

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 NEW JERSEY REPUBLICAN STATE COMMITTEE

ADDRESS (number and street) PO BOX 95 COLTS NECK NJ 07722

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00164418 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 02/01/2026 through 02/28/2026

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 VAN DOREN, SHAUN, , ,

Signature of Treasurer VAN DOREN, SHAUN, , , Date 03/20/2026

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NEW JERSEY REPUBLICAN STATE 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"/>	<input type="text" value="98102.48"/>	<input type="text" value="98102.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="68643.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12285.12"/>	<input type="text" value="13624.03"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="80928.27"/>	<input type="text" value="111726.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37190.97"/>	<input type="text" value="67989.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43737.30"/>	<input type="text" value="43737.30"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="3851.35"/>	

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

NEW JERSEY REPUBLICAN STATE 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).....	7250.00	7500.00
(ii) Unitemized	2032.92	3118.13
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	9282.92	10618.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12282.92	13618.13
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.).....	2.20	5.90
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)).....▶	12285.12	13624.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12285.12	13624.03

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	7761.66	9178.62
(ii) Non-Federal Share.....	29084.43	34414.85
(b) Other Federal Operating Expenditures	344.88	395.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	37190.97	43989.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	24000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	37190.97	67989.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8106.54	33574.36

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	12282.92	13618.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12282.92	13618.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8106.54	9574.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8106.54	9574.36

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`G7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: F3XN
Transaction ID :

WITH RESPECT TO THE EXPENDITURES MADE BY THE PARTY FOR PAYROLL, PAYROLL TAXES, INSURANCE, AND OTHER PAYROLL OR EMPLOYEE BENEFIT-RELATED EXPENSES, THE PARTY ADHERES TO 11 CFR 300.33, AND ALSO FOLLOWS THE COMMISSIONS REVISION OF THE RULES AS ADOPTED ON DECEMBER 1, 2005. SPECIFICALLY, THE PARTY PAYS FOR THESE COSTS WITH 100 PERCENT FEDERAL FUNDS WHEN THE EMPLOYEE SPENDS MORE THAN 25 PERCENT OF HIS OR HER TIME IN A PAY PERIOD ON FEDERAL ELECTION ACTIVITY FEA OR ACTIVITY IN CONNECTION WITH A FEDERAL ELECTION. THESE EXPENDITURES ARE REPORTED ON SCHEDULE B FOR LINE 30B. ALTERNATIVELY, WHEN AN EMPLOYEE DOES NOT MEET THE 25 PERCENT THRESHOLD, THE PARTY ALLOCATES THESE COSTS AS AN OVERHEAD/ADMINISTRATIVE EXPENSE, AND REPORTS THESE DISBURSEMENTS ON SCHEDULE H4. ADDITIONALLY, EMPLOYEES PAYROLL AND REIMBURSED EXPENSES ARE PAID ACCORDING TO THE ACTIVITIES THEY PARTICIPATE IN, WHETHER IT IS A FULLY FEDERAL OR FEA ACTIVITY, OR AN ADMINISTRATIVE OR OTHERWISE PERMISSIBLE ALLOCATED ACTIVITY, AS INDICATED BY THE DOCUMENTATION PROVIDED BY THE EMPLOYEE.

Form/Schedule:
Transaction ID:

**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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
NEW JERSEY REPUBLICAN STATE COMMITTEE

A. BENGIVENGA, APRIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3112 WOODLAND AVE
 City SOUTH PLAINFIELD State NJ Zip Code 07080-5343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MIDDLESEX COUNTY BOARD OF ELECTIONS Occupation (for Individual) COMMISSIONER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 24 / 2026
Transaction ID : A538FE361FBB242BD8DF
 Amount of Each Receipt this Period 500.00
 Memo Item

B. MELE, GREGG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 BROADWAY
 City CLARK State NJ Zip Code 07066-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MELE ASSOCIATES, LLC Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 20 / 2026
Transaction ID : A10F5F837D7D44FB7AFA
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 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 9123.13

