

# 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  
**ULTRA MAGA PAC**

ADDRESS (number and street) PO Box 26141  
 Check if different than previously reported. (ACC) Alexandria VA 22313-6141

2. **FEC IDENTIFICATION NUMBER ▼** C00763227 **CITY ▲** **STATE ▲** **ZIP CODE ▲**  
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 M M / D D / Y Y Y Y Y Y in the State of    
(d) 30-Day **POST-Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period 01 / 01 / 2024 through 03 / 31 / 2024

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 MARSTON, CHRIS, , ,

Signature of Treasurer MARSTON, CHRIS, , , Date 04 / 11 / 2024

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)

Page 2

Write or Type Committee Name

ULTRA MAGA PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		60863.84
(b) Cash on Hand at Beginning of Reporting Period.....	60863.84	
(c) Total Receipts (from Line 19) .....	245052.90	245052.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	305916.74	305916.74
7. Total Disbursements (from Line 31).....	267673.24	267673.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	38243.50	38243.50
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

ULTRA MAGA PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	43071.00	43071.00
(ii) Unitemized .....	201959.80	201959.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	245030.80	245030.80
(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) .....	245030.80	245030.80
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).....	22.10	22.10
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)).....▶	245052.90	245052.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	245052.90	245052.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	265147.24	265147.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	265147.24	265147.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
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 .....	26.00	26.00
(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)).....	26.00	26.00
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)) ..	267673.24	267673.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	267673.24	267673.24

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	245030.80	245030.80
34. Total Contribution Refunds (from Line 28(d)) .....	26.00	26.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	245004.80	245004.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	265147.24	265147.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	22.10	22.10
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	265125.14	265125.14

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

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

FOR LINE NUMBER: PAGE 6 OF 99  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ADAM, JEFFREY, M, MR,**

Mailing Address 7 DEER PATH

City GREEN BROOK	State NJ	Zip Code 08812-2014
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2024

**Transaction ID : SA11A.63623**

Amount of Each Receipt this Period  
47.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ADAM, JEFFREY, M, MR,**

Mailing Address 7 DEER PATH

City GREEN BROOK	State NJ	Zip Code 08812-2014
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.00

Date of Receipt  
MM / DD / YYYY  
01 / 25 / 2024

**Transaction ID : SA11A.63624**

Amount of Each Receipt this Period  
70.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. ADAM, JEFFREY, M, MR,**

Mailing Address 7 DEER PATH

City GREEN BROOK	State NJ	Zip Code 08812-2014
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
304.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2024

**Transaction ID : SA11A.66347**

Amount of Each Receipt this Period  
47.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	164.00
<b>TOTAL</b> 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 7 OF 99  
(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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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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ADAM, JEFFREY, M, MR,**

Mailing Address 7 DEER PATH

City GREEN BROOK	State NJ	Zip Code 08812-2014
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2024

**Transaction ID : SA11A.68456**

Amount of Each Receipt this Period  
70.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ADAM, JEFFREY, M, MR,**

Mailing Address 7 DEER PATH

City GREEN BROOK	State NJ	Zip Code 08812-2014
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2024

**Transaction ID : SA11A.68457**

Amount of Each Receipt this Period  
70.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. ADAMS, ROBERT, M, DR, M.D.**

Mailing Address 142 IRIQUOIS DR

City CANADIAN	State OK	Zip Code 74425-5068
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2024

**Transaction ID : SA11A.66351**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	640.00
<b>TOTAL</b> 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 8 OF 99  
(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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. AHLER, ALBERT, J, MR, M.D.**

Mailing Address 1247 RIVER OAKS DR

City KINGSTON	State TN	Zip Code 37763-2357
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2024

**Transaction ID : SA11A.68461**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ASHBY, DAN, , MR,**

Mailing Address 14247 155TH CT SE

City YELM	State WA	Zip Code 98597-8564
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WASHINGTON HEALTH CARE AUTHORITY	Occupation (for Individual) ACCOUNTANT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	04	/	2024

**Transaction ID : SA11A.63718**

Amount of Each Receipt this Period  
102.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. ASHBY, DAN, , MR,**

Mailing Address 14247 155TH CT SE

City YELM	State WA	Zip Code 98597-8564
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WASHINGTON HEALTH CARE AUTHORITY	Occupation (for Individual) ACCOUNTANT
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2024

**Transaction ID : SA11A.66430**

Amount of Each Receipt this Period  
102.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	504.00
<b>TOTAL</b> 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 99
	<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)  
**ULTRA MAGA PAC**

**A. BABSKIE, ROBERT, M, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 737 WOODLAND RD  
 City SUGAR NOTCH State PA Zip Code 18706-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2024  
**Transaction ID : SA11A.63737**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. BABSKIE, ROBERT, M, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 737 WOODLAND RD  
 City SUGAR NOTCH State PA Zip Code 18706-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2024  
**Transaction ID : SA11A.66445**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. BABSKIE, ROBERT, M, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 737 WOODLAND RD  
 City SUGAR NOTCH State PA Zip Code 18706-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2024  
**Transaction ID : SA11A.66446**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 99
	<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)  
**ULTRA MAGA PAC**

**A. BABSKIE, ROBERT, M, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 737 WOODLAND RD  
 City SUGAR NOTCH State PA Zip Code 18706-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 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  
 03 / 22 / 2024  
**Transaction ID : SA11A.68536**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. BABSKIE, ROBERT, M, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 737 WOODLAND RD  
 City SUGAR NOTCH State PA Zip Code 18706-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 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  
 03 / 25 / 2024  
**Transaction ID : SA11A.68537**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. BAILEY, JOYCE, S, MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 MANNYS CORNERS RD  
 City AMSTERDAM State NY Zip Code 12010-7300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 08 / 2024  
**Transaction ID : SA11A.63746**  
 Amount of Each Receipt this Period  
 34.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.00
<b>TOTAL</b> 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 99
<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)  
**ULTRA MAGA PAC**

**A. BAILEY, JOYCE, S, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 MANNYS CORNERS RD

City AMSTERDAM	State NY	Zip Code 12010-7300
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2024

**Transaction ID : SA11A.63747**

Amount of Each Receipt this Period  
51.00

Memo Item  
CONTRIBUTION

**B. BAILEY, JOYCE, S, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 MANNYS CORNERS RD

City AMSTERDAM	State NY	Zip Code 12010-7300
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2024

**Transaction ID : SA11A.66455**

Amount of Each Receipt this Period  
34.00

Memo Item  
CONTRIBUTION

**C. BAILEY, JOYCE, S, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 MANNYS CORNERS RD

City AMSTERDAM	State NY	Zip Code 12010-7300
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
221.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2024

**Transaction ID : SA11A.68547**

Amount of Each Receipt this Period  
51.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	136.00
<b>TOTAL</b> 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 99
<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)  
**ULTRA MAGA PAC**

**A. BAILEY, JOYCE, S, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 MANNYS CORNERS RD

City AMSTERDAM	State NY	Zip Code 12010-7300
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024

**Transaction ID : SA11A.68548**

Amount of Each Receipt this Period  
51.00

Memo Item  
CONTRIBUTION

**B. BAKER, PETER, F, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 247 RIDGE LN APT 214

City WALTHAM	State MA	Zip Code 02452-4982
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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  
 02 / 08 / 2024

**Transaction ID : SA11A.66460**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C. BALDUS, GEORGE, L, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 528 E NORPORT DR

City PORT WASHINGTON	State WI	Zip Code 53074-1170
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2024

**Transaction ID : SA11A.63752**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	591.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 99
	<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	

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)  
**ULTRA MAGA PAC**

**A. BALDUS, GEORGE, L, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 528 E NORPORT DR

City PORT WASHINGTON	State WI	Zip Code 53074-1170
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
03 / 18 / 2024  
**Transaction ID : SA11A.68549**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. BALDUS, GEORGE, L, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 528 E NORPORT DR

City PORT WASHINGTON	State WI	Zip Code 53074-1170
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
03 / 22 / 2024  
**Transaction ID : SA11A.68550**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. BASSLER, ALFRED, S, MR, TTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16480 FREDERICK RD

City WOODBINE	State MD	Zip Code 21797-8516
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
01 / 31 / 2024  
**Transaction ID : SA11A.63781**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 14 OF 99
	(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)  
**ULTRA MAGA PAC**

**A. BASSLER, ALFRED, S, MR, TTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16480 FREDERICK RD  
 City WOODBINE State MD Zip Code 21797-8516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 14 / 2024**  
**Transaction ID : SA11A.66492**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. BASSLER, ALFRED, S, MR, TTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16480 FREDERICK RD  
 City WOODBINE State MD Zip Code 21797-8516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 21 / 2024**  
**Transaction ID : SA11A.68564**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**C. BEATTY, ROBERT, R, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 580 S PEAR ORCHARD RD APT 111  
 City RIDGELAND State MS Zip Code 39157-4209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 08 / 2024**  
**Transaction ID : SA11A.63799**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 15 OF 99
<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)  
**ULTRA MAGA PAC**

