

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**
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

ADDRESS (number and street) **471 EAST BROAD STREET**
SUITE 1510
 Check if different than previously reported. (ACC) **COLUMBUS** **OH** **43215**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00162339** 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **REDDEN, DIANE, CUNNINGHAM, ,**

Signature of Treasurer **REDDEN, DIANE, CUNNINGHAM, ,** Date / /

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

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

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="2026"/>		1121930.87
(b) Cash on Hand at Beginning of Reporting Period.....	1122662.49	
(c) Total Receipts (from Line 19)	167715.26	335758.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1290377.75	1457689.63
7. Total Disbursements (from Line 31).....	136186.77	303498.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1154190.98	1154190.98
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	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

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).....	33600.00	46276.00
(ii) Unitemized	41549.97	88047.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	75149.97	134323.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	7000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	76149.97	141323.93
12. Transfers From Affiliated/Other Party Committees.....	49713.46	152583.00
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).....	41851.83	41851.83
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	41851.83	41851.83
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	167715.26	335758.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	125863.43	293906.93

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	41851.83	41851.83
(ii) Non-Federal Share.....	11125.17	11125.17
(b) Other Federal Operating Expenditures	83209.77	234521.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	136186.77	287498.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	16000.00
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)) ..	136186.77	303498.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	125061.60	292373.48

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)	76149.97	141323.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76149.97	141323.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	125061.60	276373.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	125061.60	276373.48

**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 46
	<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)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. AHL, THOMAS, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 BEL AIRE PL
 City LIMA State OH Zip Code 45805-3939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TOM AHL CHRYSLER DODGE Occupation (for Individual) AUTO DEALER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2026
Transaction ID : SA11A.1823319
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. ALLEN, DARRYL, F., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4720 FAIRWAY LN.
 City SYLVANIA State OH Zip Code 43560-2245
 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 02 / 19 / 2026
Transaction ID : SA11A.1823507
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

C. ARKES, HAL, R., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2221 WOODMERE DR.
 City CLEVELAND HEIGHTS State OH Zip Code 44106-3603
 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 02 / 19 / 2026
Transaction ID : SA11A.1824040
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 46
<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)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. BACHMAN, JAMES, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 WOLFLY AVENUE
 City BOWLING GREEN State OH Zip Code 43402-1759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF/ATTORNEY Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2026
Transaction ID : SA11A.1824223
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

B. BRUNS, JULIE, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4885 N ALCONY CONOVER RD
 City CONOVER State OH Zip Code 45317-9723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRUNS GENERAL CONTRACTING, INC Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2026
Transaction ID : SA11A.1823679
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

C. COON, GARY, J., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 459
 City PORT CLINTON State OH Zip Code 43452-0459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EDWARD JONES LIMITED Occupation (for Individual) FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2026
Transaction ID : SA11A.1824047
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

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 8 OF 46
<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)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. CUTLER, ALEXANDER, M., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 237
 City GATES MILLS State OH Zip Code 44040-0237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EATON CORPORATION Occupation (for Individual) C.E.O.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2026
Transaction ID : SA11A.1823715
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. GUMBLETON, MICHAEL, J., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11113 KENWOOD RD
 City BLUE ASH State OH Zip Code 45242-1817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUMBLETON & CO Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2026
Transaction ID : SA11A.1824106
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. MAAS, ANTHONY, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 SALES AVE.
 City HARRISON State OH Zip Code 45030-1485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J.T.M FOOD GROUP Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3333.33

Date of Receipt 02 / 01 / 2026
Transaction ID : SA11A.1822224
 Amount of Each Receipt this Period 3333.33
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4583.33
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 46
	<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	

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NAME OF COMMITTEE (In Full)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MAAS, JEROME, , MR.,

Mailing Address 200 SALES AVE.

City HARRISON	State OH	Zip Code 45030-1485
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JTM PROVISIONS CO., INC.	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3333.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2026

Transaction ID : SA11A.1822225

Amount of Each Receipt this Period
3333.33

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAAS, JOHN, T., , JR.