Date of Receipt 02 / 20 / 2026
Transaction ID : A343E7B38CB5E4AD5B2A
 Amount of Each Receipt this Period 500.00
 Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 26
	<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)
NEW JERSEY REPUBLICAN STATE COMMITTEE

A. DURANTE, VINCENT, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 YEOMAN DR
 City UPPER SADDLE RIVER State NJ Zip Code 07458-1122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PHARMASPHERE INC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 02 / 05 / 2026
Transaction ID : A498C8429BCCA45E8ADF
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 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 ▼ 9123.13

Date of Receipt 02 / 05 / 2026
Transaction ID : AA803664B06C140E8ABA
 Amount of Each Receipt this Period 500.00
 Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. MCCracken, JAMES, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 2ND AVE UNIT 5
 City BELMAR State NJ Zip Code 07719-5007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEADINGAGE NJ, INC. Occupation (for Individual) PRESIDENT CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 04 / 2026
Transaction ID : A186549E9C544424C9EC
 Amount of Each Receipt this Period 150.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
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 9 OF 26
	<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)
NEW JERSEY REPUBLICAN STATE COMMITTEE

A. WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9123.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2026

Transaction ID : A73F596B873DE4E28BAA

Amount of Each Receipt this Period
150.00

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. PETTIGNANO, MELISSA, , ,

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

Mailing Address 120 PARK PLAZA DR
APT 3418

City SECAUCUS	State NJ	Zip Code 07094-3774
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF -EMPLOYEEED	Occupation (for Individual) LITERARY AND ENTERTAINMENT IN
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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 / 01 / 2026

Transaction ID : AE4A8910D1F0B4471A42

Amount of Each Receipt this Period
150.00

Memo Item

CONTRIBUTION

C. WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
9123.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2026

Transaction ID : AB2F62C12A0634570B1D

Amount of Each Receipt this Period
150.00

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 10 OF 26
	<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)
NEW JERSEY REPUBLICAN STATE COMMITTEE

A. KLANJAC, MARIO, , MAYOR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47 N VIRGINIA CT

City ENGLEWOOD CLIFFS	State NJ	Zip Code 07632-2116
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KLANJAC TRIPODI PARTNERS LLP	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2026

Transaction ID : A1138A6E3A89944FB869

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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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 ▼
9123.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2026

Transaction ID : AD2A69F64964E4AB58DF

Amount of Each Receipt this Period
2500.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 200 2ND AVE
UNIT 5

City BELMAR	State NJ	Zip Code 07719-5007
----------------	-------------	------------------------

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

Name of Employer (for Individual) LEADINGAGE NJ, INC.	Occupation (for Individual) PRESIDENT CEO
--	--

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		04		2026

Transaction ID : A73A65486A8914C8AB8D

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2650.00
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 26
	<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)
NEW JERSEY REPUBLICAN STATE COMMITTEE

A. WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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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 ▼
9123.13

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		04		2026

Transaction ID : A9E7B992EABE745DD9FF

Amount of Each Receipt this Period
150.00

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. MCGUIRE, MICHAEL, , ,

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

Mailing Address 60 RUSTIC WAY

City FREEHOLD	State NJ	Zip Code 07728-9011
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WEINBERGER DIVORCE A FAMILY LAW	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		20		2026

Transaction ID : A7F1A94E26ADE4E09886

Amount of Each Receipt this Period
2500.00

Memo Item

CONTRIBUTION

C. WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

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 ▼
9123.13

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		20		2026

Transaction ID : AA9D0472268D94B24B91

Amount of Each Receipt this Period
2500.00

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 26
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW JERSEY REPUBLICAN STATE COMMITTEE

A. PETTIGNANO, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 PARK PLAZA DR
 APT 3418
 City SECAUCUS State NJ Zip Code 07094-3774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF -EMPLOYEEED Occupation (for Individual) LITERARY AND ENTERTAINMENT INI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2026
Transaction ID : AC75860BB127C411AA4B
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 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 ▼ 9123.13

Date of Receipt 02 / 01 / 2026
Transaction ID : A10C98137AEFC4621BCA
 Amount of Each Receipt this Period 150.00
 Memo Item
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. DURANTE, VINCENT, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 YEOMAN DR
 City UPPER SADDLE RIVER State NJ Zip Code 07458-1122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PHARMASPHERE INC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 02 / 05 / 2026
Transaction ID : AC1D5FFF9C63E4EE2B47
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
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 26
	<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	<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)
NEW JERSEY REPUBLICAN STATE COMMITTEE

A. WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

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 ▼
9123.13

Date of Receipt
MM / DD / YYYY
02 / 05 / 2026

Transaction ID : A4110158114494BBABD1

Amount of Each Receipt this Period
150.00

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B.