**A. BEATTY, ROBERT, R, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 580 S PEAR ORCHARD RD APT 111  
 City RIDGELAND State MS Zip Code 39157-4209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2024  
**Transaction ID : SA11A.66504**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**B. BEUTLER, THOMAS, J, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7218 LONGWATER DR  
 City MAUMEE State OH Zip Code 43537-8663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 13 / 2024  
**Transaction ID : SA11A.68594**  
 Amount of Each Receipt this Period 245.00  
 Memo Item  
 CONTRIBUTION

**C. BLOCK, GEORGE, PETER, MR, JR TTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 331  
 City EAST JORDAN State MI Zip Code 49727-0331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2024  
**Transaction ID : SA11A.68605**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	895.00
<b>TOTAL</b> 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 16 OF 99
	<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)  
**ULTRA MAGA PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BOUGHAN, THELMA, L, MS,

Mailing Address PO BOX 148

City HIGGINS	State TX	Zip Code 79046-0148
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

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
01		10		2024

**Transaction ID : SA11A.63883**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BOUGHAN, THELMA, L, MS,

Mailing Address PO BOX 148

City HIGGINS	State TX	Zip Code 79046-0148
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2024

**Transaction ID : SA11A.66567**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BOUGHAN, THELMA, L, MS,

Mailing Address PO BOX 148

City HIGGINS	State TX	Zip Code 79046-0148
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

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
03		07		2024

**Transaction ID : SA11A.68615**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 17 OF 99
	<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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. BRAGG, CAROLYN, A, MS, RET**

Mailing Address 3260 RIDGECREST LN

City O FALLON	State MO	Zip Code 63366-5001
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2024

**Transaction ID : SA11A.68632**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. BREKKE, JERRY, , MR,**

Mailing Address PO BOX 1086

City MANDAN	State ND	Zip Code 58554-7086
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) THEATRE OWNER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2024

**Transaction ID : SA11A.68639**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. BROOKHART, PATRICIA, F, MRS,**

Mailing Address 514 LIMERICK CIR UNIT 301

City LUTHERVILLE TIMONI	State MD	Zip Code 21093-8187
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2024

**Transaction ID : SA11A.63929**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3400.00
<b>TOTAL</b> 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 99
	<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)  
**ULTRA MAGA PAC**

**A. BROOKHART, PATRICIA, F, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 514 LIMERICK CIR UNIT 301

City LUTHERVILLE TIMONI	State MD	Zip Code 21093-8187
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2024

**Transaction ID : SA11A.63930**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. BROOKHART, PATRICIA, F, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 514 LIMERICK CIR UNIT 301

City LUTHERVILLE TIMONI	State MD	Zip Code 21093-8187
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2024

**Transaction ID : SA11A.66606**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. BROOKHART, PATRICIA, F, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 514 LIMERICK CIR UNIT 301

City LUTHERVILLE TIMONI	State MD	Zip Code 21093-8187
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2024

**Transaction ID : SA11A.68653**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> 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 19 OF 99
	<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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. BROWN, RONNIE, J, MR,</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2024 <b>Transaction ID : SA11A.68657</b>
Mailing Address 1703 E CHURCH ST		Amount of Each Receipt this Period 300.00
City CHERRYVILLE	State NC	Zip Code 28021-9181
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. BRYN, DAVID, A, MR, M.D.</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2024 <b>Transaction ID : SA11A.68664</b>
Mailing Address 2785 TIMBER CREEK DR N		Amount of Each Receipt this Period 250.00
City CORTLAND	State OH	Zip Code 44410-1762
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. BUCK, LITZI, E, MRS,</b>		Date of Receipt MM / DD / YYYY 01 / 17 / 2024 <b>Transaction ID : SA11A.63954</b>
Mailing Address 10253 GRAYFOX DR		Amount of Each Receipt this Period 75.00
City SAN DIEGO	State CA	Zip Code 92131-1216
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> 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 20 OF 99  
 (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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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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. BUCK, LITZI, E, MRS,**

Mailing Address 10253 GRAYFOX DR

City SAN DIEGO	State CA	Zip Code 92131-1216
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2024

**Transaction ID : SA11A.66625**

Amount of Each Receipt this Period  
45.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. BUCK, LITZI, E, MRS,**

Mailing Address 10253 GRAYFOX DR

City SAN DIEGO	State CA	Zip Code 92131-1216
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024

**Transaction ID : SA11A.68665**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. BUCK, LITZI, E, MRS,**

Mailing Address 10253 GRAYFOX DR

City SAN DIEGO	State CA	Zip Code 92131-1216
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2024

**Transaction ID : SA11A.68666**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> 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 21 OF 99
	<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	

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)  
**ULTRA MAGA PAC**

**A. CANALE, GLORIA, N, MRS,**  
 Mailing Address 201 W ALBANY ST  
 City OSWEGO State NY Zip Code 13126-1929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2024  
**Transaction ID : SA11A.66661**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. CANALE, GLORIA, N, MRS,**  
 Mailing Address 201 W ALBANY ST  
 City OSWEGO State NY Zip Code 13126-1929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2024  
**Transaction ID : SA11A.66662**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 CONTRIBUTION

**C. COLEMAN, ANITA, C, MRS,**  
 Mailing Address PO BOX 534  
 City REGINA State KY Zip Code 41559-0534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2024  
**Transaction ID : SA11A.64104**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	380.00
<b>TOTAL</b> 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 99
	<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)  
**ULTRA MAGA PAC**

**A. COLEMAN, ANITA, C, MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 534  
 City REGINA State KY Zip Code 41559-0534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 30 / 2024  
**Transaction ID : SA11A.64105**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

**B. COLEMAN, ANITA, C, MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 534  
 City REGINA State KY Zip Code 41559-0534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 07 / 2024  
**Transaction ID : SA11A.68757**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. CUEVA, CHAREL, , MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 EXCELSE WAY  
 City HOT SPRINGS State AR Zip Code 71909-7784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : SA11A.66780**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> 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 23 OF 99
<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)  
**ULTRA MAGA PAC**

**A. CUNNINGHAM, SHIRLEY, R, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 WHITE PINE DR

City ALBANY	State NY	Zip Code 12203-4496
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
322.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	10	/	2024

**Transaction ID : SA11A.64164**

Amount of Each Receipt this Period  
120.00

Memo Item  
CONTRIBUTION

**B. CUNNINGHAM, SHIRLEY, R, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 WHITE PINE DR

City ALBANY	State NY	Zip Code 12203-4496
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
322.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	02	/	2024

**Transaction ID : SA11A.66782**

Amount of Each Receipt this Period  
202.00

Memo Item  
CONTRIBUTION

**C. CURRAN, WILLIAM, E, MR, JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4601 HIGHWAY A1A APT 501

City VERO BEACH	State FL	Zip Code 32963-1353
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	11	/	2024

**Transaction ID : SA11A.64166**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	572.00
<b>TOTAL</b> 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 99
	(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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. DANTZLER, CYNTHIA, K, MS,**

Mailing Address **8889 PETERS POINT RD**

City <b>EDISTO ISLAND</b>	State <b>SC</b>	Zip Code <b>29438-6887</b>
------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF</b>	Occupation (for Individual) <b>SIMI RETIRED</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**02 / 20 / 2024**

**Transaction ID : SA11A.66794**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DAVIS, LUTHER, J, MR, JR**

Mailing Address **207 JOHN WESLEY RD**

City <b>GREENVILLE</b>	State <b>NC</b>	Zip Code <b>27858-1668</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**01 / 17 / 2024**

**Transaction ID : SA11A.64186**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. DEAN, BARBARA, R, MS,**

Mailing Address **8 PALMER ST**

City <b>FAIRHAVEN</b>	State <b>MA</b>	Zip Code <b>02719-1025</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
**03 / 14 / 2024**

**Transaction ID : SA11A.68820**

Amount of Each Receipt this Period  
**150.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1150.00</b>
<b>TOTAL</b> 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 25 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. DEAN, BARBARA, R, MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 PALMER ST

City FAIRHAVEN	State MA	Zip Code 02719-1025
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2024

**Transaction ID : SA11A.68821**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. DI MENNO, DEBORAH, E, MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4631 WASEKA LN

City BOARDMAN	State OH	Zip Code 44512-1666
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2024

**Transaction ID : SA11A.64239**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**C. DI MENNO, DEBORAH, E, MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4631 WASEKA LN

City BOARDMAN	State OH	Zip Code 44512-1666
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2024

**Transaction ID : SA11A.66829**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> 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 26 OF 99
	<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)  
**ULTRA MAGA PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
DI MENNO, DEBORAH, E, MS,  
Mailing Address 4631 WASEKA LN

City BOARDMAN	State OH	Zip Code 44512-1666
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
03 / 11 / 2024  
Transaction ID : SA11A.68834

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
DI MENNO, DEBORAH, E, MS,  
Mailing Address 4631 WASEKA LN

City BOARDMAN	State OH	Zip Code 44512-1666
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
03 / 22 / 2024  
Transaction ID : SA11A.68835

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
DONLEY, KENNETH, G, MR,  
Mailing Address 7905 LEE ROAD 145

