

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: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

| | 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)).... | 55.50 | 87826.68 |
| (b) Total Contribution Refunds (from Line 20(d)) | 2.68 | 2.68 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 52.82 | 87824.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 40496.70 | 284219.78 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 0.00 | 152.70 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 40496.70 | 284067.08 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | | |
| | 90290.12 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | |
| | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | | |
| | 0.00 | |

For further information, contact the Federal Election Commission at 800-424-9530 or visit 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: / / 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)..... | 0.00 | 13750.00 |
| (ii) Unitemized..... | 55.50 | 1076.68 |
| (iii) TOTAL of contributions from individuals ▶ | 55.50 | 14826.68 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 66000.00 |
| (d) The Candidate..... | 0.00 | 7000.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 55.50 | 87826.68 |
| 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 | 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)..... ▶ | 55.50 | 87979.38 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 40496.70 | 284219.78 |
| 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 | 2.68 | 2.68 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 2.68 | 2.68 |
| 21. OTHER DISBURSEMENTS | 27000.00 | 332650.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 67499.38 | 616872.46 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 157734.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 55.50 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 157789.50 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 67499.38 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 90290.12 |

**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 5 OF 13 | |
| | <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. ACPAC ACA INTERNATIONAL PAC

Mailing Address 509 2ND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name ACPAC ACA INTERNATIONAL PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2026

FEC Identification Number: C C00034785

Amount of Each Disbursement this Period: 5000.00

Transaction ID : B5C13C3BC0FAD4BD4B1E

Memo Item

Full Name (Last, First, Middle Initial)
B. ARISTOTLE INTERNATIONAL INC.

Mailing Address P. O. BOX 716045

City PHILADELPHIA State PA Zip Code 19171

Purpose of Disbursement COMPLIANCE SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 06 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2568.00

Transaction ID : B517E4759161C4882BD5

Memo Item

Full Name (Last, First, Middle Initial)
C. BARCLAYS MASTERCARD

Mailing Address PO BOX 13337

City PHILADELPHIA State PA Zip Code 19101

Purpose of Disbursement CREDIT CARD PAYMENT- ITEMIZATION NOT REQUIRED

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 05 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 70.12

Transaction ID : B775B7CCAEEAB4BD9A81

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 7638.12

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 6 OF 13 | | | |
| | <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. BARCLAYS MASTERCARD | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026 |
| Mailing Address PO BOX 13337 | | FEC Identification Number C |
| City PHILADELPHIA | State PA | Zip Code 19101 |
| Purpose of Disbursement CREDIT CARD PAYMENT- ITEMIZATION NOT REQUIRED | | 001 |
| Candidate Name | | Amount of Each Disbursement this Period 46.32 |
| 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 : BA8F40000CB64E31A76 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK, N.A | | Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2026 |
| Mailing Address 1445A LAUGHLIN AVE | | FEC Identification Number C |
| City MCLEAN | State VA | Zip Code 22101-5709 |
| Purpose of Disbursement BANK FEES | | 001 |
| Candidate Name | | Amount of Each Disbursement this Period 25.00 |
| 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 : BC0E816DAC9F34A8FB80 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CHALMERS, ADAMS, BACKER & KAUFMAN, LLC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2026 |
| Mailing Address 100 N MAIN ST STE 340 | | FEC Identification Number C |
| City ALPHARETTA | State GA | Zip Code 30009-3842 |
| Purpose of Disbursement LEGAL CONSULTING | | 001 |
| Candidate Name | | Amount of Each Disbursement this Period 1950.00 |
| 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 : B431415CDB86F4170AF0 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 2021.32 |
| 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 Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 13 | | | |
| | <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. CHALMERS, ADAMS, BACKER & KAUFMAN, LLC | | | Date of Disbursement MM / DD / YYYY 02 / 13 / 2026 |
| Mailing Address 100 N MAIN ST STE 340 | | | FEC Identification Number C |
| City ALPHARETTA | State GA | Zip Code 30009-3842 | Amount of Each Disbursement this Period 4815.00 |
| Purpose of Disbursement LEGAL CONSULTING | | Category/Type 001 | Transaction ID : BEAE3CBBFF5494EE2A68 |
| Candidate Name | | | <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) B. JAMESTOWN ASSOCIATES | | | Date of Disbursement MM / DD / YYYY 01 / 27 / 2026 |
| Mailing Address 421 CHESTNUT ST | | | FEC Identification Number C |
| City PHILADELPHIA | State PA | Zip Code 19106-2425 | Amount of Each Disbursement this Period 1500.00 |
| Purpose of Disbursement STRATEGIC MANAGEMENT CONSULTING | | Category/Type 001 | Transaction ID : B3042B9036BF44E13B4E |
| Candidate Name | | | <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. JAMESTOWN ASSOCIATES | | | Date of Disbursement MM / DD / YYYY 02 / 13 / 2026 |
| Mailing Address 421 CHESTNUT ST | | | FEC Identification Number C |
| City PHILADELPHIA | State PA | Zip Code 19106-2425 | Amount of Each Disbursement this Period 1500.00 |
| Purpose of Disbursement STRATEGIC MANAGEMENT CONSULTING | | Category/Type 001 | Transaction ID : BA34D4917DDC74A139AF |
| Candidate Name | | | <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).....▶ | 7815.00 |
| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 8 OF 13 | |
| | <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. JAMESTOWN ASSOCIATES

