

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

RALPH NORMAN FOR CONGRESS

ADDRESS (number and street)

PO BOX 37467



Check if different than previously reported. (ACC)

ROCK HILL

SC

29732-0524

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00633610

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

NJ

05

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)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2025

through

M M / D D / Y Y Y Y

09 / 30 / 2025

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

Type or Print Name of Treasurer CURTIS, ELIZABETH, , ,

Signature of Treasurer

CURTIS, ELIZABETH, , ,

Date

M M / D D / Y Y Y Y

10 / 14 / 2025

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 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**RALPH NORMAN FOR CONGRESS**

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2025

To:

MM / DD / YYYY  
09 / 30 / 2025

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 39828.00                | 87762.50                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 39828.00                | 87762.50                           |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 140405.02               | 212386.27                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 152.70                  | 152.70                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 140252.32               | 212233.57                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 192412.13               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

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

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

RALPH NORMAN FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2025

To:

MM / DD / YYYY  
09 / 30 / 2025**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

600.00

13750.00

(ii) Unitemized .....

228.00

1012.50

(iii) TOTAL of contributions  
from individuals ▶

828.00

14762.50

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

32000.00

66000.00

(d) The Candidate .....

7000.00

7000.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

39828.00

87762.50

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

152.70

152.70

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

39980.70

87915.20

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 140405.02                     | 212386.27                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 186250.00                     | 302300.00                          |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 326655.02                     | 514686.27                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 479086.45 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 39980.70  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 519067.15 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 326655.02 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 192412.13 |

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

PAGE 5 OF 30

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 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)

**RALPH NORMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

FEDELE, MIKE, , ,

**A.**

Mailing Address 1585 MEADOWDALE ROAD

City

ROCK HILL

State

SC

Zip Code

29732-8123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 12  |   | 2025        |

Transaction ID : A697DC9B8A88C4290895

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

3054.50

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 12  |   | 2025        |

Transaction ID : A57E79FB6ABF64916B0E

Amount of Each Receipt this Period

100.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

WEST, STACEY, , ,

**C.**

Mailing Address 246 PINK HOUSE RD

City

SEWICKLEY

State

PA

Zip Code

15143-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 14  |   | 2025        |

Transaction ID : A244B77CBA10F4E778C5

Amount of Each Receipt this Period

500.00

☐ Memo ItemEARMARKED (NON-DIRECTED) THROUGH HOUSE  
FREEDOM FUND**SUBTOTAL** of Receipts This Page (optional)..... ▶

600.00

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

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

PAGE 6 OF 30

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 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)

**RALPH NORMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

HOUSE FREEDOM FUND

**A.**

Mailing Address P. O. BOX 1948

City

ALEXANDRIA

State

VA

Zip Code

22313-1948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

5215.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 4 |   | 2 | 0 | 2 | 5 |

Transaction ID : A62AFF8BC717E4FD9907

Amount of Each Receipt this Period

500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

0.00

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

600.00

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

PAGE 7 OF 30

|                              |                              |                                         |                              |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12                           | 13a                          | 13b                                     | 14                           |
|                              |                              |                                         | 15                           |

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)

**RALPH NORMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

AC PAC ACA INTERNATIONAL PAC

Mailing Address 509 2ND STREET NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.**C** C00034785

Name of Employer

Occupation

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID : ADC1B3276DD064BC0A94

Amount of Each Receipt this Period

5000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

AC PAC ACA INTERNATIONAL PAC

Mailing Address 509 2ND STREET NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.**C** C00034785

Name of Employer

Occupation

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID : A7495AEFD1CA64933BD4

Amount of Each Receipt this Period

5000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

AMERICAN HOTEL AND LODGING ASSOCIATION POLITICAL ACTION COMMITTEE ('HOTELPAC')

Mailing Address 1250 I STREET NW  
SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.**C** C00001198

Name of Employer

Occupation

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A5EEAD10073EE43AEA19

Amount of Each Receipt this Period

1000.00

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

11000.00

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

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

PAGE 8 OF 30

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 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)