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	7250.00

**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 14 OF 26
<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

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)
NEW JERSEY REPUBLICAN STATE COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOE HATHAWAY FOR CONGRESS

Mailing Address **PO BOX 999**

City EDISON	State NJ	Zip Code 08818
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C 00921809**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
02 / 05 / 2026

Transaction ID : A903C3E38B0504D82901

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

B. 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

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

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

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)

NEW JERSEY REPUBLICAN STATE COMMITTEE

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

Purpose of Disbursement
MERCHANT PROCESSING FEE

001

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	8		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : B1453B7238E

Amount of Each Disbursement this Period

[REDACTED] 331.69

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

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

[REDACTED] 331.69

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

[REDACTED] 331.69

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 26
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
NEW JERSEY REPUBLICAN STATE COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IPFS CORPORATION			Nature of Debt (Purpose): INSURANCE
Mailing Address 3522 THOMASVILLE RD STE 400			
City TALLAHASSEE	State FL	Zip Code 32309	

Outstanding Balance Beginning This Period <input type="text" value="3909.05"/>	Transaction ID : DE5529B907C284F21A5E	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3909.05"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CATCH DIGITAL STRATEGY			Nature of Debt (Purpose): DIGITAL CONSULTING
Mailing Address 3267 BEE CAVES RD			
City AUSTIN	State TX	Zip Code 78746-6700	

Outstanding Balance Beginning This Period <input type="text" value="1500.00"/>	Transaction ID : DC31484101E444923B13	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ARCHER & GREINER, P C			Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1025 LAUREL OAK ROAD			
City VOORHEES	State NJ	Zip Code 08043-3506	

Outstanding Balance Beginning This Period <input type="text" value="2212.50"/>	Transaction ID : D77868E1C9DC045D1A9B	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2212.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW JERSEY REPUBLICAN STATE COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SAGE ADVISORY GROUP			Nature of Debt (Purpose): COMPLIANCE & BOOKKEEPING
Mailing Address 7816 ROSE GARDEN LN			
City SPRINGFIELD	State VA	Zip Code 22153-2368	

Outstanding Balance Beginning This Period 6000.00	Transaction ID : D56AD8534F94445679C3	
Amount Incurred This Period 0.00	Payment This Period 6000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor IPFS CORPORATION			Nature of Debt (Purpose): INSURANCE
Mailing Address 3522 THOMASVILLE RD STE 400			
City TALLAHASSEE	State FL	Zip Code 32309	

Outstanding Balance Beginning This Period 0.00	Transaction ID : DD92C452CA6D0410C992	
Amount Incurred This Period 3851.35	Payment This Period 0.00	Outstanding Balance at Close of This Period 3851.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	3851.35
2) TOTALS This Period (last page this line number only)..... ▶	3851.35
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) ▶	3851.35

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
NEW JERSEY REPUBLICAN STATE COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : HEB69F179D8D6484. Mailing Address: 675 PONCE DE LEON AVENUE NE SUITE 5000. City: ATLANTA, State: GA, Zip Code: 30308-1884. Purpose of Disbursement: SUBSCRIPTION-EMAIL SERVICE. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date: 02/02/2026. Total Amount: 425.00.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H08B7E87CAAC54C. Mailing Address: 504 CLINTON CENTER DRIVE. City: CLINTON, State: MS, Zip Code: 39056-5677. Purpose of Disbursement: PAYROLL FEES. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date: 02/04/2026. Total Amount: 261.65.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H047298867B244BD. Mailing Address: 3522 THOMASVILLE RD STE 400. City: TALLAHASSEE, State: FL, Zip Code: 32309. Purpose of Disbursement: INSURANCE-PAYMENT OF DEBT. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date: 02/04/2026. Total Amount: 3909.05.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 965.10, 3630.60, 4595.70.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
NEW JERSEY REPUBLICAN STATE COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H1F574C8B9F754C0. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : HA8F06F401A5043C. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H1FAC3BE279BF48. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 341.01, 1282.86, 1623.87.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
NEW JERSEY REPUBLICAN STATE COMMITTEE

