

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type
over the lines.

12FE4M5

RALPH NORMAN FOR CONGRESS

ADDRESS (number and street)

PO BOX 37467

Check if different
than previously
reported. (ACC)

ROCK HILL

SC

29732-0524

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00633610

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

SC

05

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)
- Termination Report (TER)

(b) 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

in the
State of

(c) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M 10

/ D 01

/ Y 2025

through

M 12

/ D 31

/ Y 2025

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

CURTIS, ELIZABETH, , ,

Signature of Treasurer

CURTIS, ELIZABETH, , ,

Date

M 01

/ D 30

/ Y 2026

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
OnlyFEC FORM 3
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

RALPH NORMAN FOR CONGRESS

Report Covering the Period: From:

M M
10 /
 D D
01 /
 Y Y Y Y
2025

To:

M M
12 /
 D D
31 /
 Y Y Y Y
2025

6. Net Contributions (other than loans)

- (a) Total Contributions (other than loans) (from Line 11(e))
- (b) Total Contribution Refunds (from Line 20(d))
- (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))

COLUMN A
This Period**COLUMN B**
Election Cycle-to-Date

8.68	87771.18
0.00	0.00
8.68	87771.18

7. Net Operating Expenditures

- (a) Total Operating Expenditures (from Line 17)
- (b) Total Offsets to Operating Expenditures (from Line 14).....
- (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))

31336.81	243723.08
0.00	152.70
31336.81	243570.38

8. Cash on Hand at Close of Reporting Period (from Line 27).....

157734.00
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)
12500.00
For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

RALPH NORMAN FOR CONGRESS

Report Covering the Period: From:

M M
10D D
01Y Y Y Y
2025

To:

M M
12D D
31Y Y Y Y
2025

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A)
 - (ii) Unitemized
 - (iii) TOTAL of contributions from individuals
- (b) Political Party Committees
- (c) Other Political Committees (such as PACs)
- (d) The Candidate
- (e) TOTAL CONTRIBUTIONS (other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

0.00	13750.00
8.68	1021.18
8.68	14771.18
0.00	0.00
0.00	66000.00
0.00	7000.00
8.68	87771.18

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00	0.00
------	------

13. LOANS:

- (a) Made or Guaranteed by the Candidate
- (b) All Other Loans
- (c) TOTAL LOANS
(add Lines 13(a) and (b))

0.00	0.00
0.00	0.00
0.00	0.00

14. OFFSETS TO OPERATING EXPENDITURES
(Refunds, Rebates, etc.)

0.00	152.70
------	--------

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00	0.00
------	------

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)

8.68	87923.88
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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31336.81	243723.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	3350.00	305650.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	34686.81	549373.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	192412.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8.68
25. SUBTOTAL (add Line 23 and Line 24).....	192420.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34686.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	157734.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

 FOR LINE NUMBER:
 (check only one)

 PAGE 5 OF 12
 X 17 18 19a 19b
 20a 20b 20c 21

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)
RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARISTOTLE INTERNATIONAL INC.

Mailing Address P. O. BOX 716045

City
PHILADELPHIAState
PAZip Code
19171Purpose of Disbursement
COMPLIANCE SOFTWARE

001

Candidate Name

Category/
TypeOffice Sought:
House
Senate
PresidentDisbursement For:
Primary
General
Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M 12 / D D 12 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

2568.00

Transaction ID : BE3F1E2B070B34C0C98C

Memo Item

B. BARCLAYS MASTERCARD

Mailing Address PO BOX 13337

City
PHILADELPHIAState
PAZip Code
19101Purpose of Disbursement
CREDIT CARD PAYMENT- ITEMIZATION NOT REQUIRED

001

Candidate Name

Category/
TypeOffice Sought:
House
Senate
PresidentDisbursement For:
Primary
General
Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M 11 / D D 21 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

