

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**
MAGA COALITION, INC.

ADDRESS (number and street) **1001 Brickell Bay Drive**
Ste 2700
 Check if different than previously reported. (ACC) **Miami** **FL** **33131**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00654343** 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 **Hassine, Brian, , ,**

Signature of Treasurer **Hassine, Brian, , ,** [Electronically Filed] Date / /

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

MAGA COALITION, INC.

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="2017"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="0.00"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="173054.44"/> | <input type="text" value="173054.44"/> |
| (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="173054.44"/> | <input type="text" value="173054.44"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="134131.77"/> | <input type="text" value="134131.77"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="38922.67"/> | <input type="text" value="38922.67"/> |
| 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="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MAGA COALITION, INC.

Report Covering the Period: From: 07 / 01 / 2017 To: 12 / 31 / 2017

| 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)..... | 151804.44 | 151804.44 |
| (ii) Unitemized | 1250.00 | 1250.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 153054.44 | 153054.44 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 153054.44 | 153054.44 |
| 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)..... | 20000.00 | 20000.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 173054.44 | 173054.44 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 173054.44 | 173054.44 |

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 | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 134131.77 | 134131.77 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 134131.77 | 134131.77 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 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)) .. | 134131.77 | 134131.77 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 134131.77 | 134131.77 |

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) | 153054.44 | 153054.44 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 153054.44 | 153054.44 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 134131.77 | 134131.77 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 20000.00 | 20000.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 114131.77 | 114131.77 |

**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 6 OF 47 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Carver, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 West 56th Place
 City Westmont State IL Zip Code 60559
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2017
Transaction ID : SA11AI.4344
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Ewing, Sandra, , ,
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017
Transaction ID : SA11AI.4360
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Fausz, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5104 San Luis Rey
 City Sylvania State OH Zip Code 43560
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2017
Transaction ID : SA11AI.4342
 Amount of Each Receipt this Period
 300.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1800.00 |
| 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 7 OF 47 |
| | <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)
MAGA COALITION, INC.

A. Gifford, Sharon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1699 Illinois St

| | | |
|----------------------|-------------|-------------------|
| City Lake Charles | State LA | Zip Code 70607 |
|----------------------|-------------|-------------------|

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 ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 13 | / | 2017 |

Transaction ID : SA11AI.4356

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1699 Illinois St

| | | |
|----------------------|-------------|-------------------|
| City Lake Charles | State LA | Zip Code 70607 |
|----------------------|-------------|-------------------|

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 ▼
1550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 20 | / | 2017 |

Transaction ID : SA11AI.4354

Amount of Each Receipt this Period
1000.00

Memo Item

C. Gutman, Laura, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 Watts

| | | |
|----------------|-------------|-------------------|
| City Durham | State NC | Zip Code 27701 |
|----------------|-------------|-------------------|

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 ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 17 | / | 2017 |

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| 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 47 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Hassine, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28241 Crown Valley Pkwy
 City Laguna Niguel State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Jeweler
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 03 / 2017
Transaction ID : SA11AI.4365
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Hassine, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28241 Crown Valley Pkwy
 City Laguna Niguel State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Jeweler
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 11 / 24 / 2017
Transaction ID : SA11AI.4315
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hassine, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28241 Crown Valley Pkwy
 City Laguna Niguel State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Jeweler
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6400.00

Date of Receipt 12 / 04 / 2017
Transaction ID : SA11AI.4314
 Amount of Each Receipt this Period 5000.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6400.00 |
| 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 47 |
| | <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)
MAGA COALITION, INC.

A. Hassine, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28241 Crown Valley Pkwy
 City Laguna Niguel State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Jeweler
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2017
Transaction ID : SA11AI.4312
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Kinney, Doug, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9613 South Lake Shore Drive
 City Lake Lotawana State MO Zip Code 64086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017
Transaction ID : SA11AI.4316
 Amount of Each Receipt this Period
 100000.00
 Memo Item

C. Le Doux, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Dow Road
 City Hollis State NH 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : SA11AI.4346
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 101250.00 |
| 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 47 |
| | <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)
MAGA COALITION, INC.