A. Full Name (Last, First, Middle Initial) Transaction ID : HD5F2400B859A4B1
SAGE ADVISORY GROUP
Mailing Address 7816 ROSE GARDEN LN
City SPRINGFIELD State VA Zip Code 22153-2368
Purpose of Disbursement: COMPLIANCE & BOOKKEEPING-PAYMENT OF DEBT
Activity or Event Identifier: ADMINISTRATIVE
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 18966.95
Date 02 / 05 / 2026
FEDERAL SHARE 1260.00 + NONFEDERAL SHARE 4740.00 = TOTAL AMOUNT 6000.00

B. Full Name (Last, First, Middle Initial) Transaction ID : HBE4A0F0FB4E541C
ADP
Mailing Address 504 CLINTON CENTER DRIVE
City CLINTON State MS Zip Code 39056-5677
Purpose of Disbursement: PAYROLL FEES
Activity or Event Identifier: ADMINISTRATIVE
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 21477.69
Date 02 / 06 / 2026
FEDERAL SHARE 23.26 + NONFEDERAL SHARE 87.48 = TOTAL AMOUNT 110.74

C. Full Name (Last, First, Middle Initial) Transaction ID : HD0846D2B2F594E/
ARISTOTLE INTERNATIONAL INC.
Mailing Address 205 PENNSYLVANIA AVENUE SE
City WASHINGTON State DC Zip Code 20003-1164
Purpose of Disbursement: COMPLIANCE SOFTWARE
Activity or Event Identifier: ADMINISTRATIVE
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 21477.69
Date 02 / 06 / 2026
FEDERAL SHARE 504.00 + NONFEDERAL SHARE 1896.00 = TOTAL AMOUNT 2400.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1787.26, 6723.48, 8510.74

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
NEW JERSEY REPUBLICAN STATE COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H0206E7513D4543A. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H1799A74C8364431. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H3CA5CA04021943. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 866.64, 3260.24, 4126.88.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are currently blank.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
NEW JERSEY REPUBLICAN STATE COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H1BF82D956FDE43E. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H659B67E80B894A8. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : HE332DD55EFDF4F. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal showing Federal Share (759.15), NonFederal Share (2855.85), and Total Amount (3615.00).