City SALEM	State AL	Zip Code 36874-2050
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
01 / 08 / 2024  
Transaction ID : SA11A.64246

Amount of Each Receipt this Period  
59.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	169.00
<b>TOTAL</b> 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 99
	<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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. DONLEY, KENNETH, G, MR,</b>			Date of Receipt MM / DD / YYYY 01 / 25 / 2024
Mailing Address 7905 LEE ROAD 145			<b>Transaction ID : SA11A.64247</b>
City SALEM	State AL	Zip Code 36874-2050	Amount of Each Receipt this Period 59.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 295.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. DONLEY, KENNETH, G, MR,</b>			Date of Receipt MM / DD / YYYY 02 / 22 / 2024
Mailing Address 7905 LEE ROAD 145			<b>Transaction ID : SA11A.66843</b>
City SALEM	State AL	Zip Code 36874-2050	Amount of Each Receipt this Period 59.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 295.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. DONLEY, KENNETH, G, MR,</b>			Date of Receipt MM / DD / YYYY 03 / 18 / 2024
Mailing Address 7905 LEE ROAD 145			<b>Transaction ID : SA11A.68847</b>
City SALEM	State AL	Zip Code 36874-2050	Amount of Each Receipt this Period 59.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 295.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	177.00
<b>TOTAL</b> 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 99
	<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)  
**ULTRA MAGA PAC**

**A. DONLEY, KENNETH, G, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7905 LEE ROAD 145

City SALEM	State AL	Zip Code 36874-2050
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M / D D / Y Y Y Y
03 / 29 / 2024

**Transaction ID : SA11A.68848**

Amount of Each Receipt this Period  
59.00

Memo Item  
CONTRIBUTION

**B. DOOLITTLE, MARLA, M, MRS, TTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 666 11TH AVE APT 207

City FAIRBANKS	State AK	Zip Code 99701-4604
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) RETIRED RN
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M / D D / Y Y Y Y
02 / 09 / 2024

**Transaction ID : SA11A.66846**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. DOOLITTLE, MARLA, M, MRS, TTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 666 11TH AVE APT 207

City FAIRBANKS	State AK	Zip Code 99701-4604
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) RETIRED RN
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M / D D / Y Y Y Y
02 / 29 / 2024

**Transaction ID : SA11A.66847**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	459.00
<b>TOTAL</b> 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 29 OF 99
	<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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ESTES, CONSTANCE, L, MS,**

Mailing Address **5434 E LINCOLN DR**

City <b>PARADISE VALLEY</b>	State <b>AZ</b>	Zip Code <b>85253-4118</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**02 / 08 / 2024**

**Transaction ID : SA11A.66929**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. EVANS, JOHN, P, MR, RET**

Mailing Address **PO BOX 458**

City <b>INDIANOLA</b>	State <b>WA</b>	Zip Code <b>98342-0458</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1200.00**

Date of Receipt  
**02 / 23 / 2024**

**Transaction ID : SA11A.66931**

Amount of Each Receipt this Period  
**1200.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. FERNANDES, FRED, DAN, MR,**

Mailing Address **2201 STRATFORD WAY**

City <b>LA VERNE</b>	State <b>CA</b>	Zip Code <b>91750-5143</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>INFORMATION REQUESTED PER BEST EFFORTS</b>	Occupation (for Individual) <b>INFORMATION REQUESTED PER BE</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**02 / 29 / 2024**

**Transaction ID : SA11A.66952**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> 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 99
(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	

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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. FERRARO, PATRICIA, A, MS,**

Mailing Address 1612 14TH AVE SE

City EAST GRAND FORKS	State MN	Zip Code 56721-3246
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2024

**Transaction ID : SA11A.64367**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. FISH, LORNA, M, MRS,**

Mailing Address 3 W PICKERING BND

City RICHBORO	State PA	Zip Code 18954-1540
------------------	-------------	------------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2024

**Transaction ID : SA11A.66970**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. FISH, LORNA, M, MRS,**

Mailing Address 3 W PICKERING BND

City RICHBORO	State PA	Zip Code 18954-1540
------------------	-------------	------------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2024

**Transaction ID : SA11A.68930**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> 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 31 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**ULTRA MAGA PAC**

**A. FLORANCE, RICHARD, H, MR, USAF RET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3414 W WALLCRAFT AVE  
 City TAMPA State FL Zip Code 33611-1949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US AIR FORCE Occupation (for Individual) RETIRED EMERGENCY MEDICAL TE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 01 / 15 / 2024  
**Transaction ID : SA11A.64397**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. FLORANCE, RICHARD, H, MR, USAF RET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3414 W WALLCRAFT AVE  
 City TAMPA State FL Zip Code 33611-1949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US AIR FORCE Occupation (for Individual) RETIRED EMERGENCY MEDICAL TE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 02 / 23 / 2024  
**Transaction ID : SA11A.66980**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 CONTRIBUTION

**C. FLORANCE, RICHARD, H, MR, USAF RET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3414 W WALLCRAFT AVE  
 City TAMPA State FL Zip Code 33611-1949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US AIR FORCE Occupation (for Individual) RETIRED EMERGENCY MEDICAL TE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 03 / 08 / 2024  
**Transaction ID : SA11A.68939**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<b>TOTAL</b> 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 32 OF 99
	<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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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)  
**ULTRA MAGA PAC**

**A. FLORANCE, RICHARD, H, MR, USAF RET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3414 W WALLCRAFT AVE  
 City TAMPA State FL Zip Code 33611-1949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US AIR FORCE Occupation (for Individual) RETIRED EMERGENCY MEDICAL TE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 03 / 25 / 2024  
**Transaction ID : SA11A.68940**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. FLOYD, RONNIE, D, CMSGT, USAF RET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15314 SPRING FLS  
 City SAN ANTONIO State TX Zip Code 78247-5407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAF Occupation (for Individual) RETIRED CMSGT USAF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 01 / 10 / 2024  
**Transaction ID : SA11A.64399**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. FLOYD, RONNIE, D, CMSGT, USAF RET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15314 SPRING FLS  
 City SAN ANTONIO State TX Zip Code 78247-5407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAF Occupation (for Individual) RETIRED CMSGT USAF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 02 / 01 / 2024  
**Transaction ID : SA11A.66983**  
 Amount of Each Receipt this Period 51.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	301.00
<b>TOTAL</b> 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 33 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**ULTRA MAGA PAC**

**A. FLOYD, RONNIE, D, CMSGT, USAF RET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15314 SPRING FLS  
 City SAN ANTONIO State TX Zip Code 78247-5407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAF Occupation (for Individual) RETIRED CMSGT USAF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : SA11A.66984**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. FLOYD, RONNIE, D, CMSGT, USAF RET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15314 SPRING FLS  
 City SAN ANTONIO State TX Zip Code 78247-5407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAF Occupation (for Individual) RETIRED CMSGT USAF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : SA11A.68941**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. GEHRIG, RICK, M, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 469 E 1625 N  
 City OGDEN State UT Zip Code 84404-3402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 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  
 01 / 10 / 2024  
**Transaction ID : SA11A.64478**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> 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 34 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. GEHRIG, RICK, M, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 469 E 1625 N

City OGDEN	State UT	Zip Code 84404-3402
---------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024

**Transaction ID : SA11A.67045**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. GEHRIG, RICK, M, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 469 E 1625 N

City OGDEN	State UT	Zip Code 84404-3402
---------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2024

**Transaction ID : SA11A.67046**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. GOODNOW, RUTH, G, MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1452 HESTON PL

City CROFTON	State MD	Zip Code 21114-2112
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

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  
 02 / 16 / 2024

**Transaction ID : SA11A.67083**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 35 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. GRECO, BRIGITTE, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10074 ASHLAND AVE  
 City VENTURA State CA Zip Code 93004-2362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 28 / 2024**  
**Transaction ID : SA11A.69041**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. HAMPSHIRE, WILLIAM, F, MR, II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211A BROWNS NECK RD  
 City POQUOSON State VA Zip Code 23662-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) ROCKET SCIENTIST - RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **01 / 04 / 2024**  
**Transaction ID : SA11A.64595**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. HAMPSHIRE, WILLIAM, F, MR, II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211A BROWNS NECK RD  
 City POQUOSON State VA Zip Code 23662-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) ROCKET SCIENTIST - RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **02 / 05 / 2024**  
**Transaction ID : SA11A.67146**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> 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 36 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. HAMPSHIRE, WILLIAM, F, MR, II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211A BROWNS NECK RD  
 City POQUOSON State VA Zip Code 23662-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) ROCKET SCIENTIST - RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 05 / 2024  
**Transaction ID : SA11A.69081**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. HAMPSHIRE, WILLIAM, F, MR, II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211A BROWNS NECK RD  
 City POQUOSON State VA Zip Code 23662-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) ROCKET SCIENTIST - RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 21 / 2024  
**Transaction ID : SA11A.69082**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**C. HAYDEN, MARILYN, J, MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10306 E CALLE DE LAS BRISAS  
 City SCOTTSDALE State AZ Zip Code 85255-3762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 02 / 2024  
**Transaction ID : SA11A.67178**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 37 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. HAYDEN, MARILYN, J, MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10306 E CALLE DE LAS BRISAS  
 City SCOTTSDALE State AZ Zip Code 85255-3762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 18 / 2024  
**Transaction ID : SA11A.69117**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