A. Luskin, Carma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11106 Saddle Road
 City Monterey State CA Zip Code 93940
 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 ▼ 400.00

Date of Receipt 09 / 21 / 2017
Transaction ID : SA11AI.4348
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Mather, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 17th St, STE 2000
 City Denver State CO Zip Code 80265
 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 ▼ 250.00

Date of Receipt 11 / 02 / 2017
Transaction ID : SA11AI.4336
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mobilecause
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27001 Agoura Rd #350A
 City Calabasas State CA Zip Code 91301
 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 ▼ 425.00

Date of Receipt 10 / 23 / 2017
Transaction ID : SA11AI.4501
 Amount of Each Receipt this Period 325.00
 Memo Item
 Individual Contributions

SUBTOTAL of Receipts This Page (optional)..... ▶ 775.00
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 47 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Mobilecause

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

Mailing Address 27001 Agoura Rd #350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼
575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2017

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period
150.00

Memo Item
Individual Contributions

B. Mobilecause

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

Mailing Address 27001 Agoura Rd #350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼
825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2017

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period
250.00

Memo Item
Individual Contributions

C. Mobilecause

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

Mailing Address 27001 Agoura Rd #350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼
1875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2017

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period
1050.00

Memo Item
Individual Contributions

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1450.00 |
| 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 47 |
| | <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)
MAGA COALITION, INC.

| | | | | | | | | | | | | |
|---|-------------------------------------|--|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mobilecause | | Date of Receipt | | | | | | | | | | |
| Mailing Address 27001 Agoura Rd #350A | | <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>25</td> <td></td> <td>2017</td> </tr> </table> | M M M | / | D D D | / | Y Y Y Y Y Y | 10 | | 25 | | 2017 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | |
| 10 | | 25 | | 2017 | | | | | | | | |
| City Calabasas | State CA | Zip Code 91301 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Transaction ID : SA11AI.4497 | | | | | | | | | | |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period 35.00 | | | | | | | | | | |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item Individual Contribution | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1910.00 | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|-------------------------------------|--|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mobilecause | | Date of Receipt | | | | | | | | | | |
| Mailing Address 27001 Agoura Rd #350A | | <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>25</td> <td></td> <td>2017</td> </tr> </table> | M M M | / | D D D | / | Y Y Y Y Y Y | 10 | | 25 | | 2017 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | |
| 10 | | 25 | | 2017 | | | | | | | | |
| City Calabasas | State CA | Zip Code 91301 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Transaction ID : SA11AI.4498 | | | | | | | | | | |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period 75.00 | | | | | | | | | | |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item Individual Contribution | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1985.00 | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|-------------------------------------|--|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mobilecause | | Date of Receipt | | | | | | | | | | |
| Mailing Address 27001 Agoura Rd #350A | | <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>30</td> <td></td> <td>2017</td> </tr> </table> | M M M | / | D D D | / | Y Y Y Y Y Y | 10 | | 30 | | 2017 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | |
| 10 | | 30 | | 2017 | | | | | | | | |
| City Calabasas | State CA | Zip Code 91301 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Transaction ID : SA11AI.4492 | | | | | | | | | | |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period 35.00 | | | | | | | | | | |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item Individual Contribution | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 2020.00 | | | | | | | | | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 145.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 13 OF 47 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | Date of Receipt |
| A. Mobilecause | | <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2017"/> |
| Mailing Address 27001 Agoura Rd #350A | | Transaction ID : SA11AI.4493 |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="95.00"/> |
| Name of Employer (for Individual) | Occupation (for Individual) | <input type="checkbox"/> Memo Item Individual Contributions |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="2115.00"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | Date of Receipt |
| B. Mobilecause | | <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2017"/> |
| Mailing Address 27001 Agoura Rd #350A | | Transaction ID : SA11AI.4494 |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="475.00"/> |
| Name of Employer (for Individual) | Occupation (for Individual) | <input type="checkbox"/> Memo Item Individual Contributions |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="2590.00"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | Date of Receipt |
| C. Mobilecause | | <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2017"/> |
| Mailing Address 27001 Agoura Rd #350A | | Transaction ID : SA11AI.4489 |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="150.00"/> |
| Name of Employer (for Individual) | Occupation (for Individual) | <input type="checkbox"/> Memo Item Individual Contributions |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="2740.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="720.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 14 OF 47 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼
3040.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 01 | | 2017 |

Transaction ID : SA11AI.4488

Amount of Each Receipt this Period
300.00

Memo Item
Individual Contributions

B. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼
3100.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 02 | | 2017 |

Transaction ID : SA11AI.4486

Amount of Each Receipt this Period
60.00

Memo Item
Individual Contribution

C. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼
3210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 03 | | 2017 |

Transaction ID : SA11AI.4485

Amount of Each Receipt this Period
110.00

Memo Item
Individual Contributions

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 470.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 15 OF 47 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mobilecause | | Date of Receipt |
| Mailing Address 27001 Agoura Rd #350A | | <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2017"/> |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.4480 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="85.00"/> |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item Individual Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="3295.00"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mobilecause | | Date of Receipt |
| Mailing Address 27001 Agoura Rd #350A | | <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2017"/> |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.4481 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="25.00"/> |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item Individual Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="3320.00"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mobilecause | | Date of Receipt |
| Mailing Address 27001 Agoura Rd #350A | | <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2017"/> |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.4482 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="452.00"/> |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item Individual Contributions |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="3772.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="562.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 16 OF 47 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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)
MAGA COALITION, INC.

