

**FEC
FORM 3****REPORT 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.

1 2 F E 4 M 5

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 REPORT



NEW (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 M / D D / Y Y Y Y

10 / 01 / 2025

through

M M / D D / Y Y Y Y

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

01 / 30 / 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
Only**FEC 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	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	2	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8.68	87771.18
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	8.68	87771.18
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	31336.81	243723.08
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	152.70
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	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 / D D / Y Y Y Y
10 / 01 / 2025

To:

M M / D D / Y Y Y Y
12 / 31 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than
Political Committees****(i) Itemized (use Schedule A).....**

0.00

13750.00

(ii) Unitemized

8.68

1021.18

**(iii) TOTAL of contributions
from individuals**

8.68

14771.18

(b) Political Party Committees.....

0.00

0.00

**(c) Other Political Committees
(such as PACs)**

0.00

66000.00

(d) The Candidate

0.00

7000.00

**(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..**

8.68

87771.18

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the
Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

**(c) TOTAL LOANS
(add Lines 13(a) and (b)).....**

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

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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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

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2568.00

Transaction ID : BE3F1E2B070B34C0C98C

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BARCLAYS MASTERCARD

Mailing Address PO BOX 13337

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

001

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
11		21		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

178.05

Transaction ID : B2657E482854E4ED5898

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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, LLCMailing Address 100 N MAIN ST
STE 340City
ALPHARETTAState
GAZip Code
30009-3842Purpose of Disbursement
LEGAL 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
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

7320.00

Transaction ID : BC2A6B42A62A64639BF0

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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/
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
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5830.00

Transaction ID : B58F9212CB74F46A7A79

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CITY OF ROCK HILL

Mailing Address P. O. BOX 63039

City
CHARLOTTEState
NCZip Code
28263-3039Purpose of Disbursement
UTILITIES

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

State:

District:

Date of Disbursement

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

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 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. FUNDRAISING INC.Mailing Address 800 WEST 47TH STREET
SUITE 200City
KANSAS CITYState
MOZip Code
64112-1244Purpose 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
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9.65

Transaction ID : B6DB22233C09D4C73B56

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JAMESTOWN ASSOCIATES

Mailing Address 421 CHESTNUT ST

City
PHILADELPHIAState
PAZip Code
19106-2425Purpose 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
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : BCDDCE046A80849B68C8

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JAMESTOWN ASSOCIATES

Mailing Address 421 CHESTNUT ST

City
PHILADELPHIAState
PAZip Code
19106-2425Purpose 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
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	2	5

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 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
PHILADELPHIAState
PAZip Code
19106-2425Purpose of Disbursement
STRATEGIC MANAGEMENT CONSULTING

001

Category/
Type

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	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : BAEFEC486D6F7454D8B5

☐ Memo Item**B. PAC MANAGEMENT SERVICES LLC**Mailing Address 10521 JUDICIAL DR
STE 200ACity
FAIRFAXState
VAZip Code
22030Purpose of Disbursement
COMPLIANCE SERVICES

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	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B9F0767556BA048D8AB6

☐ Memo Item**C. PAC MANAGEMENT SERVICES LLC**Mailing Address 10521 JUDICIAL DR
STE 200ACity
FAIRFAXState
VAZip Code
22030Purpose of Disbursement
COMPLIANCE SERVICES

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	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	2	5

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 PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 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. PAC MANAGEMENT SERVICES LLCMailing Address 10521 JUDICIAL DR
STE 200ACity
FAIRFAXState
VAZip Code
22030Purpose of Disbursement
COMPLIANCE SERVICES

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
12		12		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : BB728CFDD44F14A5EAA2

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

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:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

2500.00

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

31261.46

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

PAGE 10 OF 12

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 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

Date of Disbursement

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

City
WALTERBOROState
SCZip Code
29488-0015

FEC Identification Number

CPurpose of Disbursement
NON-FEDERAL CONTRIBUTION

012

Amount of Each Disbursement this Period

250.00

Transaction ID : B880B8856F81F4D35A36

☐ Memo Item

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

State:

District:

Full Name (Last, First, Middle Initial)

B. PALMETTO FAMILY COUNCIL

Mailing Address PO BOX 11953

Date of Disbursement

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

City
COLUMBIAState
SCZip Code
29211-1953

FEC Identification Number

CPurpose of Disbursement
CONTRIBUTION

012

Amount of Each Disbursement this Period

1500.00

Transaction ID : B09912B2DEB404940BF2

☐ Memo Item

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

State:

District:

Full Name (Last, First, Middle Initial)

C. SOUTH CAROLINA FEDERATION OF REPUBLICAN WOMEN

Mailing Address PO BOX 1685

Date of Disbursement

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

City
GAFFNEYState
SCZip Code
29342-1685

FEC Identification Number

CPurpose of Disbursement
NONFEDERAL CONTRIBUTION

012

Amount of Each Disbursement this Period

1000.00

Transaction ID : B3CFB97B5E3E14A1FAC8

☐ Memo Item

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

State:

District:

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

2750.00

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

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

PAGE 11 OF 12

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 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. 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 HILLState
SCZip Code
29732

FEC Identification Number

C

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

012

Amount of Each Disbursement this Period

600.00

Transaction ID : B4CE1ACFB531941D0948

☐ Memo ItemCandidate Name
YORK COUNTY REPUBLICAN PARTYCategory/
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
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

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:

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

WASHINGTON

State

DC

Zip Code

20002

Outstanding Balance Beginning This Period

0.00

Transaction ID : D6F66959033D843068B0

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 200

City

ARLINGTON

State

VA

Zip Code

22209

Outstanding Balance Beginning This Period

0.00

Transaction ID : D4636F820F8384435B85

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 F275

City

DANIEL ISLAND

State

SC

Zip Code

29492-8510

Outstanding Balance Beginning This Period

0.00

Transaction ID : DFB0C03BA3B544CF7BB1

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