**RALPH NORMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**AMERICAN SECURITIES ASSOCIATION PAC**Mailing Address 1455 PENNSYLVANIA AVENUE NW  
SUITE 400City  
WASHINGTONState  
DCZip Code  
20004FEC ID number of contributing  
federal political committee.**C** C00618116

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 08  |   | 2025    |

Transaction ID : A0C65CE5A150E4373B21

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**BUILDING RENEWAL IN AMERICA NOW PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City  
ALEXANDRIAState  
VAZip Code  
22314FEC ID number of contributing  
federal political committee.**C** C00589994

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 08  |   | 2025    |

Transaction ID : A7C6AC77045A24FB580E

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**BULLDOG PAC**Mailing Address 228 SOUTH WASHINGTON STREET  
SUITE 115City  
ALEXANDRIAState  
VAZip Code  
22314FEC ID number of contributing  
federal political committee.**C** C00672733

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 11  |   | 2025    |

Transaction ID : A7432FBBDF914F14909

Amount of Each Receipt this Period

5000.00

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

8000.00

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



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

PAGE 9 OF 30

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 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)

**RALPH NORMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

LPL FINANCIAL LLC POLITICAL ACTION COMMITTEE

Mailing Address 4707 EXECUTIVE DRIVE

City  
SAN DIEGOState  
CAZip Code  
92121FEC ID number of contributing  
federal political committee.

C C00486217

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 08 2025

Transaction ID : A0A2E0C87278E44A48FB

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LPL FINANCIAL LLC POLITICAL ACTION COMMITTEE

Mailing Address 4707 EXECUTIVE DRIVE

City  
SAN DIEGOState  
CAZip Code  
92121FEC ID number of contributing  
federal political committee.

C C00486217

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : A8FF5B1CE36194138A1F

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MANUFACTURED HOUSING INSTITUTE PAC

Mailing Address 1655 FORT MYER DRIVE  
SUITE 200City  
ARLINGTONState  
VAZip Code  
22209FEC ID number of contributing  
federal political committee.

C C00043463

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 13 2025

Transaction ID : A44AF0F066DA74D32A1E

Amount of Each Receipt this Period

2500.00

☐ Memo Item

5500.00

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

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

PAGE 10 OF 30

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 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)

**RALPH NORMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVE., NW

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00238725

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 08  |   | 2025        |

Transaction ID : A0B3348224ED3413BAA3

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**NATIONAL APARTMENT ASSOCIATION PAC**Mailing Address 4300 WILSON BOULEVARD  
SUITE 800

City

ARLINGTON

State

VA

Zip Code

22203-4213

FEC ID number of contributing  
federal political committee.**C** C00113241

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 08  |   | 2025        |

Transaction ID : AABF1C4E1103145CA9E0

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**

Mailing Address 11250 WAPLES MILL RD

City

FAIRFAX

State

VA

Zip Code

22030-7550

FEC ID number of contributing  
federal political committee.**C** C00053553

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 08  |   | 2025        |

Transaction ID : A1D5507896BC941D590C

Amount of Each Receipt this Period

1000.00

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

4500.00

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

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

PAGE 11 OF 30

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 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)

**RALPH NORMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

RESOLUTE FOREST PRODUCTS INC. POLITICAL ACTION COMMITTEE AKA DOMTAR PAC

**A.**Mailing Address 1950 ROLAND CLARKE PL  
STE 300City  
RESTONState  
VAZip Code  
20191-1414FEC ID number of contributing  
federal political committee.**C** C00350884

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : AFF31DECFF8214C1F956

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THE TIMKEN COMPANY GOOD GOVERNMENT FUND

**B.**

Mailing Address 4500 MOUNT PLEASANT ST NW

City  
NORTH CANTONState  
OHZip Code  
44720-5450FEC ID number of contributing  
federal political committee.**C** C00311308