Mailing Address 200 SALES AVENUE

City HARRISON	State OH	Zip Code 45030-1485
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JTM FOOD GROUP	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3333.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2026

Transaction ID : SA11A.1822226

Amount of Each Receipt this Period
3333.34

Memo Item
CONTRIBUTION

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

Mailing Address 15010 RIDPATH AVENUE

City CLEVELAND	State OH	Zip Code 44110-1704
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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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
02	/	19	/	2026

Transaction ID : SA11A.1823852

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6766.67
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 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

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

Mailing Address **830 E BOUNDARY ST**

City **PERRYSBURG** State **OH** Zip Code **43551-2405**

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 ▼ **1000.00**

Date of Receipt **02 / 19 / 2026**

Transaction ID : SA11A.1823552

Amount of Each Receipt this Period **1000.00**

Memo Item
CONTRIBUTION

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

Mailing Address **3624 SANCTUARY DR**

City **AKRON** State **OH** Zip Code **44333-1748**

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

Name of Employer (for Individual) **EMPACO EQUIPMENT CORP.** Occupation (for Individual) **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 21 / 2026**

Transaction ID : SA11A.1824191

Amount of Each Receipt this Period **250.00**

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SIBILA, RONALD, R., MR.,

Mailing Address **2151 CARLYLE ST. NE**

City **MASSILLON** State **OH** Zip Code **44646-2588**

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

Name of Employer (for Individual) **PEOPLES CARTAGE INC** Occupation (for Individual) **BUSINESS EXECUTIVE**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 19 / 2026**

Transaction ID : SA11A.1823595

Amount of Each Receipt this Period **1000.00**

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **2250.00**

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 11 OF 46
	<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	

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NAME OF COMMITTEE (In Full)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SKEELES, REBECCA, , ,

Mailing Address 7740 MARYSVILLE RD

City OSTRANDER	State OH	Zip Code 43061-9703
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SKEELES JACOBS LAW LLC	Occupation (for Individual) ATTORNEY
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2026

Transaction ID : SA11A.1824379

Amount of Each Receipt this Period
- 250.00

Memo Item
CONTRIBUTION

2026 AGGREGATE; CHARGED BACK

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

Mailing Address 4554 LAHM DR

City NEW FRANKLIN	State OH	Zip Code 44319-3418
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JM SMUCKER CO	Occupation (for Individual) CHAIR OF THE BOARD OF TRUSTEE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2026

Transaction ID : SA11A.1823689

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WOOLLEY, HELEN, F., MS.,

Mailing Address 6430 SHENANDOAH AVE. N.W.

City CANTON	State OH	Zip Code 44718-3939
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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 ▼
275.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2026

Transaction ID : SA11A.1823305

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	9850.00
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 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. WOOLLEY, HELEN, F., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6430 SHENANDOAH AVE. N.W.
 City CANTON State OH Zip Code 44718-3939
 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 ▼ **275.00**

Date of Receipt **02 / 19 / 2026**
Transaction ID : SA11A.1824029
 Amount of Each Receipt this Period **100.00**
 Memo Item
CONTRIBUTION

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** **C00694323**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **10940.96**

Date of Receipt **02 / 06 / 2026**
Transaction ID : SA11C.1823253
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. MASON, RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8000 HAVENS RD
 City BLACKLICK State OH Zip Code 43004-8629
 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 ▼ **1000.00**

Date of Receipt **02 / 06 / 2026**
Transaction ID : SA11A.1823254
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 46
	<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	

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NAME OF COMMITTEE (In Full)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10940.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2026

Transaction ID : SA11C.1823260

Amount of Each Receipt this Period
 6000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. BERRY, TED, , ,

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

Mailing Address 3672 BEULAH PARK DRIVE

City GROVE CITY State OH Zip Code 43123-2279

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

Name of Employer (for Individual) Occupation (for Individual)
 BYERS LLC BUSINESS DEVELOPMENT MANAGE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2026

Transaction ID : SA11A.1823261

Amount of Each Receipt this Period
 6000.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	33600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 46
(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)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AMHP HOLDINGS CORP. POLITICAL ACTION COMMITTEE (AMERIHEALTH)

Mailing Address 200 STEVENS DRIVE

City PHILADELPHIA	State PA	Zip Code 19113-1532
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00804096

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 / D D / Y Y Y Y Y Y
 02 / 19 / 2026

Transaction ID : SA11C.1823286

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

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

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

**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 15 OF 46
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. TEAM HUSTED

Mailing Address **PO BOX 6290**

City COLUMBUS	State OH	Zip Code 43206-0290
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00896928**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **56083.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	11	/	2026

