

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
REPUBLICAN STATE COMMITTEE OF DELAWARE

ADDRESS (number and street) 3408 LANCASTER PIKE
Check if different than previously reported. (ACC) WILMINGTON DE 19805-5535

2. FEC IDENTIFICATION NUMBER C C00172510
3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2019 through 07 / 31 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
CINI, DENNIS, MR.,
Type or Print Name of Treasurer

Signature of Treasurer CINI, DENNIS, MR., [Electronically Filed] Date 08 / 05 / 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

REPUBLICAN STATE COMMITTEE OF DELAWARE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value=""/>	<input type="text" value="10320.73"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="21831.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20200.00"/>	<input type="text" value="109058.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="42031.33"/>	<input type="text" value="119378.73"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14429.26"/>	<input type="text" value="91776.66"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27602.07"/>	<input type="text" value="27602.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1000.00"/>	

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

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

Write or Type Committee Name

REPUBLICAN STATE COMMITTEE OF DELAWARE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18600.00	67235.00
(ii) Unitemized	1100.00	34873.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19700.00	102108.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	950.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20200.00	103058.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	6000.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	6000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20200.00	109058.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20200.00	103058.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	22794.30
(ii) Non-Federal Share.....	0.00	40523.14
(b) Other Federal Operating Expenditures	14429.26	28459.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14429.26	91776.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14429.26	91776.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14429.26	51253.52

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20200.00	103058.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20200.00	103058.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14429.26	51253.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14429.26	51253.52

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
REPUBLICAN STATE COMMITTEE OF DELAWARE

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

Mailing Address 36870 HERRING CT

City SELBYVILLE	State DE	Zip Code 19975-3858
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REALTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2019

Transaction ID : A3B40A33A2F6D45EF9B7

Amount of Each Receipt this Period
250.00

Memo Item

B. ARTESIAN WATER CO INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 15004

City WILMINGTON	State DE	Zip Code 19850-5004
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2019

Transaction ID : A75641118E0B9452E864

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address GENE LANKFORD
105 SECOND STREET

City REHOBOTH BEACH	State DE	Zip Code 19971-2283
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2019

Transaction ID : A429FC6BD0CF2460BC1

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. BURTON, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 GRIER LN
 City MILFORD State DE Zip Code 19963-2906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IG BURTON Occupation (for Individual) CAR DEALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 15 / 2019
Transaction ID : A2CF6A3815CBB44038E6
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. BYRD, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 WINDING LN
 City WILMINGTON State DE Zip Code 19809-2816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE BYRD GROUP INC Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 08 / 2019
Transaction ID : A1C312578F3CB45768E6
 Amount of Each Receipt this Period 500.00
 Memo Item

C. CAGGIANO, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 LANDS END
 City REHOBOTH BEACH State DE Zip Code 19971-1312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NICOLA PIZZA INC. Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2019
Transaction ID : A3576D200E4784C5EB92
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. CLARK, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20890 WIL KING RD
 City LEWES State DE Zip Code 19958-6076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 02 / 2019
Transaction ID : A328E0E0D58BD42C1B5C
 Amount of Each Receipt this Period 500.00
 Memo Item

B. COFFIN, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 BREAKWATER ST
 City LEWES State DE Zip Code 19958-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 08 / 2019
Transaction ID : AD68B715EA69D4B86BF9
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. COPELAND, GERRET, , MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1233 N GULFSTREAM AVE
 City SARASOTA State FL Zip Code 34236-8953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FLORIDA SUN REALTY Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2019
Transaction ID : A8837E63E91634419A9E
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. COTTRELL, FREDERICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 604 WYNYARD RD
 City WILMINGTON State DE Zip Code 19803-2231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RICHARDS LAYTON AND FINGER Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 07 / 15 / 2019
Transaction ID : A1F1EE19F49E04503921
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. CROWE, CHERYL, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1326
 City REHOBOTH BEACH State DE Zip Code 19971-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2019
Transaction ID : A6117A2D6D9E54B66A93
 Amount of Each Receipt this Period 250.00
 Memo Item

C. DAMANI, FODI, , DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36095 TARPON DR
 City LEWES State DE Zip Code 19958-5059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PENINSULA HEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2019
Transaction ID : AC481234BD8434EEBACE
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. FRIESS, FOSTER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9790

City JACKSON	State WY	Zip Code 83002-9790
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FRIESS ASSOCIATES	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

Transaction ID : ADA573B09865A4BBF836

Amount of Each Receipt this Period
1000.00

Memo Item

B. GARCIA, MARK J., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 ASHFORD DR

City CHADDS FORD	State PA	Zip Code 19317-8230
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2019