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 9 |   | 2 | 0 | 2 | 5 |

Transaction ID : A9C8DEB833D4A48B9A20

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THOMPSON COBURN POLITICAL ACTION COMMITTEE

**C.**

Mailing Address ONE US BANK PLAZA

City  
SAINT LOUISState  
MOZip Code  
63101FEC ID number of contributing  
federal political committee.**C** C00550491

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A2D4DCDB52CD44750AE1

Amount of Each Receipt this Period

1000.00

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

3000.00

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

32000.00

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

PAGE 12 OF 30

|                              |                              |                              |                                         |                             |
|------------------------------|------------------------------|------------------------------|-----------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                          | 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)

**RALPH NORMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

NORMAN, RALPH, W, MR.,

Mailing Address 550 JOSLIN POINTE LN

City  
ROCK HILLState  
SCZip Code  
29732-7610FEC ID number of contributing  
federal political committee.

C H8SC05158

Name of Employer  
US GOVTOccupation  
REPRESENTATIVE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 21 2025

Transaction ID : AF276BB5725034377A1F

Amount of Each Receipt this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.** Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

7000.00

7000.00

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

PAGE 13 OF 30

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ARISTOTLE INTERNATIONAL INC.**

Mailing Address P. O. BOX 716045

City  
PHILADELPHIAState  
PAZip Code  
19171Purpose of Disbursement  
COMPLIANCE SOFTWARE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2568.00

Transaction ID : B8A0AA234B90E4C10833

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BARCLAYS MASTERCARD**

Mailing Address PO BOX 13337

City  
PHILADELPHIAState  
PAZip Code  
19101Purpose of Disbursement  
CREDIT CARD PAYMENT- SEE MEMOS

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 6 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

273.30

Transaction ID : BFC0EFAE1D0DA469F8B0

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BARCLAYS MASTERCARD**

Mailing Address PO BOX 13337

City  
PHILADELPHIAState  
PAZip Code  
19101Purpose of Disbursement  
BANK FEE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : B951FD1425CEA49699FF

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

2841.30

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

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

PAGE 14 OF 30

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPITHEATRE PARKWAY

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 02  |   | 2025    |

City  
MOUNTAIN VIEWState  
CAZip Code  
94043-1351

FEC Identification Number

C

Purpose of Disbursement  
WEB SERVICE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

61.12

Transaction ID : BF6AD034E4E414CCB92A

☒ Memo Item

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:

Full Name (Last, First, Middle Initial)

**B. MAILCHIMP**Mailing Address 675 PONCE DE LEON AVE. NE  
STE. 5000

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 08  |   | 2025    |

City  
ATLANTAState  
GAZip Code  
30308

FEC Identification Number

C

Purpose of Disbursement  
WEB SERVICES

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

98.44

Transaction ID : B57349EFD6634471591D

☒ Memo Item

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:

Full Name (Last, First, Middle Initial)

**C. BARCLAYS MASTERCARD**

Mailing Address PO BOX 13337

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 24  |   | 2025    |

City  
PHILADELPHIAState  
PAZip Code  
19101

FEC Identification Number

C

Purpose of Disbursement  
CREDIT CARD PAYMENT- SEE MEMOS

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

919.20

Transaction ID : B536A59AA4AB7431497E

☐ Memo Item

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:

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

919.20

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

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

PAGE 15 OF 30

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. GOOD STUFF EATERY**

Mailing Address 303 PENNSYLVANIA AVE SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 13  |   | 2025    |

City  
WASHINGTONState  
DCZip Code  
20003-1148

FEC Identification Number

C

Purpose of Disbursement  
EVENT CATERING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

454.51

Transaction ID : BDD37DDB5F2984470B38

☒ Memo Item

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:

Full Name (Last, First, Middle Initial)

**B. BARCLAYS MASTERCARD**

Mailing Address PO BOX 13337

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 23  |   | 2025    |

City  
PHILADELPHIAState  
PAZip Code  
19101

FEC Identification Number

C

Purpose of Disbursement  
BANK FEE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

