

**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

HELP ELECT REPUBLICANS NOW

ADDRESS (number and street)

75 S HIGH ST

Check if different  
than previously  
reported. (ACC)

STE. 4

DUBLIN

OH

43017

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00692715

3. IS THIS  
REPORTNEW  
(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

M M /

D D /

Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

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

PHILLIPS, ROBERT, , , III

Signature of Treasurer

PHILLIPS, ROBERT, , , III

Date

M M /

D D /

Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**HELP ELECT REPUBLICANS NOW**Report Covering the Period: From: 

M M	/	D D	/	Y Y Y Y Y
01		01		2025

 To: 

M M	/	D D	/	Y Y Y Y Y
06		30		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div><div></div><div>99629.12</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>99629.12</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>52500.00</div></div>	<div><div></div><div>52500.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>152129.12</div></div>	<div><div></div><div>152129.12</div></div>
7. Total Disbursements (from Line 31) .....	<div><div></div><div>76355.00</div></div>	<div><div></div><div>76355.00</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<div><div></div><div>75774.12</div></div>	<div><div></div><div>75774.12</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



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](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**HELP ELECT REPUBLICANS NOW**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
01 01 2025

To:

M M / D D / Y Y Y Y Y  
06 30 2025**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).....

5000.00

5000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

5000.00

5000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

47500.00

47500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

52500.00

52500.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

52500.00

52500.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

52500.00

52500.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	17855.00	17855.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17855.00	17855.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58500.00	58500.00
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)) ..	76355.00	76355.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76355.00	76355.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	52500.00	52500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52500.00	52500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	17855.00	17855.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	17855.00	17855.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 16

<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)

**HELP ELECT REPUBLICANS NOW**

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

**A. THE CHICKSAW NATION**

Mailing Address PO BOX 1548

City  
ADAState  
OKZip Code  
74821-1548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2025

Transaction ID : A920A36CD23074590ABE

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> 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)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 16  
(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)

**HELP ELECT REPUBLICANS NOW**

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

**A. AMGEN INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1 AMGEN CENTER DR

City  
THOUSAND OAKSState  
CAZip Code  
91320-1730FEC ID number of contributing  
federal political committee.**C** C00251876

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2025

Transaction ID : AC8F63FC7C1BB4CB485A

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**B. AMGEN INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1 AMGEN CENTER DR

City  
THOUSAND OAKSState  
CAZip Code  
91320-1730FEC ID number of contributing  
federal political committee.**C** C00251876

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2025

Transaction ID : A342CF4C4F20B4A38AD6

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**C. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC**

Mailing Address 1310 G STREET NW

City  
WASHINGTONState  
DCZip Code  
20005FEC ID number of contributing  
federal political committee.**C** C00194746

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : AF8F08E156E2C416BB2B

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16

(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)

**HELP ELECT REPUBLICANS NOW**

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

**A. FEDEX CORPORATION PAC (FEDEXPAC)**Mailing Address 942 SHADY GROVE RD S  
FL 1City  
MEMPHISState  
TNZip Code  
38120-4117FEC ID number of contributing  
federal political committee.**C** C00068692

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2025**Transaction ID : A7C6F7BB76D9F458C872**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**B. HEALTH CARE SERVICE CORPORATION EMPLOYEES' PAC**

Mailing Address 300 E RANDOLPH ST

City  
CHICAGOState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.**C** C00199711

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 04 / 2025**Transaction ID : A167118851BC746FA992**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. LIBERTY MUTUAL INSURANCE COMPANY - PAC**

Mailing Address 175 BERKELEY ST

City  
BOSTONState  
MAZip Code  
02116-5066FEC ID number of contributing  
federal political committee.**C** C00171843

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2025**Transaction ID : ACE1067914A9747F2A49**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 16

(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)

**HELP ELECT REPUBLICANS NOW**

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

**A. NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE**Mailing Address 1775 EYE ST. NW  
SUITE 1100City  
WASHINGTONState  
DCZip Code  
20006FEC ID number of contributing  
federal political committee.