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mobilecause | | Date of Receipt |
| Mailing Address 27001 Agoura Rd #350A | | <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2017"/> |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.4484 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="1550.29"/> |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item Individual Contributions |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="5322.29"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mobilecause | | Date of Receipt |
| Mailing Address 27001 Agoura Rd #350A | | <input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2017"/> |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.4479 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="150.00"/> |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item Individual Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="5472.29"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mobilecause | | Date of Receipt |
| Mailing Address 27001 Agoura Rd #350A | | <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2017"/> |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.4477 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="25.00"/> |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item Individual Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="5497.29"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1725.29"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 17 OF 47 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼
5597.29

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 10 | / | 2017 |

Transaction ID : SA11AI.4478

Amount of Each Receipt this Period
100.00

Memo Item
Individual Contribution

B. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼
5722.29

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 13 | / | 2017 |

Transaction ID : SA11AI.4474

Amount of Each Receipt this Period
125.00

Memo Item
Individual Contributions

C. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼
5872.29

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 13 | / | 2017 |

Transaction ID : SA11AI.4475

Amount of Each Receipt this Period
150.00

Memo Item
Individual Contribution

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 375.00 |
| 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 18 OF 47 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Mobilecause
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27001 Agoura Rd #350A
 City Calabasas State CA Zip Code 91301
 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 ▼ 5922.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.4472
 Amount of Each Receipt this Period 50.00
 Memo Item
 Individual Contribution

B. Mobilecause
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27001 Agoura Rd #350A
 City Calabasas State CA Zip Code 91301
 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 ▼ 5947.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2017
Transaction ID : SA11AI.4469
 Amount of Each Receipt this Period 25.00
 Memo Item
 Individual Contribution

C. Mobilecause
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27001 Agoura Rd #350A
 City Calabasas State CA Zip Code 91301
 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 ▼ 6097.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : SA11AI.4470
 Amount of Each Receipt this Period 150.00
 Memo Item
 Individual Contribution

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 225.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 19 OF 47 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mobilecause | | Date of Receipt |
| Mailing Address 27001 Agoura Rd #350A | | <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2017"/> |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.4466 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="25.00"/> |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item Individual Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="6122.29"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mobilecause | | Date of Receipt |
| Mailing Address 27001 Agoura Rd #350A | | <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2017"/> |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.4467 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="25.00"/> |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item Individual Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="6147.29"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mobilecause | | Date of Receipt |
| Mailing Address 27001 Agoura Rd #350A | | <input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2017"/> |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.4465 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="40.00"/> |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item Individual Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="6187.29"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="90.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 20 OF 47 |
| | <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)
MAGA COALITION, INC.

A. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

City Calabasas State CA Zip Code 91301

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 ▼
6312.29

Date of Receipt
11 / 29 / 2017

Transaction ID : SA11AI.4464

Amount of Each Receipt this Period
125.00

Memo Item
Individual Contribution

B. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

City Calabasas State CA Zip Code 91301

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 ▼
6337.29

Date of Receipt
11 / 30 / 2017

Transaction ID : SA11AI.4446

Amount of Each Receipt this Period
25.00

Memo Item
Individual contribution

C. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

City Calabasas State CA Zip Code 91301

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 ▼
6362.29

Date of Receipt
12 / 01 / 2017

Transaction ID : SA11AI.4448

Amount of Each Receipt this Period
25.00

Memo Item
Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 21 OF 47 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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)
MAGA COALITION, INC.

A. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

City Calabasas State CA Zip Code 91301

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 ▼
6515.05

Date of Receipt
12 / 04 / 2017
Transaction ID : SA11AI.4451

Amount of Each Receipt this Period
152.76

Memo Item
Individual Contributions

B. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

City Calabasas State CA Zip Code 91301

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 ▼
6625.05

Date of Receipt
12 / 04 / 2017
Transaction ID : SA11AI.4452

Amount of Each Receipt this Period
110.00

Memo Item
Individual Contributions

C. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

City Calabasas State CA Zip Code 91301

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 ▼
6710.05

Date of Receipt
12 / 05 / 2017
Transaction ID : SA11AI.4453

Amount of Each Receipt this Period
85.00

Memo Item
Individual Contributions

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 347.76 |
| 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 22 OF 47 |
| | <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)
MAGA COALITION, INC.

A. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

City Calabasas State CA Zip Code 91301

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 ▼
6810.05

Date of Receipt
12 / 07 / 2017

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period
100.00

Memo Item

B. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

City Calabasas State CA Zip Code 91301

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 ▼
6835.05

Date of Receipt
12 / 08 / 2017

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period
25.00

Memo Item
Individual Contribution

C. Mobilecause

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

Mailing Address 27001 Agoura Rd
#350A

City Calabasas State CA Zip Code 91301

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 ▼
7010.05

Date of Receipt
12 / 11 / 2017

Transaction ID : SA11AI.4456

Amount of Each Receipt this Period
175.00

Memo Item
Individual Contributions

| | |
|---|--------|
| 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: | PAGE 23 OF 47 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

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

Mailing Address 27001 Agoura Rd
#350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼
7115.05

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 11 | / | 2017 |

Transaction ID : SA11AI.4457

Amount of Each Receipt this Period
105.00

Memo Item
Individual Contributions

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

Mailing Address 27001 Agoura Rd
#350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼
7165.05

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 12 | / | 2017 |

Transaction ID : SA11AI.4458

Amount of Each Receipt this Period
50.00

Memo Item
Individual Contribution

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

Mailing Address 27001 Agoura Rd
#350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼
7175.05

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 15 | / | 2017 |

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period
10.00

Memo Item
Individual Contribution

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 165.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 24 OF 47 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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)
MAGA COALITION, INC.

| | | |
|---|--------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | Date of Receipt |
| A. Mobilecause | | <input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2017"/> |
| Mailing Address 27001 Agoura Rd #350A | | Transaction ID : SA11AI.4460 |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| <input type="text" value="C"/> | | <input type="text" value="50.00"/> |
| Name of Employer (for Individual) | Occupation (for Individual) | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="7225.05"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | Date of Receipt |
| B. Mobilecause | | <input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2017"/> |
| Mailing Address 27001 Agoura Rd #350A | | Transaction ID : SA11AI.4461 |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| <input type="text" value="C"/> | | <input type="text" value="25.00"/> |
| Name of Employer (for Individual) | Occupation (for Individual) | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | Individual Contribution |
| | <input type="text" value="7250.05"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | Date of Receipt |
| C. Mobilecause | | <input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2017"/> |
| Mailing Address 27001 Agoura Rd #350A | | Transaction ID : SA11AI.4462 |
| City Calabasas | State CA | Zip Code 91301 |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| <input type="text" value="C"/> | | <input type="text" value="25.00"/> |
| Name of Employer (for Individual) | Occupation (for Individual) | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ | Individual Contribution |
| | <input type="text" value="7275.05"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="100.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 47
(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Mobilecause

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

Mailing Address 27001 Agoura Rd #350A

| | | |
|-------------------|-------------|-------------------|
| City Calabasas | State CA | Zip Code 91301 |
|-------------------|-------------|-------------------|

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 ▼ **7290.05**

Date of Receipt: **MM / DD / YYYY**
12 / 28 / 2017

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period: **15.00**

Memo Item
Individual Contribution

B. PayPal

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

Mailing Address 2211 North First Street

| | | |
|------------------|-------------|-------------------|
| City San Jose | State CA | Zip Code 95131 |
|------------------|-------------|-------------------|

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 ▼ **1000.00**

Date of Receipt: **MM / DD / YYYY**
09 / 01 / 2017

Transaction ID : SA11AI.4443

Amount of Each Receipt this Period: **1000.00**

Memo Item
Individual Contributions under \$200

C. PayPal

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

Mailing Address 2211 North First Street

| | | |
|------------------|-------------|-------------------|
| City San Jose | State CA | Zip Code 95131 |
|------------------|-------------|-------------------|

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 ▼ **8400.00**

Date of Receipt: **MM / DD / YYYY**
09 / 08 / 2017

Transaction ID : SA11AI.4445

Amount of Each Receipt this Period: **7400.00**

Memo Item
Individual contributions under \$200

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8415.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 26 OF 47 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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)
MAGA COALITION, INC.