- 2.17

Transaction ID : B1ACFEFB764434ACF8FB

☒ Memo Item

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:

Full Name (Last, First, Middle Initial)

**C. SAM'S CLUB**

Mailing Address 2474 CROSS POINTE DR

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 25  |   | 2025    |

City  
ROCK HILLState  
SCZip Code  
29730-8185

FEC Identification Number

C

Purpose of Disbursement  
EVENT CATERING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

167.58

Transaction ID : BFBD05E7A56CA41BA863

☒ Memo Item

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:

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

0.00

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

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

PAGE 16 OF 30

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPITHEATRE PARKWAY

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 3 |   | 2 | 0 | 2 | 5 |

City  
MOUNTAIN VIEWState  
CAZip Code  
94043-1351

FEC Identification Number

C

Purpose of Disbursement  
WEB SERVICE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

68.08

Transaction ID : B24C05750480B4EADA10

☒ Memo Item

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:

Full Name (Last, First, Middle Initial)

**B. GOOGLE**

Mailing Address 1600 AMPITHEATRE PARKWAY

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 1 |   | 2 | 0 | 2 | 5 |

City  
MOUNTAIN VIEWState  
CAZip Code  
94043-1351

FEC Identification Number

C

Purpose of Disbursement  
WEB SERVICE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

70.12

Transaction ID : B89E8018B60934C76BB2

☒ Memo Item

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:

Full Name (Last, First, Middle Initial)

**C. BARCLAYS MASTERCARD**

Mailing Address PO BOX 13337

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 5 |

City  
PHILADELPHIAState  
PAZip Code  
19101

FEC Identification Number

C

Purpose of Disbursement  
BANK FEE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

43.35

Transaction ID : B55E57CF29D3A4D14AA2

☒ Memo Item

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:

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

0.00

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



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

PAGE 17 OF 30

|                                               |                              |                              |                              |
|-----------------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a                  | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. BASSWOOD RESEARCH**Mailing Address 4550 MONTGOMERY AVE  
SUITE 906City  
BETHESDAState  
MDZip Code  
20814-3304Purpose of Disbursement  
POLLING EXPENSE

005

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 3 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

22145.00

Transaction ID : BBD157B4A1C9C491C841

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BLACKWELL, MARGARETT, , MRS.,**

Mailing Address 5430 BAKER LN

City  
LAKE WYLIEState  
SCZip Code  
29710-9269Purpose of Disbursement  
ADMINISTRATIVE CONSULTING/BOOKKEEPING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

487.50

Transaction ID : BCC93482FB8B7443D8FF

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHALMERS, ADAMS, BACKER & KAUFMAN, LLC**Mailing Address 5805 STATE BRIDGE RD  
#G77City  
JOHNS CREEKState  
GAZip Code  
30097-8220Purpose of Disbursement  
LEGAL CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 3 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

15600.00

Transaction ID : BB65F6349485C45188CC

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

38232.50

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

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

PAGE 18 OF 30

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CHALMERS, ADAMS, BACKER & KAUFMAN, LLC**Mailing Address 5805 STATE BRIDGE RD  
#G77City  
JOHNS CREEKState  
GAZip Code  
30097-8220Purpose of Disbursement  
LEGAL CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

6876.50

Transaction ID : B5744A704FB03428D845

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHALMERS, ADAMS, BACKER & KAUFMAN, LLC**Mailing Address 5805 STATE BRIDGE RD  
#G77City  
JOHNS CREEKState  
GAZip Code  
30097-8220Purpose of Disbursement  
LEGAL CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 9 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

225.00

Transaction ID : B1D77C8D4CDDD409BB0D

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CITY OF ROCK HILL**

Mailing Address P. O. BOX 63039

City  
CHARLOTTEState  
NCZip Code  
28263-3039Purpose of Disbursement  
UTILITIES

