

**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

MARYLAND REPUBLICAN PARTY FEDERAL

ADDRESS (number and street)

PO BOX 631

Check if different
than previously
reported. (ACC)

ANNAPOLIS

MD

21404-0631

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00120055

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

ROSENTHAL, CHRIS, , ,

Signature of Treasurer

ROSENTHAL, CHRIS, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MARYLAND REPUBLICAN PARTY FEDERALReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
07		01		2025

 To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2025		15124.75
(b) Cash on Hand at Beginning of Reporting Period.....	10962.89	
(c) Total Receipts (from Line 19)	41008.79	123090.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	51971.68	138215.30
7. Total Disbursements (from Line 31)	51111.79	137355.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	859.89	859.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MARYLAND REPUBLICAN PARTY FEDERAL

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	5

To:

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

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).....	5.00	15259.00
(ii) Unitemized	0.00	1045.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5.00	16304.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	41003.79	42603.79
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	41008.79	58907.79
12. Transfers From Affiliated/Other Party Committees.....	0.00	64182.76
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	0.00
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)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	41008.79	123090.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	41008.79	123090.55

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	38111.79	61559.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	38111.79	61559.02
22. Transfers to Affiliated/Other Party Committees.....	13000.00	75796.39
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	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)) ..	51111.79	137355.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51111.79	137355.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	41008.79	58907.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41008.79	58907.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	38111.79	61559.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	38111.79	61559.02

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

FOR LINE NUMBER: PAGE 6 OF 16

(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)

MARYLAND REPUBLICAN PARTY FEDERAL

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

A. RICKETTS, MARLENE, , MRS.,

Mailing Address 412 N ELMWOOD RD

City
OMAHAState
NEZip Code
68132-2603FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025

Transaction ID : AAA95113D56F04B1A9FD

Amount of Each Receipt this Period

10000.00

☒ Memo Item

TRANSFER FROM NRSC VICTORY

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

B. BUCHNER, SCOTT, , ,

Mailing Address 10201 GARY RD

City
POTOMACState
MDZip Code
20854-4108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US GOVERNMENTOccupation (for Individual)
LAW ENFORCEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2025

Transaction ID : A67773E50083647978D0

Amount of Each Receipt this Period

5.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

9.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2025

Transaction ID : A553D6A79BE6E4E98940

Amount of Each Receipt this Period

5.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

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

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

5.00

5.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 16
(check only one)

☐ 11a	☐ 11b	☒ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

MARYLAND REPUBLICAN PARTY FEDERAL

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

A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST SE

City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.**C**

C00003418

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2025**Transaction ID : A7E8E4245B3664642A3D**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. ANDY HARRIS FOR CONGRESS

Mailing Address P O BOX 426

City
STEVENSVILLEState
MDZip Code
21666-0426FEC ID number of contributing
federal political committee.**C**

C00435974

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2025**Transaction ID : A375499B170AE4C18B2F**

Amount of Each Receipt this Period

3665.00

☐ Memo Item

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

C. NRSC VICTORY

Mailing Address 228 S WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314FEC 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 ▼

41470.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : A92BDA79DA5364033932**

Amount of Each Receipt this Period

13763.79

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

22428.79

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

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

FOR LINE NUMBER: PAGE 8 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

MARYLAND REPUBLICAN PARTY FEDERAL

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

A. ANDY HARRIS FOR CONGRESS

Mailing Address P O BOX 426

City
STEVENSVILLEState
MDZip Code
21666-0426FEC ID number of contributing
federal political committee.**C** C00435974

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025**Transaction ID : AE718544103424E7C94D**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

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

B. BURNETT FOR CONGRESS

Mailing Address 1012 S CREEK VIEW CT

City
CHURCHTONState
MDZip Code
20733-2500FEC 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 ▼

175.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2025**Transaction ID : A73B0192D480245E6A9A**

Amount of Each Receipt this Period

175.00

☐ Memo Item

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

C. ANDY HARRIS FOR CONGRESS

Mailing Address P O BOX 426

City
STEVENSVILLEState
MDZip Code
21666-0426FEC ID number of contributing
federal political committee.**C** C00435974

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

23665.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2025**Transaction ID : A5D5199E69BFA4747974**

Amount of Each Receipt this Period

3400.00

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

18575.00

41003.79

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

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

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NAME OF COMMITTEE (In Full)

MARYLAND REPUBLICAN PARTY FEDERAL

Full Name (Last, First, Middle Initial)

