

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL Ralph Norman for Senate				
ADDRESS (number and street) PO Box 2655				
CITY Rock Hill		STATE SC	ZIP CODE 29732	
2. NAME OF CANDIDATE Norman, Ralph, , ,		3. OFFICE SOUGHT (State and District) Senate SC 00		4. FEC IDENTIFICATION NUMBER C00956912
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME STAND FOR AMERICA PAC		Name of Employer Transaction ID : TX19499		Date (month, day, year) 07/27/2026
MAILING ADDRESS 186 SEVEN FARMS DRIVE SUITE F275		Occupation		Amount 10000.00
CITY DANIEL ISLAND	STATE SC	ZIP CODE 29492-8510		
B. FULL NAME ARDIZZONE, DALE, , ,		Name of Employer INSP, LLC		Date (month, day, year) 07/27/2026
MAILING ADDRESS 6310 WOODLEIGH OAKS DRIVE		Transaction ID : TX19535		Amount 3500.00
CITY CHARLOTTE	STATE NC	ZIP CODE 28226-8532	Occupation COO	
C. FULL NAME BARNES, DAVID, , ,		Name of Employer COMPORIUM		Date (month, day, year) 07/27/2026
MAILING ADDRESS 1844 FARROW DR		Transaction ID : TX19543		Amount 3500.00
CITY ROCK HILL	STATE SC	ZIP CODE 29732-7761	Occupation FINANCIAL ANALYST	
D. FULL NAME BURNS, ROBERT, , ,		Name of Employer BURNS CHEVROLET CADILLAC		Date (month, day, year) 07/27/2026
MAILING ADDRESS 719 OLD COVE RD		Transaction ID : TX19533		Amount 3500.00
CITY FORT MILL	STATE SC	ZIP CODE 29708-8207	Occupation BUSINESS OWNER	
E. FULL NAME CARSTARPHEN, WILLIAM, , ,		Name of Employer PHARR CORPORATION		Date (month, day, year) 07/27/2026
MAILING ADDRESS 100 MAIN STREET		Transaction ID : TX19536		Amount 3500.00
CITY MC ADENVILLE	STATE NC	ZIP CODE 28101-9705	Occupation CEO	
SIGNATURE (optional) Diehr, Sara, , ,			DATE 07/29/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 03/2016)

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE COMER, H, LEON, , , PO BOX 10821 ROCK HILL SC 29731-0821		Name of Employer COMER DIST. Transaction ID : TX19539 Occupation WHOLESALE BEVERAGE	
		Date (month, day, year) 07/27/2026	Amount 3643.56
B. FULL NAME, MAILING ADDRESS AND ZIP CODE CRAIG, JOHN, , , JR. 1859 CRAIG FARM RD LANCASTER SC 29720-8781		Name of Employer RETIRED Transaction ID : TX19541 Occupation RETIRED	
		Date (month, day, year) 07/27/2026	Amount 3643.56
C. FULL NAME, MAILING ADDRESS AND ZIP CODE CUMBAA, CHARLES, , , 161 NOBELS POINT ST CHARLESTON SC 29492-7327		Name of Employer RETIRED Transaction ID : TX19518 Occupation RETIRED	
		Date (month, day, year) 07/27/2026	Amount 2602.54
D. FULL NAME, MAILING ADDRESS AND ZIP CODE EVANS, CARLOS, , , 425 COLVILLE ED CHARLOTTE NC 28207-		Name of Employer RETIRED Transaction ID : TX19520 Occupation RETIRED	
		Date (month, day, year) 07/27/2026	Amount 1561.52
E. FULL NAME, MAILING ADDRESS AND ZIP CODE NORMAN, RALPH, W. , , PO BOX 2655 ROCK HILL SC 29732		Name of Employer Transaction ID : RC5833 Occupation	
		Date (month, day, year) 07/27/2026	Amount 400000.00

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE OLIPHANT, ALBERT, , , 1765 TRELLIS DRIVE ROCK HILL SC 29732-9348		Name of Employer RETIRED Transaction ID : TX19538 Occupation RETIRED Date (month, day, year) 07/27/2026 Amount 1041.02	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE WALKOWIAK, WILLIAM, , , 3201 YARMOUTH LANE GASTONIA NC 28056-7875		Name of Employer COLLISION SAFETY CONSULTANTS Transaction ID : TX19521 Occupation AUTO APPRAISER Date (month, day, year) 07/27/2026 Amount 3643.56	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation Date (month, day, year) Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation Date (month, day, year) Amount	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation Date (month, day, year) Amount	