

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Ralph Norman for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	65310.00	656385.87
(b) Total Contribution Refunds (from Line 20(d))	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	65310.00	655385.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16876.41	402007.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	10.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16876.41	401997.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	495976.09	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	440000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Ralph Norman for Congress

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

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).....	33440.00	454570.75
(ii) Unitemized.....	870.00	58890.12
(iii) TOTAL of contributions from individuals ▶	34310.00	513460.87
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	31000.00	142925.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	65310.00	656385.87
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.)	0.00	10.33
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)..... ▶	65310.00	656396.20

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16876.41	402007.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS	15000.00	58000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	31876.41	461007.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	462542.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	65310.00
25. SUBTOTAL (add Line 23 and Line 24).....	527852.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	31876.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	495976.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 28	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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

A. Full Name (Last, First, Middle Initial)
Anderson, John, , ,

Mailing Address PO Box 545

City Edisto Island	State SC	Zip Code 29438
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2018

Transaction ID : SA11AI.9911

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Brown, Robert, , ,

Mailing Address 945 Waverly Ave.

City Rock Hill	State SC	Zip Code 29730
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 20 / 2018

Transaction ID : SA11AI.9926

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Czentye, Tibi, , Mr.,

Mailing Address 1351 E Black Street

City Rock Hill	State SC	Zip Code 29730
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Business Owner
-----------------------------------	------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1578.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : SA11AI.9909

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1250.00
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 Page	FOR LINE NUMBER: (check only one)				PAGE 6 OF 28
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
Demere, Robert, , ,

Mailing Address 3050 Turner's Rock Rd.

City Savannah	State GA	Zip Code 31410
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Oil Broker
-----------------------------------	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2018

Transaction ID : SA11AI.9887

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dial, Mike, , ,

Mailing Address 6257 Carolina Commons

City Fort Mill	State SC	Zip Code 29707
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2340.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2018

Transaction ID : SA11AI.9956

Amount of Each Receipt this Period
2340.00

Memo Item
In-kind - Event Catering/Site Rental

C. Full Name (Last, First, Middle Initial)
Fedele, Mike, , ,

Mailing Address 1585 Meadowdale Rd.

City Rock Hill	State SC	Zip Code 29732
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Physical Therapist
-----------------------------------	----------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2018

Transaction ID : SA11AI.9939

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	4940.00
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 Page

FOR LINE NUMBER: PAGE 7 OF 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
Fedele, Mike, , ,

Mailing Address 1585 Meadowdale Rd.

City State Zip Code
Rock Hill SC 29732

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

Name of Employer Occupation
Self Employed Physical Therapist

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 29 2018

Transaction ID : SA11AI.9918

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Feus, William, , ,

Mailing Address 4329 Birkshire Heights

City State Zip Code
Fort Mill SC 29708

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

Name of Employer Occupation
Thrivent Financial Financial Associate

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 18 2018

Transaction ID : SA11AI.9935

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Gallant, Karl, , ,

Mailing Address 8506 Gauge Dr.

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer Occupation
Aduston Consulting Executive

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 30 2018

Transaction ID : SA11AI.9943

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1600.00

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 Page

FOR LINE NUMBER: PAGE 8 OF 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
Galloway, James, , , Jr.

Mailing Address PO Box 66

City: Rock Hill State: SC Zip Code: 29731

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2000.00

Date of Receipt: 06 / 24 / 2018

Transaction ID : SA11AI.9890

Amount of Each Receipt this Period: 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Heckard, Steve, , ,

Mailing Address 671 Glendale Dr

City: Rock Hill State: SC Zip Code: 29732

FEC ID number of contributing federal political committee: C

Name of Employer: Continuum Capital Advisory Occupation: Principal

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 24 / 2018

Transaction ID : SA11AI.9892

Amount of Each Receipt this Period: 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Henderson, Laura, , ,

Mailing Address 19721 Youngblood Rd.

City: Charlotte State: NC Zip Code: 28278

FEC ID number of contributing federal political committee: C

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1500.00

Date of Receipt: 05 / 24 / 2018

Transaction ID : SA11AI.9602

Amount of Each Receipt this Period: 1500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 9 OF 28
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
Henderson, Todd, , ,

Mailing Address 19721 Youngblood Rd.