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

Mailing Address 2211 North First Street

| | | |
|------------------|-------------|-------------------|
| City San Jose | State CA | Zip Code 95131 |
|------------------|-------------|-------------------|

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 ▼
9791.43

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 25 | | 2017 |

Transaction ID : SA11AI.4490

Amount of Each Receipt this Period
1391.43

Memo Item
Individual Contributions

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

Mailing Address 2211 North First Street

| | | |
|------------------|-------------|-------------------|
| City San Jose | State CA | Zip Code 95131 |
|------------------|-------------|-------------------|

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 ▼
12336.43

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 02 | | 2017 |

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period
2545.00

Memo Item
Individual Contributions

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

Mailing Address 2211 North First Street

| | | |
|------------------|-------------|-------------------|
| City San Jose | State CA | Zip Code 95131 |
|------------------|-------------|-------------------|

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 ▼
17685.15

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 12 | | 2017 |

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period
5348.72

Memo Item
Individual Contributions

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 9285.15 |
| 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 27 OF 47 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

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

Mailing Address 2211 North First Street

| | | |
|------------------|-------------|-------------------|
| City San Jose | State CA | Zip Code 95131 |
|------------------|-------------|-------------------|

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 ▼
25423.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2017

Transaction ID : SA11AI.4504

Amount of Each Receipt this Period
7738.61

Memo Item
Individual Contributions

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

Mailing Address 2211 North First Street

| | | |
|------------------|-------------|-------------------|
| City San Jose | State CA | Zip Code 95131 |
|------------------|-------------|-------------------|

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 ▼
27568.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2017

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period
2144.38

Memo Item
Individual Contributions

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

Mailing Address 2211 North First Street

| | | |
|------------------|-------------|-------------------|
| City San Jose | State CA | Zip Code 95131 |
|------------------|-------------|-------------------|

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 ▼
29269.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2017

Transaction ID : SA11AI.4471

Amount of Each Receipt this Period
1701.25

Memo Item
Individual Contributions

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 11584.24 |
| 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 28 OF 47 |
| | <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)
MAGA COALITION, INC.

| | | | |
|---|---|-----------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Schneider, Ryan, , , | | | Date of Receipt |
| Mailing Address 6627 Rio Vista Ct. | | | <input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2017"/> |
| City Springboro | State OH | Zip Code 45066 | Transaction ID : SA11AI.4352 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="500.00"/> |
| Name of Employer (for Individual) | | Occupation (for Individual) | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="500.00"/> | | |

| | | | |
|---|---|-----------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Schnell, Frieda, , , | | | Date of Receipt |
| Mailing Address 2104 W. Marsala | | | <input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2017"/> |
| City Pearland | State TX | Zip Code 77581 | Transaction ID : SA11AI.4372 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="255.00"/> |
| Name of Employer (for Individual) | | Occupation (for Individual) | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="255.00"/> | | |

| | | | |
|---|---|-----------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Street, Daniel, , , | | | Date of Receipt |
| Mailing Address 411 East Frenchmans Bend | | | <input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2017"/> |
| City Monroe | State LA | Zip Code 71203 | Transaction ID : SA11AI.4363 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="400.00"/> |
| Name of Employer (for Individual) | | Occupation (for Individual) | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="400.00"/> | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1155.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Van Dyk, Henrietta, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8087 S. Wolfe Road

City French Camp State CA Zip Code 95231

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2017

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 29426 Via Napoli

City Laguna Niguel State CA Zip Code 92677

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 ▼
240.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2017

Transaction ID : SA11AI.4310

Amount of Each Receipt this Period
240.00

Memo Item

C. Wilson, Brian, , ,
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 ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2017

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1040.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 30 OF 47
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood, Amy, , ,

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 ▼
1500.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2017

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period
1500.00

Memo Item

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).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | 151804.44 |

**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 31 OF 47 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Threat Knowledge Group, LLC

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

Mailing Address 6841 Elm Street
1182

City McLean State VA Zip Code 22101

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 ▼
20000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 08 | | 2017 |

Transaction ID : SA15.4530

Amount of Each Receipt this Period
20000.00

Memo Item
Sebastian Gorka Wire Transfer Refund

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

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

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

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 20000.00 |
| TOTAL This Period (last page this line number only)..... | 20000.00 |

**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 |

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4333 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4226
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Air Travel

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4137
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4333 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
travel

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4133
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4333 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4258
Amount of Each Disbursement this Period
125.00

Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4257
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLTPRIME

Mailing Address 1100 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4185
Amount of Each Disbursement this Period
277.10

Memo Item

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

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

427.10

**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 |

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Corporate Filings LLC

Full Name (Last, First, Middle Initial)

Mailing Address 30 N. Gould Street #7001

City Sheridan State WY Zip Code 82801

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4299

Amount of Each Disbursement this Period: 135.00

Memo Item

B. Cunningham, Tricia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 273 Bowman Lane

City Apollo State PA Zip Code 15613

Purpose of Disbursement PR services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4320

Amount of Each Disbursement this Period: 1500.00

Memo Item

C. Davincivirtual

Full Name (Last, First, Middle Initial)