Transaction ID : ADE4D3EBCE013495780B

Amount of Each Receipt this Period
500.00

Memo Item

C. GRAY, RONALD, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37176 SUNSET CV
THE

City SELBYVILLE	State DE	Zip Code 19975-3815
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) R.E. GRAY & ASSOCIATES ENGINEERING	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2019

Transaction ID : A66DD4C23122741B9B96

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. HARRA, ROBERT, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2311 KENTMERE PKWY
 City WILMINGTON State DE Zip Code 19806-2019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5500.00

Date of Receipt 07 / 02 / 2019
Transaction ID : AFEBE37765990411286F
 Amount of Each Receipt this Period 500.00
 Memo Item

B. HASTINGS, JENNINGS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2348 BIG WOODS ROAD
 City SMYRNA State DE Zip Code 19977-3521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2019
Transaction ID : ADC7DACC8DCCC45538A
 Amount of Each Receipt this Period 500.00
 Memo Item

C. KENNY, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 BLACK WALNUT CT.
 City REHOBOTH BEACH State DE Zip Code 19971-1064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 15 / 2019
Transaction ID : A16BE39F2E0A048E0A58
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. KINCANNON, MARGARET, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 614 LOVEVILLE RD
APT E4A

City HOCKESSIN State DE Zip Code 19707-1619

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
07 / 02 / 2019
Transaction ID : **A51395902DC6E4884BD3**

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO BOX 320

City MONTCHANIN State DE Zip Code 19710-0320

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

Name of Employer (for Individual) ALAN LEVIN AND ASSOCIATES Occupation (for Individual) PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 02 / 2019
Transaction ID : **AF7F589B125C94F0A9D1**

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 11 COVENTRY RD

City REHOBOTH BCH State DE Zip Code 19971-1431

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

Name of Employer (for Individual) N/A Occupation (for Individual) SECRETARY

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 15 / 2019
Transaction ID : **A41C7CBB9404545B6BED**

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. MARVIN, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 CARRIAGE RD
 City WILMINGTON State DE Zip Code 19807-2238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2019
Transaction ID : AD516BED8B99140958C4
 Amount of Each Receipt this Period 500.00
 Memo Item

B. MCCANN, HENRY, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3442 CANTERBURY RD
 City MILFORD State DE Zip Code 19963-5427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DESTINATION DEVELOPMENTS Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 02 / 2019
Transaction ID : A68CB328D1164473FA3F
 Amount of Each Receipt this Period 500.00
 Memo Item

C. METZ, THOMAS, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 439 KINGS HWY
 City LEWES State DE Zip Code 19958-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 08 / 2019
Transaction ID : AF5397BA272834F43ACB
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. PIERCE, JR., A. DUER, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 SNUFF MILL RD
 City WILMINGTON State DE Zip Code 19807-1043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2019
Transaction ID : A9DF52CD870774B86A42
 Amount of Each Receipt this Period 500.00
 Memo Item

B. ROLLINS, DIANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 4199
 City WILMINGTON State DE Zip Code 19807-4199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2019
Transaction ID : A5EB471426C0D40B8A71
 Amount of Each Receipt this Period 250.00
 Memo Item

C. SPOSATO LANDSCAPE CO., INC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address DAVID SPOSATO
 16181 HUDSON RD.
 City MILTON State DE Zip Code 19968-3612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2019
Transaction ID : AFB7F8633F85B425DB71
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. SUGRUE, ERIC, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 333
 City REHOBOTH BEACH State DE Zip Code 19971-0333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE COASTAL GROUP Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2019
Transaction ID : A776D1998FCF94B81835
 Amount of Each Receipt this Period 250.00
 Memo Item

B. SWENSSON, EVELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 726 LOVEVILLE RD APT 39
 City HOCKESSIN State DE Zip Code 19707-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2019
Transaction ID : AA022E88FFA544FA3A70
 Amount of Each Receipt this Period 250.00
 Memo Item

C. WHETZEL, ROBERT, , , ESQ.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 OAKKNOLL CIR
 City NEWARK State DE Zip Code 19711-2490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RICHARDS LAYTON & FINGER Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 15 / 2019
Transaction ID : A93DCB09445AA41FEAA4
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 16 OF 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILLIS, WILLIAM, , ,

Mailing Address 677 W LAKE DR

City SMYRNA	State DE	Zip Code 19977-1611
----------------	-------------	------------------------

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

Name of Employer (for Individual) WILLIS AUTO GROUP	Occupation (for Individual) AUTO DEALER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		15		2019

Transaction ID : ADE329C5429A7401D976

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	18600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 26
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. DEL PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 134 E WATER ST
SARA ELALAMY