City Charlotte	State NC	Zip Code 28278
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nutra-Max Laboratories	Occupation President
--	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2018

Transaction ID : SA11AI.9603

Amount of Each Receipt this Period
1500.00

Memo Item
Refund to be Issued

B. Full Name (Last, First, Middle Initial)
Johnson, Doug, , ,

Mailing Address 561 Benton Lane

City Rock Hill	State SC	Zip Code 29732
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2018

Transaction ID : SA11AI.9915

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Johnson, Nash, , ,

Mailing Address 105 Charlotte Cir

City Clinton	State NC	Zip Code 28328
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Farmer
-----------------------------------	----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2018

Transaction ID : SA11AI.9871

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	4700.00
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 Page

FOR LINE NUMBER: PAGE 10 OF 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
Kibler, James, , ,
Mailing Address 636 Veridae Dr

City Spartanburg	State SC	Zip Code 29301
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FEC ID number of contributing federal political committee. **C**

Name of Employer Bojangles	Occupation Board of Directors
-------------------------------	----------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2018

Transaction ID : SA11AI.9913

Amount of Each Receipt this Period

1000.00

 Memo Item

B. Full Name (Last, First, Middle Initial)
Kolb, Mack, , ,
Mailing Address 688 Bultman Dr.

City Sumter	State SC	Zip Code 29150
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Business Owner
-----------------------------------	------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : SA11AI.9901

Amount of Each Receipt this Period

1000.00

 Memo Item

C. Full Name (Last, First, Middle Initial)
Krause, Donald, , ,
Mailing Address 200 Warrington Pl

City Rock Hill	State SC	Zip Code 29732
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2018

Transaction ID : SA11AI.9932

Amount of Each Receipt this Period

100.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 28	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
Livingston, Austin, , ,

Mailing Address 1957 Middleton Pl

City Rock Hill	State SC	Zip Code 29732
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FEC ID number of contributing federal political committee. **C**

Name of Employer Iconic Group	Occupation Marketing Director
----------------------------------	----------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2755.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2018

Transaction ID : SA11AI.9958

Amount of Each Receipt this Period
2650.00

Memo Item
In-kind - Videography/Website Design

B. Full Name (Last, First, Middle Initial)
Mitchell, Marlene, , ,

Mailing Address 344 E Main St.

City Rock Hill	State SC	Zip Code 29730
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 18 / 2018

Transaction ID : SA11AI.9955

Amount of Each Receipt this Period
1150.00

Memo Item
In-kind - Event Catering/Printing/Mileage

C. Full Name (Last, First, Middle Initial)
Nichols, Alan, , Dr.,

Mailing Address 2518 Meredith Ct

City Rock Hill	State SC	Zip Code 29732
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 20 / 2018

Transaction ID : SA11AI.9923

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	4800.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 28	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
Nichols, Cliff, , ,

Mailing Address 5027 Tara Tea Dr.

City Tega Cay	State SC	Zip Code 29708
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Photographer
-----------------------------------	----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3538.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2018

Transaction ID : SA11AI.9957

Amount of Each Receipt this Period
1750.00

Memo Item
In-kind - Photography

B. Full Name (Last, First, Middle Initial)
Rabun, Marcus, , ,

Mailing Address 1101 Woodridge Center Dr ste 160

City Charlotte	State NC	Zip Code 28217
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FEC ID number of contributing federal political committee. **C**

Name of Employer Myers and Chapman	Occupation CEO
---------------------------------------	-------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2018

Transaction ID : SA11AI.9933

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sossamon, Larry, , ,

Mailing Address 126 Forest Hills Drive

City Gaffney	State SC	Zip Code 29340
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FEC ID number of contributing federal political committee. **C**

Name of Employer Sossamon Construction	Occupation General Contractor
---	----------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : SA11AI.9906

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	4750.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 28	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
Stanek, Duane, , ,

Mailing Address 256 Highland Forest Drive

City Clover	State SC	Zip Code 29710
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dana Anthony Custom Homes	Occupation Homebuilder
---	---------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2018

Transaction ID : SA11AI.9914

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Stevenson, Stuart, , ,

Mailing Address 621 Deberry Hollow

City Rock Hill	State SC	Zip Code 29732
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FEC ID number of contributing federal political committee. **C**

Name of Employer Stevenson-Weir Inc.	Occupation Business Owner
---	------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2018

Transaction ID : SA11AI.9920

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sturgis, William, , ,

Mailing Address 5318 Maddox Ct.