A. ARISTOTLE

Mailing Address PO BOX 716045

City
PHILADELPHIAState
PAZip Code
19171-6045

Purpose of Disbursement

SERVICE CONTRACTS

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : B835B266BB

Amount of Each Disbursement this Period

1950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GOP COMPLIANCE

Mailing Address 626C ADMIRAL DR

City
ANNAPOLISState
MDZip Code
21401-2180

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : B1905162AB4

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : BAFD86E53E

Amount of Each Disbursement this Period

600.00

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

8550.00

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

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

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NAME OF COMMITTEE (In Full)

MARYLAND REPUBLICAN PARTY FEDERAL

Full Name (Last, First, Middle Initial)

A. MAIL CHIMPMailing Address 512 MEANS ST NW
STE 404City
ATLANTAState
GAZip Code
30318-5788

Purpose of Disbursement

EMAIL 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	/	Y	Y	Y	Y	Y	Y
0	7			2	1			2	0	2	5	

FEC Identification Number

C Transaction ID : B05B8BA1EF

Amount of Each Disbursement this Period

422.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

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	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	5	

FEC Identification Number

C Transaction ID : BDA51FEDF0

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

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	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	2	5	

FEC Identification Number

C Transaction ID : B1DB7AD38!

Amount of Each Disbursement this Period

600.00

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

1622.30

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

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

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

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NAME OF COMMITTEE (In Full)

MARYLAND REPUBLICAN PARTY FEDERAL

Full Name (Last, First, Middle Initial)

A. MAIL CHIMPMailing Address 512 MEANS ST NW
STE 404City
ATLANTAState
GAZip Code
30318-5788

Purpose of Disbursement

EMAIL 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	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	2	5	

FEC Identification Number

C

Transaction ID : B469F3D1E9

Amount of Each Disbursement this Period

422.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

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	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	5	

FEC Identification Number

C

Transaction ID : BA6FEC48F7

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOP COMPLIANCE

Mailing Address 626C ADMIRAL DR

City
ANNAPOLISState
MDZip Code
21401-2180

Purpose of Disbursement

COMPLIANCE CONSULTING

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	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	2	5	

FEC Identification Number

C

Transaction ID : B9EFB0FA92

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

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

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

7022.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

MARYLAND REPUBLICAN PARTY FEDERAL

Full Name (Last, First, Middle Initial)

A. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

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
0	9			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : B711AD11E3

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

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
0	9			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B6A3282A6E1

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

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	0			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : B3D09A9804

Amount of Each Disbursement this Period

600.00

☐ Memo Item

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

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

1800.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

MARYLAND REPUBLICAN PARTY FEDERAL

Full Name (Last, First, Middle Initial)

A. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

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	0			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : B959F7CAD8

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

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	1			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : B4D52EAAB4

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

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	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : BE66261BDI

Amount of Each Disbursement this Period

600.00

☐ Memo Item

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

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

1800.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

MARYLAND REPUBLICAN PARTY FEDERAL

Full Name (Last, First, Middle Initial)

A. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

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	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
							2025					

FEC Identification Number

C

Transaction ID : BA974DE7C4

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RENEGADE

Mailing Address 10950 GILROY RD

City
HUNT VALLEYState
MDZip Code
21031-1347

Purpose of Disbursement

POLLING

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	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
							2025					

FEC Identification Number

C

Transaction ID : BDBF1C24AF

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RENEGADE

Mailing Address 10950 GILROY RD

City
HUNT VALLEYState
MDZip Code
21031-1347

Purpose of Disbursement

POLLING

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	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
							2025					

FEC Identification Number

C

Transaction ID : B200FAC55C

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

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

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

15600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

MARYLAND REPUBLICAN PARTY FEDERAL

Full Name (Last, First, Middle Initial)

A. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

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	3		4	5	6		7	8	9	0	1	2
12				31				2025					

FEC Identification Number

C**Transaction ID : BFF78138019**

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WOOD, ADAM, , ,

Mailing Address 606 KNOLLCREST PL

City
COCKEYSVILLEState
MDZip Code
21030-3812

Purpose of Disbursement

WAGES

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	3		4	5	6		7	8	9	0	1	2
12				31				2025					

FEC Identification Number

C**Transaction ID : BF1EBCAFFE**

Amount of Each Disbursement this Period

1083.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2

FEC Identification Number

C

Amount of Each Disbursement this Period

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

1683.22

38077.82

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

MARYLAND REPUBLICAN PARTY FEDERAL

Full Name (Last, First, Middle Initial)

A. NRSC VICTORY

Mailing Address 228 S WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

TRANSFER

Candidate Name

008

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
0	9			3	0			2	0	5			

FEC Identification Number

C

Transaction ID : B7A4945954

Amount of Each Disbursement this Period

13000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify)		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

13000.00

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

13000.00