Mailing Address 2150 South 1300 East #200

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4201

Amount of Each Disbursement this Period: 219.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1854.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Davincivirtual

Mailing Address 2150 South 1300 East
#200

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Office Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4245
Amount of Each Disbursement this Period
124.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Davincivirtual

Mailing Address 2150 South 1300 East
#200

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4302
Amount of Each Disbursement this Period
48.14

Memo Item

Full Name (Last, First, Middle Initial)

C. Davincivirtual

Mailing Address 2150 South 1300 East
#200

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
office services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4284
Amount of Each Disbursement this Period
124.00

Memo Item

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

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

296.14

**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 |

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Davincivirtual

Mailing Address 2150 South 1300 East
#200

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 22 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4279
Amount of Each Disbursement this Period
10.61

Memo Item

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 1030 Delta Blvd.

City Atlanta State GA Zip Code 30354

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4228
Amount of Each Disbursement this Period
802.40

Memo Item

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address 1030 Delta Blvd.

City Atlanta State GA Zip Code 30354

Purpose of Disbursement
Agent fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 17 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4173
Amount of Each Disbursement this Period
20.00

Memo Item

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

833.01

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address 1030 Delta Blvd.

City Atlanta State GA Zip Code 30354

Purpose of Disbursement
Travel

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4174
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 1030 Delta Blvd.

City Atlanta State GA Zip Code 30354

Purpose of Disbursement
air travel

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4130
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. E6M

Mailing Address

City State Zip Code

Purpose of Disbursement
Travel/Conference

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4216
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. E6M

Mailing Address

City

State
IL

Zip Code

Purpose of Disbursement
Travel/Conference

Candidate Name

Office Sought:
 House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 0 | 2 | | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C []
Transaction ID : SB21B.4217
Amount of Each Disbursement this Period
[] 6000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1 Hacker Way

City
Menlo

State
CA

Zip Code
94205

Purpose of Disbursement
Internet services

Candidate Name

Office Sought:
 House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 1 | 1 | | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C []
Transaction ID : SB21B.4298
Amount of Each Disbursement this Period
[] 141.99

Memo Item

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1 Hacker Way

City
Menlo

State
CA

Zip Code
94205

Purpose of Disbursement
Internet services

Candidate Name

Office Sought:
 House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 1 | 1 | | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C []
Transaction ID : SB21B.4294
Amount of Each Disbursement this Period
[] 161.13

Memo Item

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 6 | 3 | 0 | 3 | . | 1 | 2 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 6 | 3 | 0 | 3 | . | 1 | 2 |
|---|---|---|---|---|---|---|

**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 |

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)
A. Facebook

Date of Disbursement: MM / DD / YYYY
11 / 30 / 2017

Mailing Address: 1 Hacker Way

City: Menlo State: CA Zip Code: 94205

Purpose of Disbursement: Internet Services

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number: C _____

Transaction ID : **SB21B.4295**

Amount of Each Disbursement this Period: 3.89

Memo Item

Full Name (Last, First, Middle Initial)
B. Facebook

Date of Disbursement: MM / DD / YYYY
12 / 01 / 2017

Mailing Address: 1 Hacker Way

City: Menlo State: CA Zip Code: 94205

Purpose of Disbursement: Internet services

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number: C _____

Transaction ID : **SB21B.4292**

Amount of Each Disbursement this Period: 2.59

Memo Item

Full Name (Last, First, Middle Initial)
C. Facebook

Date of Disbursement: MM / DD / YYYY
12 / 01 / 2017

Mailing Address: 1 Hacker Way

City: Menlo State: CA Zip Code: 94205

Purpose of Disbursement: Internet services

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number: C _____

Transaction ID : **SB21B.4293**

Amount of Each Disbursement this Period: 247.41

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 253.89

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. FunJet Vacations Travel Corp. | | Date of Disbursement MM / DD / YYYY 09 / 21 / 2017 |
| Mailing Address 8907 N. Port Washington Rd. #100 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.4227 Amount of Each Disbursement this Period [REDACTED] 296.36 |
| City Milwaukee | State WI | Zip Code 53217 |
| Purpose of Disbursement Travel | | 002 Category/Type |
| Candidate Name | | Memo Item <input type="checkbox"/> |
| 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. FunJet Vacations Travel Corp. | | Date of Disbursement MM / DD / YYYY 10 / 02 / 2017 |
| Mailing Address 8907 N. Port Washington Rd. #100 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.4222 Amount of Each Disbursement this Period [REDACTED] 223.39 |
| City Milwaukee | State WI | Zip Code 53217 |
| Purpose of Disbursement Travel | | 002 Category/Type |
| Candidate Name | | Memo Item <input type="checkbox"/> |
| 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. FunJet Vacations Travel Corp. | | Date of Disbursement MM / DD / YYYY 10 / 25 / 2017 |
| Mailing Address 8907 N. Port Washington Rd. #100 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.4135 Amount of Each Disbursement this Period [REDACTED] 251.66 |
| City Milwaukee | State WI | Zip Code 53217 |
| Purpose of Disbursement Travel | | 002 Category/Type |
| Candidate Name | | Memo Item <input type="checkbox"/> |
| 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)..... ▶