Transaction ID : SA12.1823267

Amount of Each Receipt this Period

32213.46

Memo Item
TRANSFER
TRANSFER OF JOINT FUNDRAISING PROCEEDS

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

Mailing Address **4885 DRAKE RD**

City CINCINNATI	State OH	Zip Code 45243-4121
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) **KEATING MEUTHING & KLEKAMP** Occupation (for Individual) **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	19	/	2026

Transaction ID : SA12.1823272

Amount of Each Receipt this Period

10000.00

Memo Item
TRANSFER
JFC ATTRIB: TEAM HUSTED

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

Mailing Address **179 E RIDGE ROAD**

City ISLAMORADA	State FL	Zip Code 33036-3119
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) **WASTE AWAY STATION** Occupation (for Individual) **CEO**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2026

Transaction ID : SA12.1823277

Amount of Each Receipt this Period

5000.00

Memo Item
TRANSFER
JFC ATTRIB: TEAM HUSTED

SUBTOTAL of Receipts This Page (optional).....	32213.46
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 16 OF 46
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. HEIDT, JULIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3875 GORDON DRIVE
 City NAPLES State FL Zip Code 34102-7911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WELLINGTON ORTHOPAEDIC Occupation (for Individual) DOCTOR
 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
 01 / 21 / 2026
Transaction ID : SA12.1823274
 Amount of Each Receipt this Period
 500.00
 Memo Item
 TRANSFER
 JFC ATTRIB: TEAM HUSTED

B. HEIDT, ROBERT, S., DR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3875 GORDON DRIVE
 City NAPLES State FL Zip Code 34102-7911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WELLINGTON ORTHOPEDIC / M.D. Occupation (for Individual) PHYSICIAN
 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
 01 / 21 / 2026
Transaction ID : SA12.1823276
 Amount of Each Receipt this Period
 500.00
 Memo Item
 TRANSFER
 JFC ATTRIB: TEAM HUSTED

C. HYLANT, PATRICK, R., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5193 FOREST BEACH DR
 City HARBOR SPRINGS State MI Zip Code 49740-8896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HYLANT GROUP Occupation (for Individual) CEO
 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
 01 / 13 / 2026
Transaction ID : SA12.1823268
 Amount of Each Receipt this Period
 500.00
 Memo Item
 TRANSFER
 JFC ATTRIB: TEAM HUSTED

SUBTOTAL of Receipts This Page (optional).....	0.00
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 17 OF 46
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. JOHNSON, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9940 SAGE CREEK DR
 City GALENA State OH Zip Code 43021-8075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NETJETS Occupation (for Individual) CHAIRMANCEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 01 / 16 / 2026
Transaction ID : SA12.1823269
 Amount of Each Receipt this Period 7500.00
 Memo Item
 TRANSFER
 JFC ATTRIB: TEAM HUSTED

B. JOHNSON, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9940 SAGE CREEK DRIVE
 City GALENA State OH Zip Code 43021-8075
 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 01 / 16 / 2026
Transaction ID : SA12.1823271
 Amount of Each Receipt this Period 5500.00
 Memo Item
 TRANSFER
 JFC ATTRIB: TEAM HUSTED

C. NESS, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2730 CRAFTON PARK
 City COLUMBUS State OH Zip Code 43221-3629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 21 / 2026
Transaction ID : SA12.1823273
 Amount of Each Receipt this Period 2500.00
 Memo Item
 TRANSFER
 JFC ATTRIB: TEAM HUSTED

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 18 OF 46
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. NESS, JOHN, R.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2730 CRAFTON PARK
 City COLUMBUS State OH Zip Code 43221-3629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ODW LOGISTICS Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 21 / 2026
Transaction ID : SA12.1823275
 Amount of Each Receipt this Period 2500.00
 Memo Item
 TRANSFER
 JFC ATTRIB: TEAM HUSTED

B. WHITE, JAMES, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 STABLESIDE SOUTH
 City TOLEDO State OH Zip Code 43615-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHUMAKER Occupation (for Individual) OF COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 01 / 16 / 2026
Transaction ID : SA12.1823270
 Amount of Each Receipt this Period 3000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: TEAM HUSTED

C. REPUBLICAN NATIONAL COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 FIRST ST., SE
 City WASHINGTON State DC Zip Code 20003-1885
 FEC ID number of contributing federal political committee. **C** C00003418
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 17500.00

Date of Receipt 02 / 05 / 2026
Transaction ID : SA12.1824380
 Amount of Each Receipt this Period 17500.00
 Memo Item
 TRANSFER