**B. HERRON, KEIKO, Y, MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 373 N ELMWOOD AVE  
 City WOOD DALE State IL Zip Code 60191-1553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEACHER Occupation (for Individual) RETIRED TEACHER/COUNSELOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 03 / 2024  
**Transaction ID : SA11A.64683**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

**C. HERRON, KEIKO, Y, MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 373 N ELMWOOD AVE  
 City WOOD DALE State IL Zip Code 60191-1553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEACHER Occupation (for Individual) RETIRED TEACHER/COUNSELOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2024  
**Transaction ID : SA11A.67220**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> 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 38 OF 99  
 (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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ULTRA MAGA PAC**

**A. HESLEP, DONALD, B, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2700 WALHALA DR  
 City NORTH CHESTERFIELD State VA Zip Code 23236-1348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) BUILDER DEVRLOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2024  
**Transaction ID : SA11A.69147**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. HYNES, TERENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 PALISADE AVE  
 City CRESSKILL State NJ Zip Code 07626-2258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : SA11A.67280**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. JOHNSON, BRYAN, T, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4310 HILLVIEW LN  
 City SAINT PAUL State MN Zip Code 55127-6136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TOOL DESIGNER Occupation (for Individual) TOOL DESIGNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 01 / 17 / 2024  
**Transaction ID : SA11A.64827**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1200.00  
**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 39 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. JOHNSON, BRYAN, T, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4310 HILLVIEW LN  
 City SAINT PAUL State MN Zip Code 55127-6136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TOOL DESIGNER Occupation (for Individual) TOOL DESIGNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 02 / 02 / 2024  
**Transaction ID : SA11A.67322**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. JOHNSON, BRYAN, T, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4310 HILLVIEW LN  
 City SAINT PAUL State MN Zip Code 55127-6136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TOOL DESIGNER Occupation (for Individual) TOOL DESIGNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 02 / 26 / 2024  
**Transaction ID : SA11A.67323**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. JOHNSON, BRYAN, T, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4310 HILLVIEW LN  
 City SAINT PAUL State MN Zip Code 55127-6136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TOOL DESIGNER Occupation (for Individual) TOOL DESIGNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 15 / 2024  
**Transaction ID : SA11A.69230**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> 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 40 OF 99
<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)  
**ULTRA MAGA PAC**

**A. JOHNSON, HOWARD, R, DR, M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 318 CENTRE ST  
 City HEREFORD State TX Zip Code 79045-2722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 08 / 2024**  
**Transaction ID : SA11A.67328**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. JOHNSON, JEFFREY, D, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 530  
 City EGG HARBOR State WI Zip Code 54209-0530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 31 / 2024**  
**Transaction ID : SA11A.64825**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. JOHNSON, JEFFREY, D, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 530  
 City EGG HARBOR State WI Zip Code 54209-0530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 23 / 2024**  
**Transaction ID : SA11A.67321**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 41 OF 99  
(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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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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. JOHNSON, JEFFREY, D, MR,**

Mailing Address **PO BOX 530**

City <b>EGG HARBOR</b>	State <b>WI</b>	Zip Code <b>54209-0530</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**03 / 29 / 2024**

**Transaction ID : SA11A.69229**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. JOUSMA, EDWARD, , MR,**

Mailing Address **156 W 34TH ST**

City <b>HOLLAND</b>	State <b>MI</b>	Zip Code <b>49423-7112</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF</b>	Occupation (for Individual) <b>INFORMATION REQUESTED PER BE</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**03 / 08 / 2024**

**Transaction ID : SA11A.69258**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. JUE, KATHERINE, , MISS,**

Mailing Address **1530 E CHAPARRAL PL**

City <b>CASA GRANDE</b>	State <b>AZ</b>	Zip Code <b>85122-5836</b>
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**03 / 01 / 2024**

**Transaction ID : SA11A.69259**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>700.00</b>
<b>TOTAL</b> 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 42 OF 99
	<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

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)  
**ULTRA MAGA PAC**

**A. JUE, KATHERINE, , MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1530 E CHAPARRAL PL

City CASA GRANDE	State AZ	Zip Code 85122-5836
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

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
03	/	11	/	2024

**Transaction ID : SA11A.69260**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. KECK, SHIRLEY, M, MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 419 ALPINE DR

City CLINTON	State TN	Zip Code 37716-6775
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
01	/	16	/	2024

**Transaction ID : SA11A.64888**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C. KEMPER, JOANNA, R, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1318 STATE ROUTE 251

City COMPTON	State IL	Zip Code 61318-9704
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) RETIRED TEACHER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2024

**Transaction ID : SA11A.64894**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> 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 43 OF 99
	<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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. KEMPER, JOANNA, R, MRS,</b>		Date of Receipt MM / DD / YYYY 02 / 12 / 2024
Mailing Address 1318 STATE ROUTE 251		<b>Transaction ID : SA11A.67362</b>
City COMPTON	State IL	Zip Code 61318-9704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) RETIRED TEACHER	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. KEOUGH, RICHARD, F, MR, SR</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2024
Mailing Address 53 BRYAN AVE		<b>Transaction ID : SA11A.64897</b>
City DRACUT	State MA	Zip Code 01826-2401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 101.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. KEOUGH, RICHARD, F, MR, SR</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2024
Mailing Address 53 BRYAN AVE		<b>Transaction ID : SA11A.69271</b>
City DRACUT	State MA	Zip Code 01826-2401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 101.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 303.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	302.00
<b>TOTAL</b> 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 44 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. KEOUGH, RICHARD, F, MR, SR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 53 BRYAN AVE  
 City DRACUT State MA Zip Code 01826-2401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 303.00

Date of Receipt 03 / 28 / 2024  
**Transaction ID : SA11A.69272**  
 Amount of Each Receipt this Period 101.00  
 Memo Item  
**CONTRIBUTION**

**B. KINCADE, E, MARDELL, MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 TENNIS CLUB DR  
 City RANCHO MIRAGE State CA Zip Code 92270-2572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : SA11A.67371**  
 Amount of Each Receipt this Period 396.00  
 Memo Item  
**CONTRIBUTION**

**C. LOGASA, MARY, M, MRS, TTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3180 TOUCHMARK BLVD UNIT 319  
 City PRESCOTT State AZ Zip Code 86301-6019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2024  
**Transaction ID : SA11A.65077**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	622.00
<b>TOTAL</b> 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 45 OF 99
<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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. LOGASA, MARY, M, MRS, TTEE**

Mailing Address 3180 TOUCHMARK BLVD UNIT 319

City PRESCOTT	State AZ	Zip Code 86301-6019
------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED TEACHER
--	--

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
03	/	11	/	2024

**Transaction ID : SA11A.69355**

Amount of Each Receipt this Period  
125.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. LONG, KATHERINE, D, MS,**

Mailing Address 80 CYPRESS FORREST DR

City FLORENCE	State AL	Zip Code 35633-0910
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2024

**Transaction ID : SA11A.67469**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. LONG, KATHERINE, D, MS,**

Mailing Address 80 CYPRESS FORREST DR

City FLORENCE	State AL	Zip Code 35633-0910
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2024

**Transaction ID : SA11A.69358**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> 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 46 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. LORE, LORENZO, T, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 SALLY BAKER RD  
 City SUGAR TREE State TN Zip Code 38380-5217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 31 / 2024  
**Transaction ID : SA11A.65090**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 CONTRIBUTION

**B. LUSCZEK, JOSEPH, J, MR, JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7744 CRESTWAY RD  
 City CLAYTON State OH Zip Code 45315-9764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 28 / 2024  
**Transaction ID : SA11A.69369**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MANUEL, ANITA, ENDRIS, MS, TTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11332 BRIARWOOD PL APT 8F  
 City NORTH PALM BEACH State FL Zip Code 33408-3227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 05 / 2024  
**Transaction ID : SA11A.67520**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3150.00
<b>TOTAL</b> 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 47 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. MANUEL, ANITA, ENDRIS, MS, TTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11332 BRIARWOOD PL APT 8F  
 City NORTH PALM BEACH State FL Zip Code 33408-3227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2024  
**Transaction ID : SA11A.67521**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MCCLENNY, WILLIAM, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 MIMOSA DR  
 City WATONGA State OK Zip Code 73772-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) DISABLED VET  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 17 / 2024  
**Transaction ID : SA11A.65203**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**C. MELVIN, PATRICIA, J, MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1328 N MIDDLETON DR NW  
 City CALABASH State NC Zip Code 28467-2127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : SA11A.67589**  
 Amount of Each Receipt this Period 750.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 48 OF 99
	<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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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)  
**ULTRA MAGA PAC**

**A. MILES, DIANNE, E, MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2661 TALLANT RD APT C898  
 City SANTA BARBARA State CA Zip Code 93105-4839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2024  
**Transaction ID : SA11A.67606**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
**CONTRIBUTION**