City Fort Mill	State SC	Zip Code 29708
-------------------	-------------	-------------------

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

Name of Employer Sturgis Web Services	Occupation Owner
--	---------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2018

Transaction ID : SA11AI.9888

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 3800.00
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 Page

FOR LINE NUMBER: PAGE 14 OF 28
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
Young, Ed, , ,
Mailing Address 129 S Charlotte Ave
City Rock Hill State SC Zip Code 29731
FEC ID number of contributing federal political committee. C
Name of Employer Ed Young Homes Occupation President
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2018
Transaction ID : SA11AI.9934
Amount of Each Receipt this Period
1000.00
 Memo Item

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 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

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 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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	33440.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 28	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
ASIAN AMERICAN HOTEL OWNERS ASSOCIATION PAC (AAHOA PAC)

Mailing Address 5845 RICHMOND HIGHWAY
SUITE 820

City ALEXANDRIA	State VA	Zip Code 22303
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00336743

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2018

Transaction ID : SA11C.9885

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CYPRESS SOLAR PAC

Mailing Address 3250 OCEAN PARK BOULEVARD
SUITE 355

City SANTA MONICA	State CA	Zip Code 90405
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00629410

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : SA11C.9897

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 550 SOUTH TRYON STREET

City CHARLOTTE	State NC	Zip Code 28202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2018

Transaction ID : SA11C.9883

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	7000.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 28	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)

Mailing Address 6700 LAS COLINAS BOULEVARD

City IRVING	State TX	Zip Code 75039
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2018

Transaction ID : SA11C.9903

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2018

Transaction ID : SA11C.9884

Amount of Each Receipt this Period
 _____ 4000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
IHEARTMEDIA, INC. - CLEAR CHANNEL OUTDOOR PAC

Mailing Address 200 E. BASSE ROAD

City SAN ANTONIO	State TX	Zip Code 78209
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2018

Transaction ID : SA11C.9945

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 6000.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 28	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)

Mailing Address 1101 PENNSYLVANIA AVENUE NW
SUITE 200

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2018

Transaction ID : SA11C.9879

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE

Mailing Address 1600 DUKE STREET

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

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2018

Transaction ID : SA11C.9895

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City FALLS CHURCH	State VA	Zip Code 22042
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : SA11C.9899

Amount of Each Receipt this Period
3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	5500.00
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 Page

FOR LINE NUMBER: PAGE 18 OF 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N MICHIGAN AVENUE

City CHICAGO	State IL	Zip Code 60611
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2018

Transaction ID : SA11C.9606

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1201 F ST. NW
SUITE 200

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2018

Transaction ID : SA11C.9904

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City FAIRFAX	State VA	Zip Code 22030
-----------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2018

Transaction ID : SA11C.9896

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

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

_____ 4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 28	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. Full Name (Last, First, Middle Initial)
South Carolina Bankers Association PAC

Mailing Address PO Box 1483

City Columbia	State SC	Zip Code 29202
------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 11 / 2018

Transaction ID : SA11C.9876

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SQUIRE PATTON BOGGS POLITICAL ACTION COMMITTEE (SQUIRE PATTON BOGGS PAC)

Mailing Address 2550 M STREET N.W.

City WASHINGTON	State DC	Zip Code 20037
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00401083

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2018

Transaction ID : SA11C.9947

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THE VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT

Mailing Address 975 F STREET NW
SUITE 500

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00410266

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2018

Transaction ID : SA11C.9880

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	31000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