SUBTOTAL of Receipts This Page (optional).....	17500.00
TOTAL This Period (last page this line number only).....	49713.46

**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)

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. TRIANTAFILOU, ALEX, , ,

Mailing Address 471 EAST BROAD STREET SUITE 1510
SUITE 1510

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
EXPENSE REIMBURSEMENT FOR FLIGHT, HOTEL, AND MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 02 / 2026

FEC Identification Number

C
Transaction ID : SB21B.I3236
Amount of Each Disbursement this Period
2380.27

Memo Item

Full Name (Last, First, Middle Initial)

B. CONVIVO

Mailing Address 901 E CABRILLO BLVD

City SANTA BARBARA State CA Zip Code 93103

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 02 / 2026

FEC Identification Number

C
Transaction ID : SB21B.I32425
Amount of Each Disbursement this Period
291.43

Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 02 / 2026

FEC Identification Number

C
Transaction ID : SB21B.I3242
Amount of Each Disbursement this Period
598.36

Memo Item

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

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

2380.27

**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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. HILTON HOTELS

Mailing Address 7930 JONES BRANCH DRIVE

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	6

FEC Identification Number

C

Transaction ID : SB21B.I3242

Amount of Each Disbursement this Period

1062.09

Memo Item

Full Name (Last, First, Middle Initial)

B. HILTON HOTELS

Mailing Address 7930 JONES BRANCH DRIVE

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	6

FEC Identification Number

C

Transaction ID : SB21B.I3242

Amount of Each Disbursement this Period

210.85

Memo Item

Full Name (Last, First, Middle Initial)

C. MARISELLA

Mailing Address 8301 HOLLISTER AVENUE

City
SANTA BARBARA

State
CA

Zip Code
93117

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	6

FEC Identification Number

C

Transaction ID : SB21B.I3242

Amount of Each Disbursement this Period

217.54

Memo Item

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

0.00

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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. TRIANTAFILOU, ALEX, , ,

Mailing Address 471 EAST BROAD STREET SUITE 1510
SUITE 1510

City
COLUMBUS

State
OH

Zip Code
43215

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	2	6

FEC Identification Number

C

Transaction ID : SB21B.I3237

Amount of Each Disbursement this Period

3916.51

Memo Item

Full Name (Last, First, Middle Initial)

B. TRIANTAFILOU, ALEX, , ,

Mailing Address 471 EAST BROAD STREET SUITE 1510
SUITE 1510

City
COLUMBUS

State
OH

Zip Code
43215

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	2	6

FEC Identification Number

C

Transaction ID : SB21B.I32402

Amount of Each Disbursement this Period

3916.51

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS STREETSUITE 1770
SUITE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	2	6

FEC Identification Number

C

Transaction ID : SB21B.I3237

Amount of Each Disbursement this Period

0.45

Memo Item

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

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

7833.47

**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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS STREETSUITE 1770
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3238

Amount of Each Disbursement this Period

[REDACTED]	1.20
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS STREETSUITE 1770
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3239

Amount of Each Disbursement this Period

[REDACTED]	95.61
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS STREETSUITE 1770
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3239

Amount of Each Disbursement this Period

[REDACTED]	123.34
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Memo Item

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

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

[REDACTED]	220.15
------------	--------

[REDACTED]	
------------	--

**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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
CHARGEBACK SERVICE CHARGE

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2026

FEC Identification Number

C

Transaction ID : SB21B.I3241

Amount of Each Disbursement this Period

12.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
CHARGEBACK SERVICE CHARGE

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2026

FEC Identification Number

C

Transaction ID : SB21B.I3241

Amount of Each Disbursement this Period

12.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
CHARGEBACK SERVICE CHARGE

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2026

FEC Identification Number

C

Transaction ID : SB21B.I3241

Amount of Each Disbursement this Period

12.00

Memo Item

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

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

36.00

**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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
CHARGEBACK SERVICE CHARGE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I32411

Amount of Each Disbursement this Period

[REDACTED] 12.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I32417

Amount of Each Disbursement this Period

[REDACTED] 302.80

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400
SUITE 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3236

Amount of Each Disbursement this Period

[REDACTED] 966.54

Memo Item

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

[REDACTED] 1281.34

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

[REDACTED]

**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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3238

Amount of Each Disbursement this Period

[REDACTED] 750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3238

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CX MARKETING, LLC DBA MOORE, A SERIES LLC