City DOVER State DE Zip Code 19901-3614

FEC ID number of contributing federal political committee. **C** C00523670

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 15 / 2019

Transaction ID : **A7C89870A4FE94CA09D5**

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. DELAWARE CADILLAC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4427

City WILMINGTON State DE Zip Code 19807-0427

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2019

FEC Identification Number: C

Transaction ID : B70C5D7728

Amount of Each Disbursement this Period: 2431.90

Memo Item

B. HEALY & ASSOCIATES

Full Name (Last, First, Middle Initial)

Mailing Address 121 CONNOR WAY, SUITE # 255

City WILLISTON State VT Zip Code 05495-8220

Purpose of Disbursement WEBSITE AND EMAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2019

FEC Identification Number: C

Transaction ID : B8DF5B4F42I

Amount of Each Disbursement this Period: 1875.00

Memo Item

C. HEALY & ASSOCIATES

Full Name (Last, First, Middle Initial)

Mailing Address 121 CONNOR WAY, SUITE # 255

City WILLISTON State VT Zip Code 05495-8220

Purpose of Disbursement WEBSITE AND EMAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2019

FEC Identification Number: C

Transaction ID : BA969146CA

Amount of Each Disbursement this Period: 1152.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5458.90

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

A. LEON LEATHER CO

Full Name (Last, First, Middle Initial)

Mailing Address 140 LAKESIDE DR E

City PORT ORANGE State FL Zip Code 32128-6621

Purpose of Disbursement FUNDRAISING EVENTS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 17 / 2019

FEC Identification Number: C

Transaction ID : B4CA3FC1F4

Amount of Each Disbursement this Period: 500.00

Memo Item

B. PAULA G MANOLAKAS

Full Name (Last, First, Middle Initial)

Mailing Address 3408 LANCASTER PIKE SUITE A

City WILMINGTON State DE Zip Code 19805-5535

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 12 / 2019

FEC Identification Number: C

Transaction ID : B225409A759

Amount of Each Disbursement this Period: 1750.00

Memo Item

C. PAULA G MANOLAKAS

Full Name (Last, First, Middle Initial)

Mailing Address 3408 LANCASTER PIKE SUITE A

City WILMINGTON State DE Zip Code 19805-5535

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2019

FEC Identification Number: C

Transaction ID : B83BBA78D1

Amount of Each Disbursement this Period: 1750.00

Memo Item

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

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

4000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

Full Name (Last, First, Middle Initial)

A. PAYROLL MANAGEMENT ASSISTANCE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	12	/	2019

Mailing Address 409-B WHITE CLAY CENTER DR

FEC Identification Number

C []
Transaction ID : BC5658546F1
 Amount of Each Disbursement this Period
 [] 133.87

City NEWARK State DE Zip Code 19711-5468

Purpose of Disbursement
PAYROLL TAXES

[]
 Category/
 Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. PAYROLL MANAGEMENT ASSISTANCE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	12	/	2019

Mailing Address 409-B WHITE CLAY CENTER DR

FEC Identification Number

C []
Transaction ID : B8D0215C9D!
 Amount of Each Disbursement this Period
 [] 38.55

City NEWARK State DE Zip Code 19711-5468

Purpose of Disbursement
PAYROLL PROCESSING FEES

[]
 Category/
 Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. PAYROLL MANAGEMENT ASSISTANCE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	30	/	2019

Mailing Address 409-B WHITE CLAY CENTER DR

FEC Identification Number

C []
Transaction ID : B7396258F0!
 Amount of Each Disbursement this Period
 [] 195.90

City NEWARK State DE Zip Code 19711-5468

Purpose of Disbursement
PAYROLL TAXES

[]
 Category/
 Type

Candidate Name

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

Memo Item

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

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

[] 368.32

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

Full Name (Last, First, Middle Initial)

A. PAYROLL MANAGEMENT ASSISTANCE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2019

Mailing Address 409-B WHITE CLAY CENTER DR

FEC Identification Number

C []
Transaction ID : BAEC410F38
 Amount of Each Disbursement this Period
 [] 40.10

City NEWARK State DE Zip Code 19711-5468

Purpose of Disbursement
PAYROLL PROCESSING FEES

[]
Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. REBECCA L ANDERSON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2019

Mailing Address 217 CECIL ST

FEC Identification Number

C []
Transaction ID : BCF814B4DB
 Amount of Each Disbursement this Period
 [] 605.00

City DOVER State DE Zip Code 19904-3117

Purpose of Disbursement
PAYROLL

[]
Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. SEMPERON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2019

Mailing Address 3000 W. VALLEY FORGE CIRCLE SUITE

FEC Identification Number

C []
Transaction ID : B2384BB412
 Amount of Each Disbursement this Period
 [] 199.71