**B. MILES, DIANNE, E, MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2661 TALLANT RD APT C898  
 City SANTA BARBARA State CA Zip Code 93105-4839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2024  
**Transaction ID : SA11A.69469**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
**CONTRIBUTION**

**C. NOE, DONALD, G, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1600 S HICKORY ST  
 City MOUNT VERNON State MO Zip Code 65712-2045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USPS Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2024  
**Transaction ID : SA11A.67714**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> 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 49 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. OHAMA, ABRAHAM, K, MR,</b>		Date of Receipt MM / DD / YYYY 01 / 30 / 2024 <b>Transaction ID : SA11A.65425</b>
Mailing Address 5921 E NEVADA AVE		Amount of Each Receipt this Period 200.00
City FRESNO	State CA	Zip Code 93727-3549
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. OHAMA, ABRAHAM, K, MR,</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2024 <b>Transaction ID : SA11A.67746</b>
Mailing Address 5921 E NEVADA AVE		Amount of Each Receipt this Period 50.00
City FRESNO	State CA	Zip Code 93727-3549
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. OHAMA, ABRAHAM, K, MR,</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2024 <b>Transaction ID : SA11A.69568</b>
Mailing Address 5921 E NEVADA AVE		Amount of Each Receipt this Period 100.00
City FRESNO	State CA	Zip Code 93727-3549
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> 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 50 OF 99
	<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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. PISANO, JOYCE, L, MRS,</b>		Date of Receipt
Mailing Address 10570 ART ST		<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2024"/>
City SUNLAND	State CA	Zip Code 91040-1302
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11A.65533</b>
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. PISANO, JOYCE, L, MRS,</b>		Date of Receipt
Mailing Address 10570 ART ST		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2024"/>
City SUNLAND	State CA	Zip Code 91040-1302
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11A.65534</b>
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. PISANO, JOYCE, L, MRS,</b>		Date of Receipt
Mailing Address 10570 ART ST		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2024"/>
City SUNLAND	State CA	Zip Code 91040-1302
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11A.69625</b>
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

# 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 51 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. POMPLUN, RICK, J, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 441 S HART ST  
 City PALATINE State IL Zip Code 60067-6835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED MECHANIC  
 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  
 01 / 10 / 2024  
**Transaction ID : SA11A.65549**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. POMPLUN, RICK, J, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 441 S HART ST  
 City PALATINE State IL Zip Code 60067-6835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED MECHANIC  
 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  
 03 / 05 / 2024  
**Transaction ID : SA11A.69633**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. POMPLUN, RICK, J, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 441 S HART ST  
 City PALATINE State IL Zip Code 60067-6835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED MECHANIC  
 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  
 03 / 28 / 2024  
**Transaction ID : SA11A.69634**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 52 OF 99

(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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. PRESSER, IRIS, V, MS,**

Mailing Address **1845 COLWOOD CT**

City <b>JACKSONVILLE</b>	State <b>FL</b>	Zip Code <b>32217-2686</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>MEDICIAL</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2024

**Transaction ID : SA11A.65563**

Amount of Each Receipt this Period  

30.00
-------

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. PRESSER, IRIS, V, MS,**

Mailing Address **1845 COLWOOD CT**

City <b>JACKSONVILLE</b>	State <b>FL</b>	Zip Code <b>32217-2686</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>MEDICIAL</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2024

**Transaction ID : SA11A.65564**

Amount of Each Receipt this Period  

50.00
-------

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. PRESSER, IRIS, V, MS,**

Mailing Address **1845 COLWOOD CT**

City <b>JACKSONVILLE</b>	State <b>FL</b>	Zip Code <b>32217-2686</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>MEDICIAL</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2024

**Transaction ID : SA11A.67853**

Amount of Each Receipt this Period  

50.00
-------

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</b>
<b>TOTAL</b> 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 53 OF 99
	(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)  
**ULTRA MAGA PAC**

**A. PRESSER, IRIS, V, MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1845 COLWOOD CT

City JACKSONVILLE	State FL	Zip Code 32217-2686
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MEDICAL	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2024

**Transaction ID : SA11A.69644**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. PRESSER, IRIS, V, MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1845 COLWOOD CT

City JACKSONVILLE	State FL	Zip Code 32217-2686
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MEDICAL	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2024

**Transaction ID : SA11A.69645**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. QUINN, MARY, L, MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6540 W IRVING PARK RD APT 407

City CHICAGO	State IL	Zip Code 60634-6431
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024

**Transaction ID : SA11A.69659**

Amount of Each Receipt this Period  
210.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> 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 54 OF 99

(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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. RIGGS, IVEY, J, MRS,**

Mailing Address 5408 HIDDEN VALLEY RD

City GREENSBORO	State NC	Zip Code 27407-8011
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
329.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2024

**Transaction ID : SA11A.67919**

Amount of Each Receipt this Period  
141.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. RIGGS, IVEY, J, MRS,**

Mailing Address 5408 HIDDEN VALLEY RD

City GREENSBORO	State NC	Zip Code 27407-8011
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
329.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2024

**Transaction ID : SA11A.67920**

Amount of Each Receipt this Period  
94.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. RIGGS, IVEY, J, MRS,**

Mailing Address 5408 HIDDEN VALLEY RD

City GREENSBORO	State NC	Zip Code 27407-8011
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
329.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2024

**Transaction ID : SA11A.69704**

Amount of Each Receipt this Period  
94.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	329.00
<b>TOTAL</b> 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 55 OF 99
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ULTRA MAGA PAC**

**A. ROBERTS, LINDA, S, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1202 THRUSH RD

City JONESBORO	State AR	Zip Code 72401-5265
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
01	/	10	/	2024

**Transaction ID : SA11A.65685**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. ROBERTS, LINDA, S, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1202 THRUSH RD

City JONESBORO	State AR	Zip Code 72401-5265
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
01	/	29	/	2024

**Transaction ID : SA11A.65686**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. ROBERTS, LINDA, S, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1202 THRUSH RD

City JONESBORO	State AR	Zip Code 72401-5265
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2024

**Transaction ID : SA11A.67929**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 56 OF 99  
 (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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ROOD, JOHN, W, MR, CPA**

Mailing Address 1384 STONEHOLLOW DR APT 1

City KINGWOOD	State TX	Zip Code 77339-2031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) CPA/CFP
---	--

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  
 02 / 08 / 2024

**Transaction ID : SA11A.67949**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ROPER, JOSEPH, C, MR, JR**

Mailing Address PO BOX 6379

City LACONIA	State NH	Zip Code 03247-6379
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024

**Transaction ID : SA11A.67953**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. ROPER, JOSEPH, C, MR, JR**

Mailing Address PO BOX 6379

City LACONIA	State NH	Zip Code 03247-6379
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2024

**Transaction ID : SA11A.69734**

Amount of Each Receipt this Period  
120.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	720.00
<b>TOTAL</b> 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 57 OF 99
	<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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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)  
**ULTRA MAGA PAC**

**A. ROPER, JOSEPH, C, MR, JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 6379  
 City LACONIA State NH Zip Code 03247-6379  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt 03 / 20 / 2024  
**Transaction ID : SA11A.69735**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. RORIE, CHARLES, MICHAEL, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8954 BAY POINT DR  
 City ELBERTA State AL Zip Code 36530-6556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 26 / 2024  
**Transaction ID : SA11A.65716**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. RORIE, CHARLES, MICHAEL, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8954 BAY POINT DR  
 City ELBERTA State AL Zip Code 36530-6556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 29 / 2024  
**Transaction ID : SA11A.69737**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 58 OF 99
	<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	

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)  
**ULTRA MAGA PAC**

**A. RUST, JACK, W, MR, JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 979 WALKER CREEK RD

City ENNIS	State TX	Zip Code 75119-5313
---------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2024

**Transaction ID : SA11A.67980**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. RYAN, KELSIE, W, MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6831 N VALLEY ST

City DALTON GARDENS	State ID	Zip Code 83815-8739
------------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2024

**Transaction ID : SA11A.69757**

Amount of Each Receipt this Period  
750.00

Memo Item  
CONTRIBUTION

**C. SCHALL, JAMES, E, MR, M.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 MIFFLIN ST

City HUNTINGDON	State PA	Zip Code 16652-1535
--------------------	-------------	------------------------

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

Name of Employer (for Individual) JAMES E. VAN ZANDT VA MEDICAL CTR	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2024

**Transaction ID : SA11A.68006**

Amount of Each Receipt this Period  
600.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> 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 59 OF 99
	<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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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)  
**ULTRA MAGA PAC**

**A. SECKINGER, TROY, E, MR, USMC RET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 329 ROBIN CT  
 City BURLESON State TX Zip Code 76028-5324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 298.00

Date of Receipt **02 / 23 / 2024**  
**Transaction ID : SA11A.68046**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. SECKINGER, TROY, E, MR, USMC RET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 329 ROBIN CT  
 City BURLESON State TX Zip Code 76028-5324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 298.00

Date of Receipt **03 / 28 / 2024**  
**Transaction ID : SA11A.69804**  
 Amount of Each Receipt this Period 198.00  
 Memo Item  
 CONTRIBUTION