Mailing Address 421 CHESTNUT ST

City PHILADELPHIA State PA Zip Code 19106-2425

Purpose of Disbursement STRATEGIC MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 06 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : B6CFBEB2AB36D4DB5B23

Memo Item

Full Name (Last, First, Middle Initial)
B. MANUFACTURED HOUSING INSTITUTE PAC

Mailing Address 1655 FORT MYER DRIVE SUITE 200

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name MANUFACTURED HOUSING INSTITUTE PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2026

FEC Identification Number: C C00043463

Amount of Each Disbursement this Period: 2500.00

Transaction ID : BA03B67F5BC1543FCB99

Memo Item

Full Name (Last, First, Middle Initial)
C. PAC MANAGEMENT SERVICES LLC

Mailing Address 10521 JUDICIAL DR STE 200A

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement COMPLIANCE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 05 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 5062.50

Transaction ID : B632CF78BFF4644090A

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 9062.50

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 9 OF 13 | |
| | <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. PAC MANAGEMENT SERVICES LLC | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2026 | |
| Mailing Address 10521 JUDICIAL DR STE 200A | | | FEC Identification Number C | |
| City FAIRFAX | State VA | Zip Code 22030 | Amount of Each Disbursement this Period 2500.00 | |
| Purpose of Disbursement COMPLIANCE SERVICES | | Category/ Type | Transaction ID : B9EF7604964F44B919F9 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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. PAC MANAGEMENT SERVICES LLC | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2026 | |
| Mailing Address 10521 JUDICIAL DR STE 200A | | | FEC Identification Number C | |
| City FAIRFAX | State VA | Zip Code 22030 | Amount of Each Disbursement this Period 1612.50 | |
| Purpose of Disbursement COMPLIANCE SERVICES | | Category/ Type | Transaction ID : BD5B490D0EC2448B39F8 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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. PAC MANAGEMENT SERVICES LLC | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2026 | |
| Mailing Address 10521 JUDICIAL DR STE 200A | | | FEC Identification Number C | |
| City FAIRFAX | State VA | Zip Code 22030 | Amount of Each Disbursement this Period 2750.00 | |
| Purpose of Disbursement COMPLIANCE SERVICES | | Category/ Type | Transaction ID : B0481AF60BB9A4C8C9E2 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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).....▶ | 6862.50 |
| 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 10 OF 13 | |
| | <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. PAC MANAGEMENT SERVICES LLC | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2026 | |
| Mailing Address 10521 JUDICIAL DR STE 200A | | | FEC Identification Number C | |
| City FAIRFAX | State VA | Zip Code 22030 | Amount of Each Disbursement this Period 2000.00 | |
| Purpose of Disbursement COMPLIANCE SERVICES | | Category/ Type | Transaction ID : B5D9F6890D3214F64B23 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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. STAND FOR AMERICA PAC | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026 | |
| Mailing Address 186 SEVEN FARMS DR STE F275 | | | FEC Identification Number C C00765982 | |
| City DANIEL ISLAND | State SC | Zip Code 29492-8510 | Amount of Each Disbursement this Period 5000.00 | |
| Purpose of Disbursement CONTRIBUTION REFUND | | Category/ Type | Transaction ID : B6D3EABF2F42A4AC9B20 | |
| Candidate Name STAND FOR AMERICA PAC | | Memo Item <input type="checkbox"/> | | |
| 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 M M / D D / Y Y Y Y | |
| Mailing Address | | | FEC Identification Number C | |
| City | State | Zip Code | Amount of Each Disbursement this Period | |
| Purpose of Disbursement | | Category/ Type | Memo Item <input type="checkbox"/> | |
| 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).....▶ | 7000.00 |
| TOTAL This Period (last page this line number only).....▶ | 40399.44 |