178.05

Transaction ID : B2657E482854E4ED5898

Memo Item

C. CHALMERS, ADAMS, BACKER & KAUFMAN, LLCMailing Address 100 N MAIN ST
STE 340City
ALPHARETTAState
GAZip Code
30009-3842Purpose of Disbursement
LEGAL CONSULTING

001

Candidate Name

Category/
TypeOffice Sought:
House
Senate
PresidentDisbursement For:
Primary
General
Other (specify) ▼

State: District:

Date of Disbursement

M M 10 / D D 15 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

3485.00

Transaction ID : B5A824F83516C448F9E8

Memo Item

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

6231.05

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 6 OF 12

 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CHALMERS, ADAMS, BACKER & KAUFMAN, LLC
 Mailing Address 100 N MAIN ST
 STE 340

City ALPHARETTA State GA Zip Code 30009-3842

 Purpose of Disbursement
 LEGAL CONSULTING

001

Candidate Name

Category/
Type
 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

 M M 11 / D D 20 / Y Y Y Y Y 2025

FEC Identification Number

 C

Amount of Each Disbursement this Period

7320.00

Transaction ID : BC2A6B42A62A64639BF0

 Memo Item**B. CHALMERS, ADAMS, BACKER & KAUFMAN, LLC**
 Mailing Address 100 N MAIN ST
 STE 340

City ALPHARETTA State GA Zip Code 30009-3842

 Purpose of Disbursement
 LEGAL CONSULTING

001

Candidate Name

Category/
Type
 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

 M M 12 / D D 12 / Y Y Y Y Y 2025

FEC Identification Number

 C

Amount of Each Disbursement this Period

5830.00

Transaction ID : B58F9212CB74F46A7A79

 Memo Item**C. CITY OF ROCK HILL**

Mailing Address P. O. BOX 63039

City CHARLOTTE State NC Zip Code 28263-3039

 Purpose of Disbursement
 UTILITIES

001

Candidate Name

Category/
Type
 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

 M M 10 / D D 16 / Y Y Y Y Y 2025

FEC Identification Number

 C

Amount of Each Disbursement this Period

120.76

Transaction ID : BE324867A3D1846EDBE4

 Memo Item

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

13270.76

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

SCHEDULE B (FEC Form 3)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

17 18 19a 19b
20a 20b 20c 21

PAGE 7 OF 12

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NAME OF COMMITTEE (In Full)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FUNDRAISING INC.

Mailing Address 800 WEST 47TH STREET
SUITE 200

City KANSAS CITY	State MO	Zip Code 64112-1244
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Purpose of Disbursement
FUNDRAISING CONSULTING

003

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
---	--

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M 11 / D D 20 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

9.65

Transaction ID : B6DB22233C09D4C73B56

Memo Item

B. JAMESTOWN ASSOCIATES

Mailing Address 421 CHESTNUT ST

City PHILADELPHIA	State PA	Zip Code 19106-2425
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Purpose of Disbursement
STRATEGIC MANAGEMENT CONSULTING

001

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
---	--

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M 10 / D D 15 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : BCDDCE046A80849B68C8

Memo Item

C. JAMESTOWN ASSOCIATES

Mailing Address 421 CHESTNUT ST

City PHILADELPHIA	State PA	Zip Code 19106-2425
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Purpose of Disbursement
STRATEGIC MANAGEMENT CONSULTING

001

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
---	--

State: District:

Date of Disbursement

M M 11 / D D 13 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B9784A05152384D24ABE

Memo Item

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

3009.65

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

SCHEDULE B (FEC Form 3)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JAMESTOWN ASSOCIATES

Mailing Address 421 CHESTNUT ST

City PHILADELPHIA State PA Zip Code 19106-2425

Purpose of Disbursement
STRATEGIC MANAGEMENT CONSULTING

001

Candidate Name

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

B. PAC MANAGEMENT SERVICES LLC

Mailing Address 10521 JUDICIAL DR
STE 200A

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
COMPLIANCE SERVICES

Category/
Type

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

C. PAC MANAGEMENT SERVICES LLC

Mailing Address 10521 JUDICIAL DR
STE 200A

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
COMPLIANCE SERVICES

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

M M 12 / D D 12 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : BAEFEC486D6F7454D8B5