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

252.90

Transaction ID : B484889E00C7F47F4866

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

7354.40

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

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

PAGE 19 OF 30

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CITY OF ROCK HILL**

Mailing Address P. O. BOX 63039

City  
CHARLOTTEState  
NCZip Code  
28263-3039Purpose of Disbursement  
UTILITIES

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

599.59

Transaction ID : BF63ABBAA6E0442F9BBB

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMN CONSULTING LLC**Mailing Address 1200 N ROLFE ST  
UNIT 219City  
ARLINGTONState  
VAZip Code  
22209-3366Purpose of Disbursement  
RESEARCH CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 2 | 6 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

22500.00

Transaction ID : B5AA9C450728F492A854

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FUNDRAISING INC.**Mailing Address 800 WEST 47TH STREET  
SUITE 200City  
KANSAS CITYState  
MOZip Code  
64112-1244Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 2 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

4101.51

Transaction ID : B0FFA1C8E31C04272839

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

27201.10

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

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

PAGE 20 OF 30

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. FUNDRAISING INC.**Mailing Address 800 WEST 47TH STREET  
SUITE 200City  
KANSAS CITYState  
MOZip Code  
64112-1244Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 3 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

4128.33

Transaction ID : B8B2316485CAD49F7BF5

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FUNDRAISING INC.**Mailing Address 800 WEST 47TH STREET  
SUITE 200City  
KANSAS CITYState  
MOZip Code  
64112-1244Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3932.50

Transaction ID : BD4B2BE9425D444B9977

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTUIT INC**

Mailing Address 5601 HEADQUARTERS DR

City  
PLANOState  
TXZip Code  
75024-5839Purpose of Disbursement  
SUBSCRIPTION

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

227.49

Transaction ID : B321C1A4C7906433DBE8

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

8288.32

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

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

PAGE 21 OF 30

|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                           | 20b                         | 20c                          | 21                           |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. JAMESTOWN ASSOCIATES**

Mailing Address 421 CHESTNUT ST

City  
PHILADELPHIAState  
PAZip Code  
19106-2425Purpose of Disbursement  
STRATEGIC MANAGEMENT CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 3 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

11514.84

Transaction ID : BFE00319DB2BD4D7C944

☐ Memo Item**B. JAMESTOWN ASSOCIATES**

Mailing Address 421 CHESTNUT ST

City  
PHILADELPHIAState  
PAZip Code  
19106-2425Purpose of Disbursement  
STRATEGIC MANAGEMENT CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B522D5603C1784CB998B

☐ Memo Item**C. JAMESTOWN ASSOCIATES**

Mailing Address 421 CHESTNUT ST

City  
PHILADELPHIAState  
PAZip Code  
19106-2425Purpose of Disbursement  
STRATEGIC MANAGEMENT CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

992.96

Transaction ID : B9D25B577951444CA949

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

14007.80

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

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

PAGE 22 OF 30

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. JAMESTOWN ASSOCIATES**

Mailing Address 421 CHESTNUT ST

City  
PHILADELPHIAState  
PAZip Code  
19106-2425Purpose of Disbursement  
STRATEGIC MANAGEMENT CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B3567D2B78E2C4C96880

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RIVET STRATEGIES LLC**Mailing Address 204 37TH AVE N  
#439City  
SAINT PETERSBURGState  
FLZip Code  
33704-1416Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 3 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

30000.00

Transaction ID : BA92FDD17256B4313AA8

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRATEGIC VICTORY SOLUTIONS**Mailing Address 1305 W 11TH ST  
#213City  
HOUSTONState  
TXZip Code  
77008-6501Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : B065BEFBF3DC14152B22

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

36500.00

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

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

PAGE 23 OF 30

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. STRATEGIC VICTORY SOLUTIONS**Mailing Address 1305 W 11TH ST  
#213City  
HOUSTONState  
TXZip Code  
77008-6501Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 6 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B8504BAB107B4496E94B

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRATEGIC VICTORY SOLUTIONS**Mailing Address 1305 W 11TH ST  
#213City  
HOUSTONState  
TXZip Code  
77008-6501Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B317587C31ADF40F5912