771.41

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Gatto, S., , , | | Date of Disbursement MM / DD / YYYY 10 / 02 / 2017 |
| Mailing Address Rt. 40 | | FEC Identification Number C [] Transaction ID : SB21B.4223 Amount of Each Disbursement this Period [] 206.00 |
| City Harve de grace | State MD | Zip Code 21078 |
| Purpose of Disbursement Reimbursement for cards | | 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Getty Images | | Date of Disbursement MM / DD / YYYY 12 / 02 / 2017 |
| Mailing Address 605 5th Avenue South Suite 400 | | FEC Identification Number C [] Transaction ID : SB21B.4290 Amount of Each Disbursement this Period [] 660.00 |
| City Seattle | State WA | Zip Code 98104 |
| Purpose of Disbursement | | 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Hammock Beach Resort | | Date of Disbursement MM / DD / YYYY 10 / 02 / 2017 |
| Mailing Address 200 Ocean Crest Dr. | | FEC Identification Number C [] Transaction ID : SB21B.4219 Amount of Each Disbursement this Period [] 3000.00 |
| City Palm Coast | State FL | Zip Code 32137 |
| Purpose of Disbursement Conference | | Category/ Type 002 |
| 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: | <input type="checkbox"/> Memo Item | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 3866.00 |
| TOTAL This Period (last page this line number only).....▶ | [] |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

| | | | |
|--|-------------|--|--|
| Full Name (Last, First, Middle Initial) A. Hammock Beach Resort | | Date of Disbursement MM / DD / YYYY 10 / 03 / 2017 | |
| Mailing Address 200 Ocean Crest Dr. | | | |
| City Palm Coast | State FL | Zip Code 32137 | |
| Purpose of Disbursement Travel | | FEC Identification Number C | |
| Candidate Name | | Transaction ID : SB21B.4210 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Amount of Each Disbursement this Period 2684.74 | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | |
| State: | District: | | |

| | | | |
|--|-------------|--|--|
| Full Name (Last, First, Middle Initial) B. Hammock Beach Resort | | Date of Disbursement MM / DD / YYYY 10 / 19 / 2017 | |
| Mailing Address 200 Ocean Crest Dr. | | | |
| City Palm Coast | State FL | Zip Code 32137 | |
| Purpose of Disbursement Travel | | FEC Identification Number C | |
| Candidate Name | | Transaction ID : SB21B.4138 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Amount of Each Disbursement this Period 1284.92 | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | |
| State: | District: | | |

| | | | |
|--|-------------|--|--|
| Full Name (Last, First, Middle Initial) C. Harbor House Cafe | | Date of Disbursement MM / DD / YYYY 11 / 05 / 2017 | |
| Mailing Address 34157 Pacific Coast Hwy. | | | |
| City Dana Point | State CA | Zip Code 92629 | |
| Purpose of Disbursement Business Entertainment | | FEC Identification Number C | |
| Candidate Name | | Transaction ID : SB21B.4263 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Amount of Each Disbursement this Period 114.81 | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | |
| State: | District: | | |

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

4084.47

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Hilton Garden Inn | | Date of Disbursement MM / DD / YYYY 10 / 30 / 2017 |
| Mailing Address 19677 E. Jackson Dr. | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.4272 Amount of Each Disbursement this Period 143.12 |
| City Independence | State MO | Zip Code 64057 |
| Purpose of Disbursement travel | | Category/Type 002 |
| 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Kidon LLC | | Date of Disbursement MM / DD / YYYY 11 / 26 / 2017 |
| Mailing Address 1710 West Cyrus Creek Road | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.4236 Amount of Each Disbursement this Period 5500.00 |
| City Fort Lauderdale | State FL | Zip Code 33309 |
| Purpose of Disbursement Political Consulting and Research | | 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Lamar Media | | Date of Disbursement MM / DD / YYYY 12 / 04 / 2017 |
| Mailing Address 5321 Corporate Blvd | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.4274 Amount of Each Disbursement this Period 7910.00 |
| City Baton Rouge | State LA | Zip Code 70808 |
| Purpose of Disbursement Promotional Advertising | | 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: | <input type="checkbox"/> Memo Item | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... ▶ | 13553.12 |
| TOTAL This Period (last page this line number only)..... ▶ | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. MARKETINK