Full Name (Last, First, Middle Initial) A. Dial, Mike, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2018	
Mailing Address 6257 Carolina Commons			FEC Identification Number C	
City Fort Mill	State SC	Zip Code 29707	Amount of Each Disbursement this Period 2340.00	
Purpose of Disbursement In-kind - Event Catering/Site Rental			Transaction ID : SB17.9961	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Huckaby Davis Lisker			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2018	
Mailing Address 228 S Washington St. Ste. 115			FEC Identification Number C	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 3525.45	
Purpose of Disbursement Compliance Consulting			Transaction ID : SB17.9950	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Livingston, Austin, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2018	
Mailing Address 1957 Middleton Pl			FEC Identification Number C	
City Rock Hill	State SC	Zip Code 29732	Amount of Each Disbursement this Period 2650.00	
Purpose of Disbursement In-kind - Videography/Website Design			Transaction ID : SB17.9959	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	8515.45
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 Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

Full Name (Last, First, Middle Initial) A. Mitchell, Marlene, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2018	
Mailing Address 344 E Main St.			FEC Identification Number C	
City Rock Hill	State SC	Zip Code 29730	Amount of Each Disbursement this Period 1150.00	
Purpose of Disbursement In-kind - Event Catering/Printing/Mileage			Transaction ID : SB17.9962	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Nichols, Cliff, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2018	
Mailing Address 5027 Tara Tea Dr.			FEC Identification Number C	
City Tega Cay	State SC	Zip Code 29708	Amount of Each Disbursement this Period 1750.00	
Purpose of Disbursement In-kind - Photography			Transaction ID : SB17.9960	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. O'Neal, David, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2018	
Mailing Address 7101 Anchorage Ln.			FEC Identification Number C	
City Tega Cay	State SC	Zip Code 29708	Amount of Each Disbursement this Period 370.50	
Purpose of Disbursement Expense Reimbursement- See Memo			Transaction ID : SB17.9949	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3270.50
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 Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

A. The Studio

Full Name (Last, First, Middle Initial)

Mailing Address 360 E 2nd St.
Ste. 200

City Los Angeles State CA Zip Code 90012

Purpose of Disbursement
Constituent Coins

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 01 / 2018

FEC Identification Number
C

Amount of Each Disbursement this Period
370.50

Transaction ID : SB17.9949.0

Memo Item

B. Stripe

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Ste.
Ste. 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
Online Processing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 30 / 2018

FEC Identification Number
C

Amount of Each Disbursement this Period
448.76

Transaction ID : SB17.9905

Memo Item

C. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 2191 Ebenezer Rd.

City Rock Hill State SC Zip Code 29732

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 05 / 2018

FEC Identification Number
C

Amount of Each Disbursement this Period
180.00

Transaction ID : SB17.9951

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 628.76

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 Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 28		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

Full Name (Last, First, Middle Initial) A. Winfrey & Company		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2018
Mailing Address 516 N Washington St.		FEC Identification Number C
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Fundraising Consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 4461.70	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9952
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4461.70
TOTAL This Period (last page this line number only).....▶	16876.41

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 28	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ralph Norman for Congress

Full Name (Last, First, Middle Initial) A. NRCC		Date of Disbursement MM / DD / YYYY 06 / 29 / 2018
Mailing Address 320 FIRST STREET SE		FEC Identification Number C C00075820
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Transfer		Amount of Each Disbursement this Period 15000.00
Candidate Name	Category/ Type	Transaction ID : SB21.9954
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> 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.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> 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).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	15000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Ralph Norman for Congress** Transaction ID : **SC/10.4190**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item NORMAN, RALPH W MR. JR, , ,		Election: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 907 Maple Hill Lane		
City ROCK HILL	State SC	ZIP Code 29732 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 300000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 12 / Y 2017	M M / D D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	250000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4190

(Current loan amount of 50000.00 from a balance of 300000.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Ralph Norman for Congress** Transaction ID : **SC/10.5523**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item NORMAN, RALPH W MR. JR, , ,		Election: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff
Mailing Address 907 Maple Hill Lane		
City ROCK HILL	State SC	ZIP Code 29732
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 05 / D 10 / Y 2017	M M / D D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	150000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Ralph Norman for Congress** Transaction ID : **SC/10.7617**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item NORMAN, RALPH W MR. JR, , ,		Election: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 907 Maple Hill Lane		
City ROCK HILL	State SC	ZIP Code 29732
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 05 / D 19 / Y 2017	M M / D D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	40000.00
TOTALS This Period (last page in this line only).....▶	440000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.