**C. SHEIN, ANJE, D, MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9522 LAWLER AVE  
 City SKOKIE State IL Zip Code 60077-1273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt **01 / 03 / 2024**  
**Transaction ID : SA11A.65854**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	348.00
<b>TOTAL</b> 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 60 OF 99  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SHEIN, ANJE, D, MRS,**

Mailing Address **9522 LAWLER AVE**

City <b>SKOKIE</b>	State <b>IL</b>	Zip Code <b>60077-1273</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**02 / 01 / 2024**

**Transaction ID : SA11A.68069**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SHEIN, ANJE, D, MRS,**

Mailing Address **9522 LAWLER AVE**

City <b>SKOKIE</b>	State <b>IL</b>	Zip Code <b>60077-1273</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**03 / 11 / 2024**

**Transaction ID : SA11A.69826**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. SHEIN, ANJE, D, MRS,**

Mailing Address **9522 LAWLER AVE**

City <b>SKOKIE</b>	State <b>IL</b>	Zip Code <b>60077-1273</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**03 / 22 / 2024**

**Transaction ID : SA11A.69827**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 61 OF 99
	<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	

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)  
**ULTRA MAGA PAC**

**A. SIMONS, CHESTER, L, MR, KW VET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 DEWITT LN APT 202  
 City SPRING LAKE State MI Zip Code 49456-1991  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 29 / 2024**  
**Transaction ID : SA11A.69848**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**B. SOLIMINE, ROBERT, F, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 SEACOAST TER APT 5E  
 City BROOKLYN State NY Zip Code 11235-6031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt **01 / 25 / 2024**  
**Transaction ID : SA11A.65926**  
 Amount of Each Receipt this Period 110.00  
 Memo Item  
**CONTRIBUTION**

**C. SOLIMINE, ROBERT, F, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 SEACOAST TER APT 5E  
 City BROOKLYN State NY Zip Code 11235-6031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt **02 / 14 / 2024**  
**Transaction ID : SA11A.68135**  
 Amount of Each Receipt this Period 110.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	470.00
<b>TOTAL</b> 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 62 OF 99
	(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)  
**ULTRA MAGA PAC**

**A. SOLIMINE, ROBERT, F, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 SEACOAST TER APT 5E

City BROOKLYN	State NY	Zip Code 11235-6031
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2024

**Transaction ID : SA11A.69874**

Amount of Each Receipt this Period  
110.00

Memo Item  
CONTRIBUTION

**B. SOLIMINE, ROBERT, F, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 SEACOAST TER APT 5E

City BROOKLYN	State NY	Zip Code 11235-6031
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2024

**Transaction ID : SA11A.69875**

Amount of Each Receipt this Period  
110.00

Memo Item  
CONTRIBUTION

**C. STAMPER, JOHN, M, MR, III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2549 HIGHWAY 157

City ELM GROVE	State LA	Zip Code 71051-8160
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2024

**Transaction ID : SA11A.65951**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<b>TOTAL</b> 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 63 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. STAMPER, JOHN, M, MR, III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2549 HIGHWAY 157  
 City ELM GROVE State LA Zip Code 71051-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024  
**Transaction ID : SA11A.68156**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. STAMPER, JOHN, M, MR, III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2549 HIGHWAY 157  
 City ELM GROVE State LA Zip Code 71051-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2024  
**Transaction ID : SA11A.69887**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. STINSON, BRENDA, A, MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 293 HAVERHILL ST  
 City READING State MA Zip Code 01867-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 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  
 01 / 10 / 2024  
**Transaction ID : SA11A.65970**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> 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 64 OF 99
<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)  
**ULTRA MAGA PAC**

**A. STINSON, BRENDA, A, MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 293 HAVERHILL ST  
 City READING State MA Zip Code 01867-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : SA11A.68179**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. STUBBS, CHARLES, A, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11593 W DEODAR ST  
 City CRYSTAL RIVER State FL Zip Code 34428-9173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : SA11A.68194**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. STUBBS, CHARLES, A, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11593 W DEODAR ST  
 City CRYSTAL RIVER State FL Zip Code 34428-9173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 28 / 2024  
**Transaction ID : SA11A.69910**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> 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 65 OF 99
(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)  
**ULTRA MAGA PAC**

**A. TIEDEMAN, WALTER, E, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11378 EARLYWOOD DR  
 City DALLAS State TX Zip Code 75218-1320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 09 / 2024  
**Transaction ID : SA11A.66064**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. TIEDEMAN, WALTER, E, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11378 EARLYWOOD DR  
 City DALLAS State TX Zip Code 75218-1320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 25 / 2024  
**Transaction ID : SA11A.66065**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**C. TIEDEMAN, WALTER, E, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11378 EARLYWOOD DR  
 City DALLAS State TX Zip Code 75218-1320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 28 / 2024  
**Transaction ID : SA11A.69949**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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 66 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**ULTRA MAGA PAC**

**A. TURNBULL, JOHN, D, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 407  
 City HUBBARD State OR Zip Code 97032-0407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONIFER PACIFIC INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : SA11A.68275**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. TWEEDY, PATTY, L, MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2064 WILLOWDALE DR  
 City STOW State OH Zip Code 44224-1838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 08 / 2024**  
**Transaction ID : SA11A.66112**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. TWEEDY, PATTY, L, MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2064 WILLOWDALE DR  
 City STOW State OH Zip Code 44224-1838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 22 / 2024**  
**Transaction ID : SA11A.69971**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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 67 OF 99
	(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

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)  
**ULTRA MAGA PAC**

**A. VELIKY, DONALD, J, MR, RET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5535 OAK LN  
 City FRUITLAND PARK State FL Zip Code 34731-6027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BROWARD S.O. FT. LAUD. FL. Occupation (for Individual) RETIRED DEPUTY SHERIFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 16 / 2024  
**Transaction ID : SA11A.66130**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**B. VELIKY, DONALD, J, MR, RET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5535 OAK LN  
 City FRUITLAND PARK State FL Zip Code 34731-6027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BROWARD S.O. FT. LAUD. FL. Occupation (for Individual) RETIRED DEPUTY SHERIFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2024  
**Transaction ID : SA11A.69994**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**C. WALL, IRENE, B, MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 SHAWNEE TRL  
 City PRUDENVILLE State MI Zip Code 48651-9727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 15 / 2024  
**Transaction ID : SA11A.70008**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 510.00  
**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 68 OF 99
	(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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. WALLACE, FREDERICK, L, MR,**

Mailing Address 1907 E GREENLAWN CT

City MUNCIE	State IN	Zip Code 47302-5935
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

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
02		08		2024

**Transaction ID : SA11A.68322**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. WALSER, MARIE, K, MISS,**

Mailing Address 100 RESERVATION LINE RD

City FERDINAND	State ID	Zip Code 83526-5005
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
01		02		2024

**Transaction ID : SA11A.66159**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. WARREN, ALETA, L, MS,**

Mailing Address 2529 E GREYSTONE CT

City EAGLE	State ID	Zip Code 83616-6806
---------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2024

**Transaction ID : SA11A.66170**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> 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 69 OF 99
	<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)  
**ULTRA MAGA PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WESTBROOK, DEBRA, A, MS,

Mailing Address 1510 WAIMEA DR

City DOWNTOWN	State PA	Zip Code 19335-3746
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2024

**Transaction ID : SA11A.66198**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WESTBROOK, DEBRA, A, MS,

Mailing Address 1510 WAIMEA DR

City DOWNTOWN	State PA	Zip Code 19335-3746
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 25 / 2024

**Transaction ID : SA11A.66199**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WESTBROOK, DEBRA, A, MS,

Mailing Address 1510 WAIMEA DR

City DOWNTOWN	State PA	Zip Code 19335-3746
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2024

**Transaction ID : SA11A.68357**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 70 OF 99  
 (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)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. WESTBROOK, DEBRA, A, MS,**

Mailing Address 1510 WAIMEA DR

City DOWNTOWN	State PA	Zip Code 19335-3746
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2024

**Transaction ID : SA11A.70042**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. WESTBROOK, DEBRA, A, MS,**

Mailing Address 1510 WAIMEA DR

City DOWNTOWN	State PA	Zip Code 19335-3746
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2024

**Transaction ID : SA11A.70043**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. WILLIAMS, DAVID, E, MR,**

Mailing Address PO BOX 1847

City LA PORTE	State IN	Zip Code 46352-1847
------------------	-------------	------------------------

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

Name of Employer (for Individual) SECURALL CABINETS	Occupation (for Individual) BUSINESS MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
241.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2024

**Transaction ID : SA11A.66246**

Amount of Each Receipt this Period  
94.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.00
<b>TOTAL</b> 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 71 OF 99  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**ULTRA MAGA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. WILLIAMS, DAVID, E, MR,**

Mailing Address **PO BOX 1847**

City **LA PORTE**    State **IN**    Zip Code **46352-1847**

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

Name of Employer (for Individual) **SECURALL CABINETS**    Occupation (for Individual) **BUSINESS MANAGER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **241.00**