**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 11 OF 13 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input checked="" 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. ACPAC ACA INTERNATIONAL PAC

Mailing Address 509 2ND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement REFUND: CONTRIBUTION REFUND - MEMO ENTRY TO CREATE ENTRY
~~ON CORRECT LINE NUMBER~~ 010 Category/Type

Candidate Name ACPAC ACA INTERNATIONAL PAC

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
03 / 05 / 2026

FEC Identification Number **C** C00034785

Amount of Each Disbursement this Period 5000.00

Transaction ID : BF9916ABB196548FFA1B

Memo Item

Full Name (Last, First, Middle Initial)
B. MANUFACTURED HOUSING INSTITUTE PAC

Mailing Address 1655 FORT MYER DRIVE SUITE 200

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement REFUND: CONTRIBUTION REFUND - MEMO ENTRY TO CREATE ENTRY
~~ON CORRECT LINE NUMBER~~ 010 Category/Type

Candidate Name MANUFACTURED HOUSING INSTITUTE PAC

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
03 / 05 / 2026

FEC Identification Number **C** C00043463

Amount of Each Disbursement this Period 2500.00

Transaction ID : B3C86FF5987AA4D0AADE

Memo Item

Full Name (Last, First, Middle Initial)
C. STAND FOR AMERICA PAC

Mailing Address 186 SEVEN FARMS DR STE F275

City DANIEL ISLAND State SC Zip Code 29492-8510

Purpose of Disbursement REFUND: CONTRIBUTION REFUND - MEMO ENTRY TO CREATE ENTRY
~~ON CORRECT LINE NUMBER~~ 010 Category/Type

Candidate Name STAND FOR AMERICA PAC

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
03 / 05 / 2026

FEC Identification Number **C** C00765982

Amount of Each Disbursement this Period 5000.00

Transaction ID : B2FC318CBB0FA4DCF894

Memo Item

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 0.00 |

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 12 OF 13 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 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. MITCHELL FOR HOUSE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2026 |
| Mailing Address 103 SUGAR LAKE CT | | | FEC Identification Number C |
| City GREER | State SC | Zip Code 29650-3351 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement CONTRIBUTION | | Category/ Type 012 | Transaction ID : B6B7CF5532DD346CD816 |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial) B. SOUTH CAROLINA REPUBLICAN PARTY | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2026 |
| Mailing Address PO BOX 12373 | | | FEC Identification Number C |
| City COLUMBIA | State SC | Zip Code 29211-2373 | Amount of Each Disbursement this Period 25000.00 |
| Purpose of Disbursement CONTRIBUTION | | Category/ Type 012 | Transaction ID : B3CF929EB613C4625917 |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial) C. YOUNG GREENVILLE REPUBLICAN CLUB | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2026 |
| Mailing Address 146 MAXIMUS DR | | | FEC Identification Number C |
| City GREER | State SC | Zip Code 29651-5413 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement CONTRIBUTION | | Category/ Type 012 | Transaction ID : B7536E74764024E03B29 |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 27000.00 |
| TOTAL This Period (last page this line number only).....▶ | 27000.00 |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

RALPH NORMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ACPAC ACA INTERNATIONAL PAC

Nature of Debt (Purpose):

GENERAL ELECTION REFUND

Mailing Address 509 2ND STREET NE

City
WASHINGTON

State
DC

Zip Code
20002

Outstanding Balance Beginning This Period

5000.00

Transaction ID : D6F66959033D843068B0

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANUFACTURED HOUSING INSTITUTE PAC

Nature of Debt (Purpose):

GENERAL ELECTION REFUND

Mailing Address 1655 FORT MYER DRIVE
SUITE 200

City
ARLINGTON

State
VA

Zip Code
22209

Outstanding Balance Beginning This Period

2500.00

Transaction ID : D4636F820F8384435B85

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STAND FOR AMERICA PAC

Nature of Debt (Purpose):

GENERAL ELECTION REFUND

Mailing Address 186 SEVEN FARMS DR
STE F275

City
DANIEL ISLAND

State
SC

Zip Code
29492-8510

Outstanding Balance Beginning This Period

5000.00

Transaction ID : DFB0C03BA3B544CF7BB1

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)

0.00

2) **TOTALS** This Period (last page this line number only)

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)