

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                             |             |                        |                                                              |                           |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|--------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Ralph Norman for Senate                                                                                                              |             |                        |                                                              |                           |                                                                                                             |
| <b>ADDRESS</b> (number and street) PO Box 2655                                                                                                                              |             |                        |                                                              |                           |                                                                                                             |
| <b>CITY</b><br>Rock Hill                                                                                                                                                    |             | <b>STATE</b><br>SC     |                                                              | <b>ZIP CODE</b><br>29732  |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>Norman, Ralph, , ,                                                                                                                           |             |                        | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate SC 00 |                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00956912                                                            |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |             |                        |                                                              |                           |                                                                                                             |
| <b>A. FULL NAME</b><br>SENATE CONSERVATIVES FUND                                                                                                                            |             |                        | Name of Employer<br>Transaction ID : TX19578                 |                           | Date (month, day, year)<br>07/30/2026                                                                       |
| MAILING ADDRESS<br>300 INDEPENDENCE AVE. SE                                                                                                                                 |             |                        | Occupation                                                   |                           | Amount<br>5000.00                                                                                           |
| CITY<br>WASHINGTON                                                                                                                                                          | STATE<br>DC | ZIP CODE<br>20003-1021 |                                                              |                           |                                                                                                             |
| <b>B. FULL NAME</b><br>CLARK , ROBERT, , , JR                                                                                                                               |             |                        | Name of Employer<br>SELF-EMPLOYED                            |                           | Date (month, day, year)<br>07/30/2026                                                                       |
| MAILING ADDRESS<br>10510 MOXLEY ROAD                                                                                                                                        |             |                        | Transaction ID : TX19623                                     |                           | Amount<br>1000.00                                                                                           |
| CITY<br>DAMASCUS                                                                                                                                                            | STATE<br>MD | ZIP CODE<br>20872-1353 | Occupation<br>REAL ESTATE                                    |                           |                                                                                                             |
| <b>C. FULL NAME</b><br>CRAIL, JOE, , MR.,                                                                                                                                   |             |                        | Name of Employer<br>WESTERN MUTUAL                           |                           | Date (month, day, year)<br>07/30/2026                                                                       |
| MAILING ADDRESS<br>2172 DUPONT DR<br>STE 230                                                                                                                                |             |                        | Transaction ID : TX19613                                     |                           | Amount<br>7000.00                                                                                           |
| CITY<br>IRVINE                                                                                                                                                              | STATE<br>CA | ZIP CODE<br>92612-1359 | Occupation<br>EXEC                                           |                           |                                                                                                             |
| <b>D. FULL NAME</b><br>CURTIS, JAMES, , ,                                                                                                                                   |             |                        | Name of Employer<br>JAMES CURTIS                             |                           | Date (month, day, year)<br>07/30/2026                                                                       |
| MAILING ADDRESS<br>PO BOX 2746                                                                                                                                              |             |                        | Transaction ID : TX19662                                     |                           | Amount<br>3643.56                                                                                           |
| CITY<br>ANDERSON                                                                                                                                                            | STATE<br>SC | ZIP CODE<br>29622-2746 | Occupation<br>CONSTRUCTION                                   |                           |                                                                                                             |
| <b>E. FULL NAME</b><br>DAVENPORT, GEORGE, , ,                                                                                                                               |             |                        | Name of Employer<br>DD MOTORS, INC                           |                           | Date (month, day, year)<br>07/30/2026                                                                       |
| MAILING ADDRESS<br>P.O. BOX 890                                                                                                                                             |             |                        | Transaction ID : TX19677                                     |                           | Amount<br>3643.56                                                                                           |
| CITY<br>GREER                                                                                                                                                               | STATE<br>SC | ZIP CODE<br>29652-0890 | Occupation<br>MANAGER                                        |                           |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>Diehr, Sara, , ,                                                                                                                             |             |                        |                                                              | <b>DATE</b><br>08/01/2026 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

**FEC FORM 6**  
(Revised 03/2016)

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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|                                                                                                                                                                                |  |                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Ralph Norman for Senate                                                                                                                 |  |                                                              |  |
| <b>ADDRESS</b> (number and street) PO Box 2655                                                                                                                                 |  |                                                              |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Rock Hill SC 29732                                                                                                                         |  |                                                              |  |
| <b>2. NAME OF CANDIDATE</b><br>Norman, Ralph, , ,                                                                                                                              |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate SC 00 |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00956912                                                                                                                               |  | <i>continuation page</i>                                     |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                              |  |

| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                        | Name of Employer                            | Date (month, day, year) | Amount  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------|---------|--|
| <b>HAAS, ED, , ,</b><br><br>1577 OAKHURST DRIVE<br><br>MOUNT PLEASANT SC 29466-8782                                                               | RETIRED                                     | 07/30/2026              | 1041.02 |  |
|                                                                                                                                                   | <b>Transaction ID : TX19629</b>             |                         |         |  |
|                                                                                                                                                   | Occupation<br>RETIRED                       |                         |         |  |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><br><b>HART, DEHLER, , ,</b><br><br>1750 HIGHWAY 21 BYP<br><br>FORT MILL SC 29715-7230       | Name of Employer<br>SPRINGLAND INV          | 07/30/2026              | 3500.00 |  |
|                                                                                                                                                   | <b>Transaction ID : TX19651</b>             |                         |         |  |
|                                                                                                                                                   | Occupation<br>REAL ESTATE                   |                         |         |  |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><br><b>HIGH, ROBERT, , ,</b><br><br>324 GREENVILLE AVENUE<br><br>WILMINGTON NC 28403-3514    | Name of Employer<br>SELF-EMPLOYED           | 07/30/2026              | 2500.00 |  |
|                                                                                                                                                   | <b>Transaction ID : TX19632</b>             |                         |         |  |
|                                                                                                                                                   | Occupation<br>STORAGE                       |                         |         |  |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><br><b>MERLINE, DAVID, A., , JR.</b><br><br>56 ROUND POND RD<br><br>GREENVILLE SC 29607-3717 | Name of Employer<br>MERLINE MEACHAM         | 07/30/2026              | 1000.00 |  |
|                                                                                                                                                   | <b>Transaction ID : TX19636</b>             |                         |         |  |
|                                                                                                                                                   | Occupation<br>ATTORNEY                      |                         |         |  |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><br><b>RIGGINS, DAVID, , ,</b><br><br>96 KING STREET<br><br>CHARLESTON SC 29401-2510         | Name of Employer<br>D.P. RIGGINS ASSOCIATES | 07/30/2026              | 1500.00 |  |
|                                                                                                                                                   | <b>Transaction ID : TX19648</b>             |                         |         |  |
|                                                                                                                                                   | Occupation<br>PRESIDENT                     |                         |         |  |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Ralph Norman for Senate                                                                                                                 |  |                                                       |  |
| ADDRESS (number and street) PO Box 2655                                                                                                                                 |  |                                                       |  |
| CITY, STATE, and ZIP CODE<br>Rock Hill SC 29732                                                                                                                         |  |                                                       |  |
| 2. NAME OF CANDIDATE<br>Norman, Ralph, , ,                                                                                                                              |  | 3. OFFICE SOUGHT (State and District)<br>Senate SC 00 |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00956912             |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                       |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                       |  |
| RODRIGUEZ, JOSEPH, SINGH, ,<br><br>4750 DOLPHIN CAY LANE SOUTH<br>APT 404<br>ST. PETERSBURG FL 33711-4682                                                               |  | Name of Employer<br>SELF-EMPLOYED                     |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>07/30/2026                 |  |
|                                                                                                                                                                         |  | Amount<br>3500.00                                     |  |
|                                                                                                                                                                         |  | Transaction ID : TX19624                              |  |
|                                                                                                                                                                         |  | Occupation<br>BUSINESSMAN                             |  |
|                                                                                                                                                                         |  |                                                       |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                       |  |
| WHITESELL, DAVID, , ,<br><br>3579 ENTERPRISE DR<br><br>ROCK HILL SC 29730-9693                                                                                          |  | Name of Employer<br>WHITESELL TRUCKING                |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>07/30/2026                 |  |
|                                                                                                                                                                         |  | Amount<br>1041.02                                     |  |
|                                                                                                                                                                         |  | Transaction ID : TX19674                              |  |
|                                                                                                                                                                         |  | Occupation<br>GRADING CONTRACTOR                      |  |
|                                                                                                                                                                         |  |                                                       |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                       |  |
| WILKINS, GERRICK, , ,<br><br>1024 ROYAL MILE<br><br>BIRMINGHAM AL 35242-6061                                                                                            |  | Name of Employer<br>OMEGA ADVISORS                    |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>07/30/2026                 |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                     |  |
|                                                                                                                                                                         |  | Transaction ID : TX19633                              |  |
|                                                                                                                                                                         |  | Occupation<br>CEO                                     |  |
|                                                                                                                                                                         |  |                                                       |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                       |  |
| WILLIS, ROY, , ,<br><br>2304 DANBURY DR<br><br>COLLEYVILLE TX 76034-5423                                                                                                |  | Name of Employer<br>AOS AMERICAN ONE SOURCE           |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>07/30/2026                 |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                     |  |
|                                                                                                                                                                         |  | Transaction ID : TX19598                              |  |
|                                                                                                                                                                         |  | Occupation<br>TRUCKING                                |  |
|                                                                                                                                                                         |  |                                                       |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                       |  |
|                                                                                                                                                                         |  | Name of Employer                                      |  |
|                                                                                                                                                                         |  | Date (month, day, year)                               |  |
|                                                                                                                                                                         |  | Amount                                                |  |
|                                                                                                                                                                         |  | Occupation                                            |  |

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