City KING OF PRUSSIA State PA Zip Code 19406-4600

Purpose of Disbursement
PHONES

[]
Category/
Type

Candidate Name

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

Memo Item

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

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

[] 844.81
 []

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

Full Name (Last, First, Middle Initial)

A. TD BANK

Mailing Address **ATTN: SHAWN WILLIAMS
101 HYGIEIA DRIVE**

City **NEWARK** State **DE** Zip Code **19713-2048**

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B0265506AB1
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TD BANK

Mailing Address **ATTN: SHAWN WILLIAMS
101 HYGIEIA DRIVE**

City **NEWARK** State **DE** Zip Code **19713-2048**

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BEC7DD0C77
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TD BANK

Mailing Address **ATTN: SHAWN WILLIAMS
101 HYGIEIA DRIVE**

City **NEWARK** State **DE** Zip Code **19713-2048**

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B85657932E
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

Full Name (Last, First, Middle Initial)

A. TD BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2019

Mailing Address **ATTN: SHAWN WILLIAMS
101 HYGIEIA DRIVE**

City **NEWARK** State **DE** Zip Code **19713-2048**

Purpose of Disbursement
BANK FEES

FEC Identification Number

C []
Transaction ID : BC39B4263B
Amount of Each Disbursement this Period
[] **229.76**

Candidate Name

Category/Type

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

Memo Item

Full Name (Last, First, Middle Initial)

B. TD BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2019

Mailing Address **ATTN: SHAWN WILLIAMS
101 HYGIEIA DRIVE**

City **NEWARK** State **DE** Zip Code **19713-2048**

Purpose of Disbursement
BANK FEES

FEC Identification Number

C []
Transaction ID : BB3423F39E2
Amount of Each Disbursement this Period
[] **1471.48**

Candidate Name

Category/Type

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

Memo Item

Full Name (Last, First, Middle Initial)

C. TD BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2019

Mailing Address **ATTN: SHAWN WILLIAMS
101 HYGIEIA DRIVE**

City **NEWARK** State **DE** Zip Code **19713-2048**

Purpose of Disbursement
BANK FEES

FEC Identification Number

C []
Transaction ID : B9AB4D076C
Amount of Each Disbursement this Period
[] **517.11**

Candidate Name

Category/Type

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

Memo Item

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

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

[] **2218.35**

[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
REPUBLICAN STATE COMMITTEE OF DELAWARE

Full Name (Last, First, Middle Initial)

A. TD BANK

Mailing Address **ATTN: SHAWN WILLIAMS
101 HYGIEIA DRIVE**

City **NEWARK** State **DE** Zip Code **19713-2048**

Purpose of Disbursement
BANK FEES

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2019

FEC Identification Number

C
Transaction ID : B096826DA7I
Amount of Each Disbursement this Period
 40.26

Memo Item

Full Name (Last, First, Middle Initial)

B. TD BANK

Mailing Address **ATTN: SHAWN WILLIAMS
101 HYGIEIA DRIVE**

City **NEWARK** State **DE** Zip Code **19713-2048**

Purpose of Disbursement
BANK FEES

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2019

FEC Identification Number

C
Transaction ID : B0C0732365L
Amount of Each Disbursement this Period
 206.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TD BANK

Mailing Address **ATTN: SHAWN WILLIAMS
101 HYGIEIA DRIVE**

City **NEWARK** State **DE** Zip Code **19713-2048**

Purpose of Disbursement
BANK FEES

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2019

FEC Identification Number

C
Transaction ID : BB90EF1D87
Amount of Each Disbursement this Period
 40.00

Memo Item

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

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

286.26

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN STATE COMMITTEE OF DELAWARE

Full Name (Last, First, Middle Initial)

A. TD BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

Mailing Address ATTN: SHAWN WILLIAMS
101 HYGIEIA DRIVE

FEC Identification Number

C []

Transaction ID : BFF59E2BB0
Amount of Each Disbursement this Period

[] 25.00

Memo Item

City NEWARK State DE Zip Code 19713-2048

Purpose of Disbursement
BANK FEES

[]

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

[] 25.00

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

[] 14209.31

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **REPUBLICAN STATE COMMITTEE OF DELAWARE** Transaction ID : C3057121C29D6419CB2E

LOAN SOURCE Full Name (Last, First, Middle Initial) ELLEN BARROSSE LOAN			<input checked="" type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 551 HORSESHOE HILL RD				
City HOCKESSIN	State DE	ZIP Code 19707-9360		

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred MM / DD / YYYY 07 / 12 / 2013	Date Due MM / DD / YYYY 07 / 12 / 2017	Interest Rate 0.00 % (apr)	Secured: <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)	▶	[] 1000.00
TOTALS This Period (last page in this line only)	▶	[] 1000.00

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