Memo Item

Date of Disbursement

M M 10 / D D 14 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B9F0767556BA048D8AB6

Memo Item

Date of Disbursement

M M 11 / D D 20 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

2250.00

Transaction ID : B9523871BB70340CE97B

Memo Item

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

6250.00

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

SCHEDULE B (FEC Form 3)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COLLETON COUNTY REPUBLICAN PARTY

Mailing Address PO BOX 1551

City WALTERBORO	State SC	Zip Code 29488-0015
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Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

012

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
---	--

State: District:

Date of Disbursement

M M 12 / D D 04 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : B880B8856F81F4D35A36

Memo Item

Full Name (Last, First, Middle Initial)

B. PALMETTO FAMILY COUNCIL

Mailing Address PO BOX 11953

City COLUMBIA	State SC	Zip Code 29211-1953
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Purpose of Disbursement
CONTRIBUTION

012

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
---	--

State: District:

Date of Disbursement

M M 11 / D D 19 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B09912B2DEB404940BF2

Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTH CAROLINA FEDERATION OF REPUBLICAN WOMEN

Mailing Address PO BOX 1685

City GAFFNEY	State SC	Zip Code 29342-1685
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Purpose of Disbursement
NONFEDERAL CONTRIBUTION

012

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
---	--

State: District:

Date of Disbursement

M M 10 / D D 15 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B3CFB97B5E3E14A1FAC8

Memo Item

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

2750.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 11 OF 12

 17 18 19a 19b
 20a 20b 20c X 21

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NAME OF COMMITTEE (In Full)
RALPH NORMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. YORK COUNTY REPUBLICAN PARTY

Mailing Address 2424 INDIA HOOK RD.

Date of Disbursement

 M M / D D / Y Y Y Y
 12 09 2025

 City
 ROCK HILL

 State
 SC

 Zip Code
 29732

 Purpose of Disbursement
 NON-FEDERAL CONTRIBUTION

012

 Candidate Name
 YORK COUNTY REPUBLICAN PARTY

 Category/
 Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : B4CE1ACFB531941D0948

Memo Item

B.

Mailing Address

Date of Disbursement

 M M / D D / Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

Candidate Name

FEC Identification Number

C

Amount of Each Disbursement this Period

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

 M M / D D / Y Y Y Y
C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

FEC Identification Number

C

Amount of Each Disbursement this Period

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ► 600.00

TOTAL This Period (last page this line number only)..... ► 3350.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 12

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

RALPH NORMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ACPAC ACA INTERNATIONAL PAC

Nature of Debt (Purpose):

GENERAL ELECTION REFUND

Mailing Address 509 2ND STREET NE

City
WASHINGTONState
DCZip Code
20002

Outstanding Balance Beginning This Period

Transaction ID : D6F66959033D843068B0

0.00

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANUFACTURED HOUSING INSTITUTE PAC

Nature of Debt (Purpose):

GENERAL ELECTION REFUND

Mailing Address 1655 FORT MYER DRIVE
SUITE 200City
ARLINGTONState
VAZip Code
22209

Outstanding Balance Beginning This Period

Transaction ID : D4636F820F8384435B85

0.00

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STAND FOR AMERICA PAC

Nature of Debt (Purpose):

GENERAL ELECTION REFUND

Mailing Address 186 SEVEN FARMS DR
STE F275City
DANIEL ISLANDState
SCZip Code
29492-8510

Outstanding Balance Beginning This Period

Transaction ID : DFB0C03BA3B544CF7BB1

0.00

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional)

12500.00

2) **TOTALS** This Period (last page this line number only)

12500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

12500.00