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

Summary table for total showing Federal Share, NonFederal Share, and Total Amount fields.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
NEW JERSEY REPUBLICAN STATE COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H589EC5A90311403. ADP. Mailing Address 504 CLINTON CENTER DRIVE. City CLINTON, State MS, Zip Code 39056-5677. Purpose of Disbursement: PAYROLL FEES. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 02/20/2026. Total Amount 381.34.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H3AE5728603B84FD. CATCH DIGITAL STRATEGY. Mailing Address 3267 BEE CAVES RD. City AUSTIN, State TX, Zip Code 78746-6700. Purpose of Disbursement: DIGITAL CONSULTING. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 02/26/2026. Total Amount 1500.00.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H04E20812D66341D. ARCHER & GREINER, P C. Mailing Address 1025 LAUREL OAK ROAD. City VOORHEES, State NJ, Zip Code 08043-3506. Purpose of Disbursement: LEGAL FEES. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 02/26/2026. Total Amount 3412.50.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1111.70, 4182.14, 5293.84.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
NEW JERSEY REPUBLICAN STATE COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H445066F2B6354D1: SAGE ADVISORY GROUP. Mailing Address 7816 ROSE GARDEN LN. City SPRINGFIELD, State VA, Zip Code 22153-2368. Purpose of Disbursement: SHIPPING AND DELIVERY. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 02/26/2026. Year-To-Date: 39243.47. Summary: FEDERAL SHARE 7.52, NONFEDERAL SHARE 28.30, TOTAL AMOUNT 35.82.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : HBD10EA5A25FA49I: ADP. Mailing Address 504 CLINTON CENTER DRIVE. City CLINTON, State MS, Zip Code 39056-5677. Purpose of Disbursement: PAYROLL TAXES. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 02/26/2026. Year-To-Date: 39243.47. Summary: FEDERAL SHARE 71.82, NONFEDERAL SHARE 270.18, TOTAL AMOUNT 342.00.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : HCBAE5CE416C145: SAGE ADVISORY GROUP. Mailing Address 7816 ROSE GARDEN LN. City SPRINGFIELD, State VA, Zip Code 22153-2368. Purpose of Disbursement: COMPLIANCE & BOOKKEEPING. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 02/26/2026. Year-To-Date: 39243.47. Summary: FEDERAL SHARE 390.66, NONFEDERAL SHARE 1469.64, TOTAL AMOUNT 1860.30.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 470.00, 1768.12, 2238.12.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
NEW JERSEY REPUBLICAN STATE COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H6132653889ED437! Memo Item
FERRANTE, LUKE, , ,
Mailing Address 8 SPENCER COURT
City MORRIS PLAINS State NJ Zip Code 07950
Purpose of Disbursement: HEALTH INSURANCE
Activity or Event Identifier: ADMINISTRATIVE
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 39243.47
Date 02 / 26 / 2026
FEDERAL SHARE 58.68 + NONFEDERAL SHARE 220.76 = TOTAL AMOUNT 279.44

Form B: Full Name (Last, First, Middle Initial) Transaction ID : HCC0839D1CE214B! Memo Item
OSCAR INSURANCE CORPORATION
Mailing Address PO BOX 52156
City PHOENIX State AZ Zip Code 85072-2156
Purpose of Disbursement: SUB-VENDOR: HEALTH INSURANCE
Activity or Event Identifier: ADMINISTRATIVE
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 279.44
Date 01 / 31 / 2026
FEDERAL SHARE 58.68 + NONFEDERAL SHARE 220.76 = TOTAL AMOUNT 279.44

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H12DE32DCB04948. Memo Item
ARCHER & GREINER, P C
Mailing Address 1025 LAUREL OAK ROAD
City VOORHEES State NJ Zip Code 08043-3506
Purpose of Disbursement: LEGAL FEES-PAYMENT OF DEBT
Activity or Event Identifier: ADMINISTRATIVE
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 39243.47
Date 02 / 26 / 2026
FEDERAL SHARE 464.62 + NONFEDERAL SHARE 1747.88 = TOTAL AMOUNT 2212.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 523.30, 1968.64, 2491.94

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
NEW JERSEY REPUBLICAN STATE COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H97E8069ED325415. FERRANTE, LUKE, . . . Mailing Address 8 SPENCER COURT. City MORRIS PLAINS, State NJ, Zip Code 07950. Purpose of Disbursement: PAYROLL. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative (checked). Date: 02/27/2026. Year-To-Date: 42993.47. Summary: FEDERAL SHARE 787.50, NONFEDERAL SHARE 2962.50, TOTAL AMOUNT 3750.00.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : HC8524B2DFFF6483. MIRRORED MEMORIES NJ. Mailing Address 330 MOUNTS CORNER DRIVE SUITE 155. City FREEHOLD, State NJ, Zip Code 07728. Purpose of Disbursement: EVENT PHOTOGRAPHY. Activity or Event Identifier: 2026 FREEDOM GALA - ALLOCATED FUNDRAISING. Allocated Activity or Event: Fundraising (checked). Date: 02/24/2026. Year-To-Date: 600.00. Summary: FEDERAL SHARE 150.00, NONFEDERAL SHARE 450.00, TOTAL AMOUNT 600.00.

Form 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. Date. Summary: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 937.50, 3412.50, 4350.00.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 7761.66, 29084.43, 36846.09.