Date of Receipt  
**03 / 04 / 2024**  
**Transaction ID : SA11A.70070**

Amount of Each Receipt this Period  
**147.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. XU, PANXI, , ,**

Mailing Address **141 TINKER ST**

City **WOODSTOCK**    State **NY**    Zip Code **12498-1143**

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

Name of Employer (for Individual) **RETIRED**    Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **402.00**

Date of Receipt  
**01 / 09 / 2024**  
**Transaction ID : SA11A.66299**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. XU, PANXI, , ,**

Mailing Address **141 TINKER ST**

City **WOODSTOCK**    State **NY**    Zip Code **12498-1143**

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

Name of Employer (for Individual) **RETIRED**    Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **402.00**

Date of Receipt  
**03 / 07 / 2024**  
**Transaction ID : SA11A.70099**

Amount of Each Receipt this Period  
**202.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **549.00**

**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 72 OF 99
	<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	

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)  
**ULTRA MAGA PAC**

**A. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **PO BOX 9891**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22219-1891</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**4613.86**

Date of Receipt  
**01 / 09 / 2024**  
**Transaction ID : SA11C.41340**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

**SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD**

**B. LLOYD, DENNIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **2036 N. SEYMOUR RD**

City <b>FLUSHING</b>	State <b>MI</b>	Zip Code <b>48433-9733</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
**01 / 09 / 2024**  
**Transaction ID : SA11A.41341**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

**EARMARKED FROM WINRED**

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **PO BOX 9891**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22219-1891</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**4613.86**

Date of Receipt  
**01 / 20 / 2024**  
**Transaction ID : SA11C.41427**

Amount of Each Receipt this Period  
**291.04**

Memo Item  
**CONTRIBUTION**

**SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> 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 73 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. AGNEW, SAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 242 GRANVILLE CT.  
 City BATON ROUGE State LA Zip Code 70810-4859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 20 / 2024  
**Transaction ID : SA11A.41429**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4613.86

Date of Receipt 02 / 09 / 2024  
**Transaction ID : SA11C.63419**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. LLOYD, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2036 N. SEYMOUR RD  
 City FLUSHING State MI Zip Code 48433-9733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 09 / 2024  
**Transaction ID : SA11A.63420**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> 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 74 OF 99  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**ULTRA MAGA PAC**

**A. WINRED**

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

Mailing Address **PO BOX 9891**

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

FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4613.86**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2024**

**Transaction ID : SA11C.63444**

Amount of Each Receipt this Period  
**125.00**

Memo Item  
**CONTRIBUTION**

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B. AGNEW, SAM, , ,**

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

Mailing Address **242 GRANVILLE CT.**

City **BATON ROUGE** State **LA** Zip Code **70810-4859**

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

Name of Employer (for Individual) Occupation (for Individual)  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2024**

**Transaction ID : SA11A.63445**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

EARMARKED FROM WINRED

**C. WINRED**

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

Mailing Address **PO BOX 9891**

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

FEC ID number of contributing federal political committee. **C C00694323**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **4613.86**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 09 / 2024**

**Transaction ID : SA11C.63590**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **100.00**

**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 75 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. LLOYD, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2036 N. SEYMOUR RD  
 City FLUSHING State MI Zip Code 48433-9733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 09 / 2024  
**Transaction ID : SA11A.63591**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4613.86

Date of Receipt 03 / 20 / 2024  
**Transaction ID : SA11C.63594**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. AGNEW, SAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 242 GRANVILLE CT.  
 City BATON ROUGE State LA Zip Code 70810-4859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2024  
**Transaction ID : SA11A.63595**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 76 OF 99
	<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)  
**ULTRA MAGA PAC**

**A. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

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

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4613.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2024  
**Transaction ID : SA11C.63604**

Amount of Each Receipt this Period  
275.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B. KIMBALL, KEVIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 201328

City AUSTIN	State TX	Zip Code 78720-1328
----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS ASSET MANAGER

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  
 03 / 25 / 2024  
**Transaction ID : SA11A.63606**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	43071.00

# 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)  
**ULTRA MAGA PAC**

**A. AMH PRINT GROUP, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 518

City MECHANICSVILLE State VA Zip Code 23111

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 22 / 2024

FEC Identification Number: C  
Transaction ID : SB21B.I2257  
Amount of Each Disbursement this Period: 4666.12

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL ROAD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 21 / 2024

FEC Identification Number: C  
Transaction ID : SB21B.I2256  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL ROAD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 22 / 2024

FEC Identification Number: C  
Transaction ID : SB21B.I2256  
Amount of Each Disbursement this Period: 1250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7916.12

**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)  
**ULTRA MAGA PAC**

**A. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD  
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 23 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2256!

Amount of Each Disbursement this Period: 750.00

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD  
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 05 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I687

Amount of Each Disbursement this Period: 27.60

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD  
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 22 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I688

Amount of Each Disbursement this Period: 1250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2027.60

**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)  
**ULTRA MAGA PAC**

Full Name (Last, First, Middle Initial)

### A. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

City  
HAGERSTOWN

State  
MD

Zip Code  
21740

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I22571

Amount of Each Disbursement this Period

[REDACTED] 3455.26

Memo Item

Full Name (Last, First, Middle Initial)

### B. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

City  
HAGERSTOWN

State  
MD

Zip Code  
21740

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		29		2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I22571

Amount of Each Disbursement this Period

[REDACTED] 3266.83

Memo Item

Full Name (Last, First, Middle Initial)

### C. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

City  
HAGERSTOWN

State  
MD

Zip Code  
21740

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2258

Amount of Each Disbursement this Period

[REDACTED] 2769.85

Memo Item

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

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

[REDACTED] 9491.94

[REDACTED]

# 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)  
**ULTRA MAGA PAC**

**A. DONORBUREAU**

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2258

Amount of Each Disbursement this Period: 477.92

Memo Item

**B. DONORBUREAU**

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2258

Amount of Each Disbursement this Period: 939.23

Memo Item

**C. DONORBUREAU**

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 01 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2258

Amount of Each Disbursement this Period: 501.57

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1918.72

**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)  
**ULTRA MAGA PAC**

**A. DONORBUREAU**

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 15 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2258

Amount of Each Disbursement this Period: 1089.24

Memo Item

**B. DONORBUREAU**

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2258

Amount of Each Disbursement this Period: 757.58

Memo Item

**C. ELECTION CFO**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2256

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2846.82

**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)  
**ULTRA MAGA PAC**

**A. ELECTION CFO**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2257I

Amount of Each Disbursement this Period: 1021.35

Memo Item

**B. ELECTION CFO**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I686

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. EPIC PAY**

Full Name (Last, First, Middle Initial)

Mailing Address 9300 WADE BLVD SUITE 200

City FRISCO State TX Zip Code 75035

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 02 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2258

Amount of Each Disbursement this Period: 158.37

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2179.72

**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)  
**ULTRA MAGA PAC**

**A. EPIC PAY**

Full Name (Last, First, Middle Initial)

Mailing Address 9300 WADE BLVD  
SUITE 200

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
CC PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 02 / 2024

FEC Identification Number  
**C**

Transaction ID : **SB21B.I2258**

Amount of Each Disbursement this Period  
557.13

Memo Item

**B. EPIC PAY**

Full Name (Last, First, Middle Initial)

Mailing Address 9300 WADE BLVD  
SUITE 200

City FRISCO State TX Zip Code 75035

Purpose of Disbursement  
CC PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 05 / 2024

FEC Identification Number  
**C**

Transaction ID : **SB21B.I2258**

Amount of Each Disbursement this Period  
483.92

Memo Item

**C. FULFILLMENT SOLUTIONS INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 44970 FALCON PLACE  
SUITE 400

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 05 / 2024

FEC Identification Number  
**C**

Transaction ID : **SB21B.I2258**

Amount of Each Disbursement this Period  
812.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1853.65

**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)  
**ULTRA MAGA PAC**

Full Name (Last, First, Middle Initial) <b>A. FULFILLMENT SOLUTIONS INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 24 / 2024
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I22591</b>
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period [REDACTED] 10635.48
Candidate Name		Category/Type [REDACTED]
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>B. FULFILLMENT SOLUTIONS INC.</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2024
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I22591</b>
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period [REDACTED] 4730.05
Candidate Name		Category/Type [REDACTED]
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>C. FULFILLMENT SOLUTIONS INC.</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2024
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I22591</b>
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period [REDACTED] 6706.80
Candidate Name		Category/Type [REDACTED]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 22072.33
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
**ULTRA MAGA PAC**

Full Name (Last, First, Middle Initial) <b>A. FULFILLMENT SOLUTIONS INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2024
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2259</b>
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period 9000.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FULFILLMENT SOLUTIONS INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2024
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2259</b>
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period 3625.91
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FULFILLMENT SOLUTIONS INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2024
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2259</b>
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period 6445.47
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19071.38
<b>TOTAL</b> 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)

Form for line numbers 21b through 30b with checkboxes.