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891Purpose of Disbursement  
EARMARK PROCESSING

003

Candidate Name

WINRED

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 2 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

19.70

Transaction ID : BF9C5E66FC35D4D52BDA

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

5019.70

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

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

PAGE 24 OF 30

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 07  |   | 2025    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
EARMARK PROCESSING

003

Amount of Each Disbursement this Period

|      |
|------|
| 0.20 |
|------|

Candidate Name  
WINREDCategory/  
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:

Transaction ID : B564EDE4F26E14758B8B

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 08  |   | 2025    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
EARMARK PROCESSING

003

Amount of Each Disbursement this Period

|      |
|------|
| 0.20 |
|------|

Candidate Name  
WINREDCategory/  
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:

Transaction ID : BF2D461B9E47141049E9

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 09  |   | 2025    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
EARMARK PROCESSING

003

Amount of Each Disbursement this Period

|      |
|------|
| 0.04 |
|------|

Candidate Name  
WINREDCategory/  
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:

Transaction ID : B0F695AF6E57845E8823

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

0.44

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



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

PAGE 25 OF 30

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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)

**RALPH NORMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 16  | 2025    |

City  
ARLINGTONState  
VAZip Code  
22219-1891Purpose of Disbursement  
EARMARK PROCESSING

003

Candidate Name  
WINREDCategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

3.94

Transaction ID : B07231037A6C44AF3B68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 17  | 2025    |

City  
ARLINGTONState  
VAZip Code  
22219-1891Purpose of Disbursement  
EARMARK PROCESSING

003

Candidate Name  
WINREDCategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

0.20

Transaction ID : BBCC1D5D783C04F2C8C5

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 18  | 2025    |

City  
ARLINGTONState  
VAZip Code  
22219-1891Purpose of Disbursement  
EARMARK PROCESSING

003

Candidate Name  
WINREDCategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

0.08

Transaction ID : B6A63E79F1B3247F38D2

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

4.22

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

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

PAGE 26 OF 30

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 21  |   | 2025    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
EARMARK PROCESSING

003

Amount of Each Disbursement this Period

|      |
|------|
| 0.20 |
|------|

Candidate Name  
WINREDCategory/  
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) ▼ |                                  |

Transaction ID : BB5B27781376546209AD

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 10  |   | 2025    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
EARMARK PROCESSING

003

Amount of Each Disbursement this Period

|      |
|------|
| 0.04 |
|------|

Candidate Name  
WINREDCategory/  
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) ▼ |                                  |

Transaction ID : BDFBF5A925A044C44BE5

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 23  |   | 2025    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
EARMARK PROCESSING

003

Amount of Each Disbursement this Period

|      |
|------|
| 0.04 |
|------|

Candidate Name  
WINREDCategory/  
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) ▼ |                                  |

Transaction ID : B2A8743F636F74485930

☐ Memo Item

State:

District:

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

|      |
|------|
| 0.28 |
|------|

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

|           |
|-----------|
| 140369.26 |
|-----------|

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

PAGE 27 OF 30

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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)

**RALPH NORMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CAPTAIN HIGGINS FOR CONGRESS**

Mailing Address P.O. BOX 61747

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 11  |   | 2025    |

City  
LAFAYETTEState  
LAZip Code  
70596-1747

FEC Identification Number

**C** C00617662Purpose of Disbursement  
PRIMARY 2026 CONTRIBUTION

011

Candidate Name  
HIGGINS, CLAY, CAPTAIN, ,Category/  
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : BF1C79222F0C546A0981

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 03

Full Name (Last, First, Middle Initial)