Mailing Address 4200 PARLIAMENT PL 3RD FLOOR - STE

City LANHAM State MD Zip Code 20706

Purpose of Disbursement DIRECT MAIL EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3240

Amount of Each Disbursement this Period

[REDACTED] 1137.58

Memo Item

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

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

[REDACTED] 2137.58

[REDACTED]

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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. DOT THE I

Mailing Address 338 S SHARON AMITY RDPMB 115

City
CHARLOTTE

State
NC

Zip Code
28211

Purpose of Disbursement
DIRECT MAIL EXPENSES

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3240

Amount of Each Disbursement this Period

[REDACTED] 30599.44

Memo Item

Full Name (Last, First, Middle Initial)

B. DOT THE I

Mailing Address 338 S SHARON AMITY RDPMB 115

City
CHARLOTTE

State
NC

Zip Code
28211

Purpose of Disbursement
DIRECT MAIL EXPENSES

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3240

Amount of Each Disbursement this Period

[REDACTED] 1998.74

Memo Item

Full Name (Last, First, Middle Initial)

C. HR BUTLER LLC

Mailing Address 63 CORBINS MILL DR

City
DUBLIN

State
OH

Zip Code
43017

Purpose of Disbursement
TAXES

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3237

Amount of Each Disbursement this Period

[REDACTED] 4491.10

Memo Item

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

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

[REDACTED] 37089.28

[REDACTED]

**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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. HR BUTLER LLC

Mailing Address 63 CORBINS MILL DR

City
DUBLIN

State
OH

Zip Code
43017

Purpose of Disbursement
PAYROLL BILLING

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3237f

Amount of Each Disbursement this Period

[REDACTED] 120.41

Memo Item

Full Name (Last, First, Middle Initial)

B. HR BUTLER LLC

Mailing Address 63 CORBINS MILL DR

City
DUBLIN

State
OH

Zip Code
43017

Purpose of Disbursement
WORKER'S COMP PREMIUM

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3237f

Amount of Each Disbursement this Period

[REDACTED] 6.54

Memo Item

Full Name (Last, First, Middle Initial)

C. HR BUTLER LLC

Mailing Address 63 CORBINS MILL DR

City
DUBLIN

State
OH

Zip Code
43017

Purpose of Disbursement
TAXES

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3239

Amount of Each Disbursement this Period

[REDACTED] 4318.57

Memo Item

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

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

[REDACTED] 4445.52

[REDACTED]

**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)

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. HR BUTLER LLC

Mailing Address 63 CORBINS MILL DR

City
DUBLIN

State
OH

Zip Code
43017

Purpose of Disbursement

PAYROLL BILLING

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I3239I

Amount of Each Disbursement this Period

122.27

Memo Item

Full Name (Last, First, Middle Initial)

B. HR BUTLER LLC

Mailing Address 63 CORBINS MILL DR

City
DUBLIN

State
OH

Zip Code
43017

Purpose of Disbursement

WORKER'S COMP PREMIUM

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I3239I

Amount of Each Disbursement this Period

6.79

Memo Item

Full Name (Last, First, Middle Initial)

C. HUNTINGTON NATIONAL BANK

Mailing Address 7 EASTON OVAL

City
COLUMBUS

State
OH

Zip Code
43219

Purpose of Disbursement

CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I3237

Amount of Each Disbursement this Period

4946.44

Memo Item

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

5075.50

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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. CAMPAIGN MONITOR

Mailing Address 11 LEA AVENUE

City
NASHVILLE

State
TN

Zip Code
37210

Purpose of Disbursement
COMPUTER SOFTWARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3243I

Amount of Each Disbursement this Period

[REDACTED] 362.99

Memo Item

Full Name (Last, First, Middle Initial)

B. DROPBOX INC

Mailing Address 1800 OWENS ST

City
SAN FRANCISCO

State
CA

Zip Code
94158

Purpose of Disbursement
COMPUTER SOFTWARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3242I

Amount of Each Disbursement this Period

[REDACTED] 136.08

Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEW

State
CA

Zip Code
94043

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3242I

Amount of Each Disbursement this Period

[REDACTED] 594.00

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

**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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. NUMINAR

Mailing Address 1201 WILSON BLVD

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
VOTER DATA PLATFORM

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3243'