Mailing Address 1406 E. 33rd Street

City Signal Hill State CA Zip Code 90755

Purpose of Disbursement Graphics

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4285
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mobilecause

Mailing Address 27001 Agoura Rd #350A

City Calabasas State CA Zip Code 91301

Purpose of Disbursement Service Charges

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4508
Amount of Each Disbursement this Period
112.52

Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONBUILDER

Mailing Address 520 S. Grand Avenue

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Software company

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4305
Amount of Each Disbursement this Period
5995.90

Memo Item

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

7608.42

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Phillips, Brandon, , , | | Date of Disbursement MM / DD / YYYY 10 / 04 / 2017 |
| Mailing Address 3539 Apalachee Pkwy #3-186 | | FEC Identification Number C [] Transaction ID : SB21B.4208 Amount of Each Disbursement this Period 5000.00 |
| City Tallahassee | State FL | Zip Code 32311 |
| Purpose of Disbursement | 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. PRWEB NEWS SERVICE | | Date of Disbursement MM / DD / YYYY 11 / 30 / 2017 |
| Mailing Address 12051 Indian Creek | | FEC Identification Number C [] Transaction ID : SB21B.4303 Amount of Each Disbursement this Period 559.00 |
| City Beltsville | State MD | Zip Code 20705 |
| Purpose of Disbursement | 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Restoration Weekend Conference (David Horowitz) | | Date of Disbursement MM / DD / YYYY 10 / 12 / 2017 |
| Mailing Address 14724 Ventura Blvd S-820 | | FEC Identification Number C [] Transaction ID : SB21B.4197 Amount of Each Disbursement this Period 896.08 |
| City Sherman Oaks | State CA | Zip Code 91403 |
| Purpose of Disbursement Shirts and accessories | 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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

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

| |
|---------|
| 6455.08 |
| |

**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 |

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Restoration Weekend Conference (David Horowitz) | | Date of Disbursement MM / DD / YYYY 10 / 18 / 2017 |
| Mailing Address 14724 Ventura Blvd S-820 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.4183 Amount of Each Disbursement this Period 5000.00 |
| City Sherman Oaks | State CA | Zip Code 91403 |
| Purpose of Disbursement Admission Fees for Event | | 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Roger Marion, Esq. | | Date of Disbursement MM / DD / YYYY 10 / 10 / 2017 |
| Mailing Address 488 Madison Avenue Suite 1120 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.4204 Amount of Each Disbursement this Period 2500.00 |
| City New York | State NY | Zip Code 10022 |
| Purpose of Disbursement For Legal Services | | 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Threat Knowledge Group, LLC | | Date of Disbursement MM / DD / YYYY 09 / 01 / 2017 |
| Mailing Address 6841 Elm Street # 1182 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.4115 Amount of Each Disbursement this Period 20000.00 |
| City McLean | State VA | Zip Code 22101 |
| Purpose of Disbursement Consulting Services from Dr. Sebastian Gorka | | 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: | <input type="checkbox"/> Memo Item | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 27500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Threat Knowledge Group, LLC | | Date of Disbursement MM / DD / YYYY 10 / 02 / 2017 |
| Mailing Address 6841 Elm Street # 1182 | | FEC Identification Number C [] Transaction ID : SB21B.4113 Amount of Each Disbursement this Period [] 20000.00 |
| City McLean | State VA | Zip Code 22101 |
| Purpose of Disbursement Consulting Fee for Dr. Sebastian Gorka | | 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Threat Knowledge Group, LLC | | Date of Disbursement MM / DD / YYYY 11 / 02 / 2017 |
| Mailing Address 6841 Elm Street # 1182 | | FEC Identification Number C [] Transaction ID : SB21B.4532 Amount of Each Disbursement this Period [] 20000.00 |
| City McLean | State VA | Zip Code 22101 |
| Purpose of Disbursement Sebastian Gorka Consulting Fee | | 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Titanium Law Group, PLLC | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2017 |
| Mailing Address 1629 K Street, N.W. | | FEC Identification Number C [] Transaction ID : SB21B.4111 Amount of Each Disbursement this Period [] 10000.00 |
| City Washington | State DC | Zip Code 20006 |
| Purpose of Disbursement Legal Services Retainer & Consulting | | 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: | <input type="checkbox"/> Memo Item | |

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|--|---------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 50000.00 |
| TOTAL This Period (last page this line number only).....▶ | [] 131990.58 |