**B. CHRIS HUFF FOR STATE HOUSE**Mailing Address PO BOX 393  
185 LEBBY STREET

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 14  |   | 2025    |

City  
PELZERState  
SCZip Code  
29669-0393

FEC Identification Number

**C**Purpose of Disbursement  
REFUND OF CHECK # 1703

012

Candidate Name  
CHRIS HUFF FOR STATE HOUSECategory/  
Type

Amount of Each Disbursement this Period

- 1000.00

Transaction ID : B55216A8D9A2B444499F

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CLIMER FOR CONGRESS**

Mailing Address PO BOX 4898

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 23  |   | 2025    |

City  
ROCK HILLState  
SCZip Code  
29732-6898

FEC Identification Number

**C** C00914408Purpose of Disbursement  
PRIMARY 2026 CONTRIBUTION

011

Candidate Name  
CLIMER, WES, , ,Category/  
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : B16EC3CCBB2734BE389F

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 05

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

3000.00

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

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

PAGE 28 OF 30

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CONSERVATIVE PARTNERSHIP INSTITUTE**

Mailing Address 300 INDEPENDENCE AVENUE NE

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 5 |   | 2 | 0 | 2 | 5 |

City  
WASHINGTONState  
DCZip Code  
20003

FEC Identification Number

C

Purpose of Disbursement  
CONTRIBUTION

012

Amount of Each Disbursement this Period

5000.00

Transaction ID : BFC5E263881604CFCA36

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**B. ELLEN ABRAMS FOR FORT MILL SCHOOL BOARD**

Mailing Address 4017 OARMAN CT

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 5 |

City  
FORT MILLState  
SCZip Code  
29708-0256

FEC Identification Number

C

Purpose of Disbursement  
NONFEDERAL CONTRIBUTION

011

Amount of Each Disbursement this Period

- 500.00

Transaction ID : B2903A1DC0E284FEDA71

☐ Memo Item

Candidate Name

ELLEN ABRAMS FOR FORT MILL SCHOOL BOARD

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. SC FEDERATION OF YOUNG REPUBLICANS**

Mailing Address 1913 MARION STREET

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 5 |

City  
COLUMBIAState  
SCZip Code  
29201

FEC Identification Number

C

Purpose of Disbursement  
VOICED CHECK - NONFEDERAL CONTRIBUTION

012

Amount of Each Disbursement this Period

- 250.00

Transaction ID : B02DAD221DE9240E795F

☐ Memo Item

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:

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

4250.00

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

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

PAGE 29 OF 30

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. SC FREEDOM FUND**Mailing Address 2308 MT VERNON AVE  
SUITE 447City  
ALEXANDRIAState  
VAZip Code  
22301-1328Purpose of Disbursement  
CONTRIBUTION

012

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 5 |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

125000.00

Transaction ID : BEECD4C963B0040EB868

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTH CAROLINA REPUBLICAN PARTY**

Mailing Address PO BOX 12373

City  
COLUMBIAState  
SCZip Code  
29211-2373Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

SOUTH CAROLINA REPUBLICAN PARTY

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 |
| 0 | 7 |   | 2 | 3 |   | 2 | 0 | 5 |   |

FEC Identification Number

C C00034033

Amount of Each Disbursement this Period

5000.00

Transaction ID : B7ADD8BB89B994C83B7A

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STATE FREEDOM CAUCUS FOUNDATION**

Mailing Address 300 INDEPENDENCE AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-1021Purpose of Disbursement  
CONTRIBUTION

012

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 5 |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

50000.00

Transaction ID : BBFF7B7FE06F6497097A

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

180000.00

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

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

PAGE 30 OF 30

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. STEPHEN FRANK FOR STATE HOUSE**

Mailing Address PO BOX 4665

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 14  |   | 2025    |

City  
GREENVILLEState  
SCZip Code  
29608-4665

FEC Identification Number

C

Purpose of Disbursement  
VOID OF ORIGINAL CHECK #1732

012

Amount of Each Disbursement this Period

- 1000.00

Transaction ID : B9C8A2C246D894BC78D4

☐ Memo ItemCandidate Name  
STEPHEN FRANK FOR STATE HOUSECategory/  
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:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

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

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

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

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

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:

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

- 1000.00

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

186250.00