C

C00130773

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 22 / 2025

Transaction ID : A15985F67FC3245018BF

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE**Mailing Address 1775 EYE ST. NW  
SUITE 1100City  
WASHINGTONState  
DCZip Code  
20006FEC ID number of contributing  
federal political committee.

C

C00130773

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 22 / 2025

Transaction ID : A438D5246087E44DDB54

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. SELECT MEDICAL CORPORATION PAC**

Mailing Address 4714 GETTYSBURG ROAD

City  
MECHANICSBURGState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

C00546119

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : AC3F5163F3133409BBEB

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 16

(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)

**HELP ELECT REPUBLICANS NOW**

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

**A. THE WILLIAMS COMPANIES, INC. POLITICAL ACTION COMMITTEE**

Mailing Address ONE WILLIAMS CENTER 47TH FLOOR

City  
TULSAState  
OKZip Code  
74172FEC ID number of contributing  
federal political committee.

C

C00040394

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2025

Transaction ID : A979699EA4D37411583A

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. THE WILLIAMS COMPANIES, INC. POLITICAL ACTION COMMITTEE**

Mailing Address ONE WILLIAMS CENTER 47TH FLOOR

City  
TULSAState  
OKZip Code  
74172FEC ID number of contributing  
federal political committee.

C

C00040394

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2025

Transaction ID : AA2E04ADE490649B49C0

Amount of Each Receipt this Period

5000.00

☐ 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 M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

10000.00

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

47500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 16

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

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NAME OF COMMITTEE (In Full)

**HELP ELECT REPUBLICANS NOW**

Full Name (Last, First, Middle Initial)

**A. 814 CONSULTING**

Mailing Address 5827 COLFAX AVE

City  
ALEXANDRIAState  
VAZip Code  
22311-1013Purpose of Disbursement  
FUNDRAISING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		1	7		2	0	2	5		

FEC Identification Number

**C****Transaction ID : BB3F0A2345**

Amount of Each Disbursement this Period

17550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AXCAPITAL**

Mailing Address 800 W 47TH ST

City  
KANSAS CITYState  
MOZip Code  
64112Purpose of Disbursement  
ACCOUNTING & COMPLIANCE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	4		1	7		2	0	2	5		

FEC Identification Number

**C****Transaction ID : BBEB21FCA9**

Amount of Each Disbursement this Period

305.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17550.00

17550.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

**HELP ELECT REPUBLICANS NOW**

Full Name (Last, First, Middle Initial)

**A. ALASKANS FOR NICK BEGICH**

Mailing Address PO BOX 671710

City  
CHUGIAKState  
AKZip Code  
99567-1710

Purpose of Disbursement

CONTRIBUTION

011

Category/  
Type

Candidate Name

BEGICH, NICHOLAS, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2025

☐ Primary ☐ General  
☒ Other (specify) ▼

ANNUAL

State: AK

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	0			2	0	2	5		

FEC Identification Number

C C00792341

Transaction ID : B5C16BC962

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANDY BARR FOR SENATE**

Mailing Address PO BOX 2059

City  
LEXINGTONState  
KYZip Code  
40588-2059

Purpose of Disbursement

CONTRIBUTION

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2025

☐ Primary ☐ General  
☒ Other (specify) ▼

ANNUAL

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : BFC5CC461D

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COLE FOR CONGRESS**

Mailing Address PO BOX 722256

City  
NORMANState  
OKZip Code  
73070-8705

Purpose of Disbursement

CONTRIBUTION

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2025

☐ Primary ☐ General  
☒ Other (specify) ▼

ANNUAL

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	2	5		

FEC Identification Number

C

Transaction ID : B8566490EB

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

**HELP ELECT REPUBLICANS NOW**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DAVID SCHWEIKERT**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	0		2	0	2	5		

Mailing Address 8175 EAST EVANS ROAD  
# 13176City  
SCOTTSDALEState  
AZZip Code  
85267

Purpose of Disbursement

CONTRIBUTION

011

Category/  
Type

Candidate Name

SCHWEIKERT, DAVID S., ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2025

☐ Primary ☐ General  
☒ Other (specify) ▼

ANNUAL

State:

District:

FEC Identification Number

C C00540617

Transaction ID : B3C7B570E7

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GABE EVANS FOR CONGRESS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	0		2	0	2	5		

Mailing Address 228 S WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314-5408

Purpose of Disbursement

POLITICAL CONTRIBUTION

011

Category/  
Type

Candidate Name

EVANS, GABE, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2025

☐ Primary ☐ General  
☒ Other (specify) ▼

ANNUAL

State: CO

District: 08

FEC Identification Number

C C00857805

Transaction ID : B59F286F14C

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. IOWANS FOR ZACH NUNN**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	0		2	0	2	5		

Mailing Address PO BOX 11

City  
BONDURANTState  
IAZip Code  
50035

Purpose of Disbursement

CONTRIBUTION

011

Category/  
Type

Candidate Name

IOWANS FOR ZACH NUNN

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2025

☐ Primary ☐ General  
☒ Other (specify) ▼

ANNUAL

State:

District:

FEC Identification Number

C C00784389

Transaction ID : B6CDCD657

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

**HELP ELECT REPUBLICANS NOW**

Full Name (Last, First, Middle Initial)

**A. KIGGANS FOR CONGRESS**

Mailing Address P.O. BOX 5042

City  
VIRGINIA BEACHState  
VAZip Code  
23471

Purpose of Disbursement

CONTRIBUTION

Candidate Name

KIGGANS FOR CONGRESS

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

ANNUAL

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	0			2	0	2	5	

FEC Identification Number

**C** C00776120**Transaction ID : B79709C996I**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCDOWELL FOR CONGRESS**

Mailing Address PO BOX 80172

City  
RALEIGHState  
NCZip Code  
27623-0172

Purpose of Disbursement

ACCOUNTING &amp; COMPLIANCE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

ANNUAL

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	2	5	

FEC Identification Number

**C****Transaction ID : B10221569E1**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PATRIOTS FOR PERRY**

Mailing Address 4075 LINGLESTOWN RD

City  
HARRISBURGState  
PAZip Code  
17112-1020

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

ANNUAL

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	0			2	0	2	5	

FEC Identification Number

**C****Transaction ID : B63A9A89A7**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

11000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

**HELP ELECT REPUBLICANS NOW**

Full Name (Last, First, Middle Initial)

**A. RALPH NORMAN FOR CONGRESS**

Mailing Address PO BOX 37467

City  
ROCK HILLState  
SCZip Code  
29732-0524

Purpose of Disbursement

CONTRIBUTION

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2025

☐ Primary ☐ General  
☒ Other (specify) ▼

ANNUAL

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : B6F751D1974

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROB FOR PA**

Mailing Address 11 DOCK ST

City  
PITTSTONState  
PAZip Code  
18640-9998

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

BRESNAHAN, ROB, , ,

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2025

☐ Primary ☐ General  
☒ Other (specify) ▼

ANNUAL

State: PA

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	0			2	0	2	5		

FEC Identification Number

C C00852137

Transaction ID : B141DC160F2

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TOM BARRETT FOR CONGRESS**

Mailing Address PO BOX 15221

City  
LANSINGState  
MIZip Code  
48901

Purpose of Disbursement

CONTRIBUTION

Candidate Name

BARRETT, TOM, , ,

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2025

☐ Primary ☐ General  
☒ Other (specify) ▼

ANNUAL

State: MI

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	0			2	0	2	5		

FEC Identification Number

C C00793976

Transaction ID : B84128063A:

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

**HELP ELECT REPUBLICANS NOW**

Full Name (Last, First, Middle Initial)

**A. VAN ORDEN FOR CONGRESS**

Mailing Address PO BOX 565

City  
PRAIRIE DU CHIENState  
WIZip Code  
53821

Purpose of Disbursement

CONTRIBUTION

Candidate Name

VAN ORDEN FOR CONGRESS

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

ANNUAL

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	0			2	0	2	5		

FEC Identification Number

**C** C00742007**Transaction ID : BF3BC10CFE**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

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

58500.00