Amount of Each Disbursement this Period

[REDACTED] 3250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ZOOM

Mailing Address 55 ALAMADEN BLVD
6TH FLOOR

City
SAN JOSE

State
CA

Zip Code
95113

Purpose of Disbursement
COMPUTER SOFTWARE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3242'

Amount of Each Disbursement this Period

[REDACTED] 518.07

Memo Item

Full Name (Last, First, Middle Initial)

C. HUNTINGTON NATIONAL BANK

Mailing Address 7 EASTON OVAL

City
COLUMBUS

State
OH

Zip Code
43219

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3238

Amount of Each Disbursement this Period

[REDACTED] 332.77

Memo Item

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

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

[REDACTED] 332.77

[REDACTED]

**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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEW

State
CA

Zip Code
94043

Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3236

Amount of Each Disbursement this Period

[REDACTED] 297.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ISTREAM

Mailing Address 13555 BISHOPS CT, SUITE 102

City
BROOKFIELD

State
WI

Zip Code
53005

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I32365

Amount of Each Disbursement this Period

[REDACTED] 34.48

Memo Item

Full Name (Last, First, Middle Initial)

C. MICROSOFT

Mailing Address 1 MICROSOFT WAY
SUITE #100

City
REDMOND

State
WA

Zip Code
98052

Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3237

Amount of Each Disbursement this Period

[REDACTED] 32.41

Memo Item

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

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

[REDACTED] 363.89

[REDACTED]

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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICROSOFT

Mailing Address 1 MICROSOFT WAY
SUITE #100

City
REDMOND

State
WA

Zip Code
98052

Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3238I

Amount of Each Disbursement this Period

[REDACTED] 135.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MICROSOFT

Mailing Address 1 MICROSOFT WAY
SUITE #100

City
REDMOND

State
WA

Zip Code
98052

Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3238I

Amount of Each Disbursement this Period

[REDACTED] 347.77

Memo Item

Full Name (Last, First, Middle Initial)

C. MICROSOFT

Mailing Address 1 MICROSOFT WAY
SUITE #100

City
REDMOND

State
WA

Zip Code
98052

Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3238I

Amount of Each Disbursement this Period

[REDACTED] 44.55

Memo Item

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

[REDACTED] 527.32

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

[REDACTED]

**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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. OHIO CONTENT

Mailing Address 2189 JERVIS RD

City
COLUMBUS

State
OH

Zip Code
43221

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3239

Amount of Each Disbursement this Period

[REDACTED] 201.60

Memo Item

Full Name (Last, First, Middle Initial)

B. OKG SERVICES LLC

Mailing Address 3932 SILVER OAK ST

City
DAYTON

State
OH

Zip Code
45424

Purpose of Disbursement
ACCOUNTING CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3236

Amount of Each Disbursement this Period

[REDACTED] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. OKG SERVICES LLC

Mailing Address 3932 SILVER OAK ST

City
DAYTON

State
OH

Zip Code
45424

Purpose of Disbursement
ACCOUNTING CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3239

Amount of Each Disbursement this Period

[REDACTED] 4000.00

Memo Item

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

[REDACTED] 8201.60

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

[REDACTED]

**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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. OKG SERVICES LLC

Mailing Address 3932 SILVER OAK ST

City
DAYTON

State
OH

Zip Code
45424

Purpose of Disbursement
REIMBURSEMENT FOR COST OF E-FILEING 1099 TAX FORMS

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2026

FEC Identification Number

C

Transaction ID : SB21B.I3239'

Amount of Each Disbursement this Period

149.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TWO CATERERS INC

Mailing Address 550 S HIGH STREET

City
COLUMBUS

State
OH

Zip Code
43215

Purpose of Disbursement
DEPOSIT FOR FUNDRAISING EVENT

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2026

FEC Identification Number

C

Transaction ID : SB21B.I3240E

Amount of Each Disbursement this Period

10742.00

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED HEALTH CARE

Mailing Address P.O. BOX 1459
22070 NETWORK PL

City
MINNEAPOLIS

State
MN

Zip Code
55440-1220

Purpose of Disbursement
INSURANCE

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2026

FEC Identification Number

C

Transaction ID : SB21B.I3236

Amount of Each Disbursement this Period

1618.73

Memo Item

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

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

12509.73

**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)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. VERIZON

Full Name (Last, First, Middle Initial)

Mailing Address 1095 Avenue of the Americas
P.O. Box 790292

City New York State NY Zip Code 10036

Purpose of Disbursement
UTILITIES

Candidate Name

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

State: District:

Date of Disbursement: 02 / 26 / 2026

FEC Identification Number: C

Transaction ID : SB21B.I3240!

