53711

Purpose of Disbursement: EQUIPMENT RENTAL

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 72083.48

Date: 12 / 16 / 2025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2381.57		633.08		3014.65

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32254**  Memo Item

OHIO CONTENT

Mailing Address 2189 JERVIS RD

City COLUMBUS State OH Zip Code 43221

Purpose of Disbursement: COMMUNICATIONS CONSULTING

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 79583.48

Date: 12 / 17 / 2025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5925.00		1575.00		7500.00

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32256**  Memo Item

OHIO CONTENT

Mailing Address 2189 JERVIS RD

City COLUMBUS State OH Zip Code 43221

Purpose of Disbursement: COMMUNICATIONS CONSULTING

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 87083.48

Date: 12 / 17 / 2025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5925.00		1575.00		7500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14231.57		3783.08		18014.65

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32269**  Memo Item

ANDERSON, CALEB, , ,

Mailing Address 471 EAST BROAD STREET SUITE 1510 SUITE 1510

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement: PAYROLL

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 89303.13

Date: 12 / 29 / 2025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1753.52		466.13		2219.65

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32270**  Memo Item

ANDERSON, CALEB, , ,

Mailing Address 471 EAST BROAD STREET SUITE 1510 SUITE 1510

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement: PAYROLL - BONUS

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 91272.76

Date: 12 / 29 / 2025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1556.01		413.62		1969.63

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32271**  Memo Item

BATES, LAURA, , ,

Mailing Address 471 EAST BROAD STREET SUITE 1510 SUITE 1510

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement: PAYROLL

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 94106.69

Date: 12 / 29 / 2025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2238.80		595.13		2833.93

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5548.33		1474.88		7023.21

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full) OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.32272 BATES, LAURA, , , Mailing Address 471 EAST BROAD STREET SUITE 1510 City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement: PAYROLL - BONUS Allocated Activity or Event: Administrative [X] Fundraising [ ] Exempt [ ] Voter Drive [ ] Direct Candidate Support [ ] Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 96077.13 Date 12 / 29 / 2025 FEDERAL SHARE 1556.65 NONFEDERAL SHARE 413.79 TOTAL AMOUNT 1970.44

B. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.32274 TULLEY, MITCHELL, , , Mailing Address 471 EAST BROAD STREET SUITE 1510 City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement: PAYROLL Allocated Activity or Event: Administrative [X] Fundraising [ ] Exempt [ ] Voter Drive [ ] Direct Candidate Support [ ] Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 99862.23 Date 12 / 29 / 2025 FEDERAL SHARE 2990.23 NONFEDERAL SHARE 794.87 TOTAL AMOUNT 3785.10

C. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.32282 HR BUTLER Mailing Address 63 CORBIN MILLS DR City DUBLIN State OH Zip Code 43017 Purpose of Disbursement: TAXES Allocated Activity or Event: Administrative [X] Fundraising [ ] Exempt [ ] Voter Drive [ ] Direct Candidate Support [ ] Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 105426.15 Date 12 / 29 / 2025 FEDERAL SHARE 4395.50 NONFEDERAL SHARE 1168.42 TOTAL AMOUNT 5563.92

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 8942.38, 2377.08, 11319.46

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 48446.17, 12878.10, 61324.27

**SCHEDULE L (FEC Form 3X)**

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : 123456

NAME OF COMMITTEE (In Full)		
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE		
NAME OF ACCOUNT		
OHIO REPUBLICAN PARTY LEVIN ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	0.00	0.00
(b) Unitemized .....	0.00	0.00
(c) Total .....	0.00	0.00
2. OTHER RECEIPTS .....	0.00	0.00
3. TOTAL RECEIPTS .....	0.00	0.00
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0.00	0.00
(b) Voter ID .....	0.00	0.00
(c) GOTV .....	0.00	0.00
(d) Generic Campaign .....	0.00	0.00
(e) Total .....	0.00	0.00
5. OTHER DISBURSEMENTS .....	0.00	0.00
6. TOTAL DISBURSEMENTS .....	0.00	0.00
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....	8167.93	8167.93
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....	0.00	0.00
(from Line 3)		
9. SUBTOTAL .....	8167.93	8167.93
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....	0.00	0.00
(From Line 6)		
11. ENDING CASH ON HAND .....	8167.93	8167.93
(Subtract Line 10 From Line 9)		