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Form A: FULFILLMENT HOUSE. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form B: HSP DIRECT LLC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form C: HSP DIRECT LLC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

SUBTOTAL of Disbursements This Page (optional) and 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)  
**ULTRA MAGA PAC**

Full Name (Last, First, Middle Initial)

### A. HSP DIRECT LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I2259!

Amount of Each Disbursement this Period

[Redacted] 5413.72

Memo Item

Full Name (Last, First, Middle Initial)

### B. HSP DIRECT LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I2260C

Amount of Each Disbursement this Period

[Redacted] 10800.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. HSP DIRECT LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I2260

Amount of Each Disbursement this Period

[Redacted] 1125.68

Memo Item

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

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

[Redacted] 17339.40

[Redacted]

# 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)  
**ULTRA MAGA PAC**

Full Name (Last, First, Middle Initial)

**A. HSP DIRECT LLC**

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City  
ASHBURN

State  
VA

Zip Code  
20147

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	2	4

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I2260**

Amount of Each Disbursement this Period

[REDACTED] 1142.42

Memo Item

Full Name (Last, First, Middle Initial)

**B. HSP DIRECT LLC**

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City  
ASHBURN

State  
VA

Zip Code  
20147

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	4

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I2260**

Amount of Each Disbursement this Period

[REDACTED] 6480.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HSP DIRECT LLC**

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City  
ASHBURN

State  
VA

Zip Code  
20147

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	2	4

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I2260**

Amount of Each Disbursement this Period

[REDACTED] 1058.27

Memo Item

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

[REDACTED] 8680.69

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

[REDACTED]



# 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)  
**ULTRA MAGA PAC**

Full Name (Last, First, Middle Initial)

### A. IMAGE DIRECT

Mailing Address 200 MONROE AVENUE, BUILDING 4

City  
FREDERICK

State  
MD

Zip Code  
21701

Purpose of Disbursement  
DIRECT MAIL 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
0	1			1	8			2	0	2	4		

FEC Identification Number

**C** \_\_\_\_\_

**Transaction ID : SB21B.I2260!**

Amount of Each Disbursement this Period

\_\_\_\_\_ 4004.95

Memo Item

Full Name (Last, First, Middle Initial)

### B. IMAGE DIRECT

Mailing Address 200 MONROE AVENUE, BUILDING 4

City  
FREDERICK

State  
MD

Zip Code  
21701

Purpose of Disbursement  
DIRECT MAIL 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
0	2			0	1			2	0	2	4		

FEC Identification Number

**C** \_\_\_\_\_

**Transaction ID : SB21B.I2260!**

Amount of Each Disbursement this Period

\_\_\_\_\_ 11837.16

Memo Item

Full Name (Last, First, Middle Initial)

### C. MDI IMAGING & MAIL

Mailing Address 21955 CASCADES PARKWAY

City  
DULLES

State  
VA

Zip Code  
20166

Purpose of Disbursement  
DIRECT MAIL 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
0	1			0	4			2	0	2	4		

FEC Identification Number

**C** \_\_\_\_\_

**Transaction ID : SB21B.I2260!**

Amount of Each Disbursement this Period

\_\_\_\_\_ 22905.51

Memo Item

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

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

\_\_\_\_\_ 38747.62

\_\_\_\_\_

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)

Form for line numbers 21b through 30b with checkboxes.

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Form A: MDI IMAGING & MAIL. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: MDI IMAGING & MAIL. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: MDI IMAGING & MAIL. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) and 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)  
**ULTRA MAGA PAC**

Full Name (Last, First, Middle Initial) <b>A. MDI IMAGING &amp; MAIL</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2024
Mailing Address 21955 CASCADES PARKWAY		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.I2261'</b> Amount of Each Disbursement this Period 10109.31
City DULLES	State VA	
Purpose of Disbursement DIRECT MAIL SERVICES	Zip Code 20166	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MDI IMAGING &amp; MAIL</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2024
Mailing Address 21955 CASCADES PARKWAY		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.I22612</b> Amount of Each Disbursement this Period 9769.03
City DULLES	State VA	
Purpose of Disbursement DIRECT MAIL SERVICES	Zip Code 20166	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MDI IMAGING &amp; MAIL</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2024
Mailing Address 21955 CASCADES PARKWAY		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.I2261</b> Amount of Each Disbursement this Period 6184.33
City DULLES	State VA	
Purpose of Disbursement DIRECT MAIL SERVICES	Zip Code 20166	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	26062.67
<b>TOTAL</b> 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)  
**ULTRA MAGA PAC**

**A. MDI IMAGING & MAIL**

Full Name (Last, First, Middle Initial)

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 29 / 2024

FEC Identification Number: C  
Transaction ID : SB21B.I22614  
Amount of Each Disbursement this Period: 3857.07

Memo Item

**B. MDI IMAGING & MAIL**

Full Name (Last, First, Middle Initial)

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 21 / 2024

FEC Identification Number: C  
Transaction ID : SB21B.I22615  
Amount of Each Disbursement this Period: 2861.62

Memo Item

**C. MIDDLETOWN VALLEY BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 PROFESSIONAL COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 02 / 2024

FEC Identification Number: C  
Transaction ID : SB21B.I2261  
Amount of Each Disbursement this Period: 615.25

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7333.94

**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)  
**ULTRA MAGA PAC**

Full Name (Last, First, Middle Initial)

### A. MIDDLETOWN VALLEY BANK

Mailing Address 1101 PROFESSIONAL COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I22618

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. MIDDLETOWN VALLEY BANK

Mailing Address 1101 PROFESSIONAL COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I22618

Amount of Each Disbursement this Period

[REDACTED] 141.11

Memo Item

Full Name (Last, First, Middle Initial)

### C. MIDDLETOWN VALLEY BANK

Mailing Address 1101 PROFESSIONAL COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I22618

Amount of Each Disbursement this Period

[REDACTED] 146.01

Memo Item

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

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

[REDACTED] 312.12

[REDACTED]

# 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)  
**ULTRA MAGA PAC**

**A. NOVA LIST**

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 01 / 2024

FEC Identification Number  
**C**

Transaction ID : SB21B.I22621

Amount of Each Disbursement this Period  
6571.35

Memo Item

**B. NOVA LIST**

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 15 / 2024

FEC Identification Number  
**C**

Transaction ID : SB21B.I22621

Amount of Each Disbursement this Period  
5470.42

Memo Item

**C. NOVA LIST**

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 29 / 2024

FEC Identification Number  
**C**

Transaction ID : SB21B.I22621

Amount of Each Disbursement this Period  
3124.24

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15166.01

**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)  
**ULTRA MAGA PAC**

Full Name (Last, First, Middle Initial) <b>A. ONPOINT DATA STRATEGY LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2024
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2262</b> Amount of Each Disbursement this Period 2311.49
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL SERVICES		Category/ Type [REDACTED]
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>B. ONPOINT DATA STRATEGY LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2024
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2262</b> Amount of Each Disbursement this Period 1404.20
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL SERVICES		Category/ Type [REDACTED]
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>C. ONPOINT DATA STRATEGY LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2024
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2262</b> Amount of Each Disbursement this Period 3455.71
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL SERVICES		Category/ Type [REDACTED]
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7171.40
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# 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)  
**ULTRA MAGA PAC**

Full Name (Last, First, Middle Initial) <b>A. ONPOINT DATA STRATEGY LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2024
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I22627</b>
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period [REDACTED] 1665.92
Candidate Name		Category/Type [REDACTED]
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>B. ONPOINT DATA STRATEGY LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2024
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I22627</b>
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period [REDACTED] 1738.69
Candidate Name		Category/Type [REDACTED]
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>C. ONPOINT DATA STRATEGY LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2024
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I22627</b>
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period [REDACTED] 1795.04
Candidate Name		Category/Type [REDACTED]
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5199.65
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



**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)  
**ULTRA MAGA PAC**

Full Name (Last, First, Middle Initial) <b>A. ONPOINT DATA STRATEGY LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2024
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2262!</b>
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period [REDACTED] 316.22
Candidate Name		Category/Type [REDACTED]
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>B. ONPOINT DATA STRATEGY LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2024
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2263!</b>
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period [REDACTED] 1352.31
Candidate Name		Category/Type [REDACTED]
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>C. RST MARKETING</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2024
Mailing Address 1272 CORPORATE PARK DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2263</b>
City FOREST	State VA	Zip Code 24551
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period [REDACTED] 10254.73
Candidate Name		Category/Type [REDACTED]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 11923.26
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# 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)  
**ULTRA MAGA PAC**

**A. RST MARKETING**

Full Name (Last, First, Middle Initial)

Mailing Address 1272 CORPORATE PARK DRIVE

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 18 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2263

Amount of Each Disbursement this Period: 10264.99

Memo Item

**B. WINRED TECHNICAL SERVICES**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
FUNDRAISING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 31 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I22576

Amount of Each Disbursement this Period: 2054.43

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12319.42
<b>TOTAL</b> This Period (last page this line number only).....▶	265147.24

# 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ULTRA MAGA PAC**

**A. BRIAN JACK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 225 MARKET PLACE CONNECTOR  
NUM 1055

City PEACHTREE CITY State GA Zip Code 30269

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2024

FEC Identification Number: C C00872473

Transaction ID : SB23.I22565

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00