Amount of Each Disbursement this Period: 413.84

Memo Item

B. WINRED

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVDSTE 530
STE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
PROCESSING FEES

Candidate Name

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

State: District:

Date of Disbursement: 02 / 09 / 2026

FEC Identification Number: C

Transaction ID : SB21B.I3236!

Amount of Each Disbursement this Period: 5.21

Memo Item

C. WINRED

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVDSTE 530
STE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
PROCESSING FEES

Candidate Name

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

State: District:

Date of Disbursement: 02 / 17 / 2026

FEC Identification Number: C

Transaction ID : SB21B.I3238

Amount of Each Disbursement this Period: 278.61

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 697.66

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)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. WINRED

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2026

Mailing Address 1776 WILSON BLVDSTE 530
STE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Category/
Type

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3238!

Amount of Each Disbursement this Period

[REDACTED] 4.73

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. WINRED

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2026

Mailing Address 1776 WILSON BLVDSTE 530
STE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Category/
Type

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3240!

Amount of Each Disbursement this Period

[REDACTED] 17.46

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. WINRED

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2026

Mailing Address 1776 WILSON BLVDSTE 530
STE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Category/
Type

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3241

Amount of Each Disbursement this Period

[REDACTED] 6.50

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

[REDACTED] 28.69

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

[REDACTED] 83209.77

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Transaction ID : H1.M3.2026

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %
 Nonfederal %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
STATE ACCOUNT-NON-FEDERAL	MM / DD / YYYY 02 / 27 / 2026	34937.02

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	34937.02
Transaction ID : M3.H3.1.2026	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred).....	

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
SCF ACCOUNT-NON-FEDERAL	MM / DD / YYYY 02 / 27 / 2026	6914.81

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	6914.81
Transaction ID : M3.H3.2.2026	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	41851.83
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred).....	41851.83

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.32418 <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
UNITED HEALTH CARE Mailing Address P.O. BOX 1459 22070 NETWORK PL			Allocated Activity or Event Year-To-Date 12642.29			
City MINNEAPOLIS	State MN	Zip Code 55440-1220	Date <input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2026"/>			
Purpose of Disbursement: INSURANCE		<input type="text"/>	Allocated Activity or Event Year-To-Date 12642.29			
Activity or Event Identifier:			Date <input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2026"/>			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<input type="text" value="9987.41"/>			<input type="text" value="2654.88"/>			<input type="text" value="12642.29"/>

B. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.32374 <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
ANDERSON, CALEB, , , Mailing Address 471 EAST BROAD STREET SUITE 1510 SUITE 1510			Allocated Activity or Event Year-To-Date 14880.03			
City COLUMBUS	State OH	Zip Code 43215	Date <input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2026"/>			
Purpose of Disbursement: PAYROLL		<input type="text"/>	Allocated Activity or Event Year-To-Date 14880.03			
Activity or Event Identifier:			Date <input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2026"/>			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<input type="text" value="1767.81"/>			<input type="text" value="469.93"/>			<input type="text" value="2237.74"/>

C. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.32373 <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
BATES, LAURA, , , Mailing Address 471 EAST BROAD STREET SUITE 1510 SUITE 1510			Allocated Activity or Event Year-To-Date 17732.06			
City COLUMBUS	State OH	Zip Code 43215	Date <input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2026"/>			
Purpose of Disbursement: PAYROLL		<input type="text"/>	Allocated Activity or Event Year-To-Date 17732.06			
Activity or Event Identifier:			Date <input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2026"/>			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<input type="text" value="2253.10"/>			<input type="text" value="598.93"/>			<input type="text" value="2852.03"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="14008.32"/>		<input type="text" value="3723.74"/>		<input type="text" value="17732.06"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32371** Memo Item
 TULLEY, MITCHELL, , ,
 Mailing Address 471 EAST BROAD STREET SUITE 1510
 SUITE 1510
 City COLUMBUS State OH Zip Code 43215
 Purpose of Disbursement: PAYROLL
 Activity or Event Identifier:
 Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
 Allocated Activity or Event Year-To-Date: 21535.76
 Date: 02 / 12 / 2026
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 3004.92 + 798.78 = 3803.70

B. Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32420** Memo Item
 HR BUTLER LLC
 Mailing Address 63 CORBINS MILL DR
 City DUBLIN State OH Zip Code 43017
 Purpose of Disbursement: TAXES
 Activity or Event Identifier:
 Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
 Allocated Activity or Event Year-To-Date: 25293.41
 Date: 02 / 12 / 2026
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 2968.54 + 789.11 = 3757.65

C. Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32387** Memo Item
 THE GORDON FLESCH COMPANY INC
 Mailing Address 2675 RESEARCH PARK DRIVE
 City MADISON State WI Zip Code 53711
 Purpose of Disbursement: EQUIPMENT RENTAL
 Activity or Event Identifier:
 Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
 Allocated Activity or Event Year-To-Date: 26768.68
 Date: 02 / 18 / 2026
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 1165.47 + 309.80 = 1475.27

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7138.93		1897.69		9036.62

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32392** Memo Item

OHIO CONTENT

Mailing Address 2189 JERVIS RD

City COLUMBUS State OH Zip Code 43221

Purpose of Disbursement: EXPENSE REIMBURSEMENT FOR SOCIAL MEDIA SUBSCRIPTION

Activity or Event Identifier:

Allocated Activity or Event: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 27368.68

Date 02 / 24 / 2026

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
474.00		126.00		600.00

B. Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32393** Memo Item

OHIO CONTENT

Mailing Address 2189 JERVIS RD

City COLUMBUS State OH Zip Code 43221

Purpose of Disbursement: COMMUNICATIONS CONSULTING

Activity or Event Identifier:

Allocated Activity or Event: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 39868.68

Date 02 / 24 / 2026

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9875.00		2625.00		12500.00

C. Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32421** Memo Item

SOCIAL MEDIA SOLUTIONS LLC

Mailing Address 3475 OAK VALLEY ROAD NE UNIT 1260

City ATLANTA State GA Zip Code 30326

Purpose of Disbursement: SOCIAL MEDIA SUBSCRIPTION

Activity or Event Identifier:

Allocated Activity or Event: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 39868.68

Date 02 / 24 / 2026

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
474.00		126.00		600.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10349.00		2751.00		13100.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32400** Memo Item

ANDERSON, CALEB, , ,

Mailing Address 471 EAST BROAD STREET SUITE 1510
SUITE 1510

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement: PAYROLL

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 42163.17

Date: 02 / 25 / 2026

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1812.65		481.84		2294.49

B. Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32401** Memo Item

BATES, LAURA, , ,

Mailing Address 471 EAST BROAD STREET SUITE 1510
SUITE 1510

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement: PAYROLL

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 45115.18

Date: 02 / 25 / 2026

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2332.09		619.92		2952.01

C. Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32403** Memo Item

TULLEY, MITCHELL, , ,

Mailing Address 471 EAST BROAD STREET SUITE 1510
SUITE 1510

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement: PAYROLL

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 49053.66

Date: 02 / 25 / 2026

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3111.40		827.08		3938.48

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7256.14		1928.84		9184.98

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full) OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.32419** Memo Item

HR BUTLER LLC

Mailing Address 63 CORBINS MILL DR

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement: TAXES

Activity or Event Identifier:

Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 52977.00

Date: 02 / 25 / 2026

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3099.44		823.90		3923.34

B. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:

Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:

Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3099.44		823.90		3923.34

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
41851.83	11125.17	52977.00

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID : 123456

NAME OF COMMITTEE (In Full)		
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE		
NAME OF ACCOUNT		
OHIO REPUBLICAN PARTY LEVIN ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	0.00	0.00
(b) Unitemized	0.00	0.00
(c) Total	0.00	0.00
2. OTHER RECEIPTS	0.00	0.00
3. TOTAL RECEIPTS	0.00	0.00
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	0.00	0.00
(b) Voter ID	0.00	0.00
(c) GOTV	0.00	0.00
(d) Generic Campaign	0.00	0.00
(e) Total	0.00	0.00
5. OTHER DISBURSEMENTS	0.00	0.00
6. TOTAL DISBURSEMENTS	0.00	0.00
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND	8167.93	8167.93
(for Column B, use cash as of January 1st)		
8. RECEIPTS	0.00	0.00
(from Line 3)		
9. SUBTOTAL	8167.93	8167.93
(Add Lines 7 and 8)		
10. DISBURSEMENTS	0.00	0.00
(From Line 6)		
11. ENDING CASH ON HAND	8167.93	8167.93
(Subtract Line 10 From Line 9)		